Diagnostic Imaging Providers
Privileging Guidelines

The following guidelines are intended to promote reasonable and consistent quality and safety standards for the provision of imaging services. These guidelines apply to all imaging providers, including imaging facilities and in-office imaging providers. Providers must meet the following guidelines to be reimbursed for imaging services:

I. General Requirements for Imaging Providers

1. All imaging providers shall provide a written report within five (5) business days from date of service to the ordering provider. (Mammography reports must be completed within thirty (30) days, per Mammography Quality Standards Act (MQSA) guidelines.)

2. All imaging providers are required to read and report on urgent/STAT studies within four hours.

3. All imaging facilities shall have a documented Quality Control Program inclusive of both imaging equipment and film processors.

4. All imaging facilities shall have a documented Radiation Safety and As Low As Reasonably Achievable (ALARA) Program.

5. All imaging facilities utilizing equipment or radioactive materials emitting ionizing radiation shall have a current (within three (3) years) letter of state inspection, calibration report, or physicist’s report.

6. Imaging facilities must have a policy and procedure for the administration of contrast, if applicable.

7. Imaging facilities must have a policy and procedure for conscious sedation, if applicable.

8. Imaging facilities must have emergency policies, procedures and equipment on site (i.e. crash cart, automated external defibrillator (AED)).

9. Imaging facilities imaging pediatric patients must have established and utilize unique pediatric protocols.

10. Imaging facilities imaging pediatric patients must utilize special software to reduce radiation dose to pediatric patients.

11. At least one radiologic technologist must be Basic Life Support (BLS) certified.

12. All imaging facilities must have a formal preventative maintenance program per original equipment specifications.

13. All imaging facilities must have documented HIPAA policies and procedures in place.
II. Modality Specific Guidelines

A. Computed Tomography (CT), Magnetic Resonance (MR) and/or Positron Emission Tomography (PET) Services

1. Physician Staffing:
   a. CT and MR services: Each center performing CT or MR must be staffed on-site by a board certified radiologist during performance of all CT and MR procedures.
      i. A Board Certified physician with current certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) or Advanced Radiologic Life Support (ARLS) must be onsite during performance of all CT and MR procedures. This includes non-contrast and contrast enhanced procedures.
   b. PET services: Providers must be board certified in diagnostic radiology, nuclear medicine or, under special circumstances, cardiology.
      i. A Board Certified with current certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) or Advanced Radiologic Life Support (ARLS) must be onsite during performance of all PET procedures.

2. Other staffing
   a. Facilities performing CT must employ an American Registry of Radiologic Technologists® (ARRT) registered technologist with specific training and clinical experience in CT.
   b. Facilities performing MR must employ a technologist with specific MRI clinical scanning experience and is either ARRT registered or holds an unlimited state license.
   c. Facilities performing PET must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the Nuclear Medicine Technology Certification Board (NMTCB) or holds an equivalent state license for nuclear medicine technology.

3. Equipment: MR Services
   a. Devices with field strength of less than 0.3T will not be permitted.
   b. Devices with field strength of less than 1.0 T will be limited to performing examinations of the brain, spine and extremities.
   c. Devices with field strength of 1.0T must have parallel processing capability. Otherwise, the device will be limited to performing examinations of the brain, spine, and extremities.
   d. Devices with field strength of 1.5T or greater will be permitted to perform all examinations, including angiographic, Magnetic Resonance Cholangiopancreatography (MRCP) and breast studies.
e. Devices to be used for cardiac work must have electrocardiogram (EKG) gating and at least eight (8) channel parallel processing.

f. If performing Breast MRI:
   i. A dedicated breast coil is required.
   ii. The facility must have the capability of performing MRI-guided breast biopsies.

4. Equipment: CT Services
   a. A full service CT unit must demonstrate helical or spiral image acquisition capability.
   b. Imaging facilities performing CT must utilize a dual auto injector.
   c. CT units performing Cardiac Computed Tomography Angiography (CCTA) must have a minimum of 64 slices per rotation.
   d. CT units performing Computed Tomography Angiography (CTA) must have a minimum of 16 slices per rotation.
   e. Cone Beam CT scanners are not accepted.
   f. These standards apply to any diagnostic CT studies performed on a PET/CT device.

5. Equipment: PET Services
   a. Only high performance full ring PET systems will be considered. Sodium iodide detector systems as upgrades to gamma cameras are unacceptable.
   b. PET equipment must be fusion capable. Equipment and related workstations must have the ability to register PET and CT information as a single image.

6. Accreditation
   a. All providers who perform CT, MRI, Breast MRI, nuclear medicine imaging, nuclear cardiology and PET must have NIA Magellan* acceptable accreditation.*
   b. NIA Magellan acceptable accreditations are:
      i. CT: American College of Radiology (ACR); or IAC CT;
      ii. MRI: ACR or IAC MRI; and
      iii. PET and Nuclear Medicine: ACR or IAC Nuclear/PET

7. Other requirements:
   a. All imaging providers performing MR, CT, PET, Nuclear Cardiology and/or Nuclear Medicine must have an annual system performance evaluation performed by a medical physicist.
b. Physicians interpreting CT exams must review protocol page and document exposure. If exposure is excessive, the Radiation Safety officer should be alerted.

B. Cardiac CTA (CCTA)

1. Cardiac CTA must be performed at a hospital or at a practice that fulfills the CT and MR requirements above.

2. Cardiac CTA must be performed on a CT scanner with a minimum of 64 slices per rotation.

3. Imaging facilities performing Cardiac CTA must employ a protocol for heart rate control.

4. Imaging facilities performing Cardiac CTA must utilize a dual auto injector.

5. Must employ a state licensed or ARRT registered technologist trained in the performance of Cardiac CTA.

6. Must be staffed on-site by a board certified radiologist or cardiologist with the documented minimal experience and training in the performance and interpretation of Cardiac CT:

   a. Radiologists must meet the Qualifications of Personnel outlined in the ACR Clinical Statement on Noninvasive Cardiac Imaging\(^1\) for Cardiac CT (not including examinations performed exclusively for calcium scoring):

      i. Certified in radiology or diagnostic radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec, and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; or completed an Accreditation Council for Graduate Medical Education (ACGME)-approved radiology residency program and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; and

      ii. Completed at least 40 hours of category I continuing medical education in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology or documented equivalent supervised experience in a center actively performing cardiac CT; and

      iii. Demonstrate maintenance of competence with a minimum of 75 examinations, excluding those performed exclusively for calcium

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scoring, and maintain 150 hours of approved continuing medical education every three years.

b. Cardiologists must meet the training to achieve clinical competence in cardiac CT outlined and defined in the American College of Cardiology Foundation/ American Heart Association Clinical Competence Statement on Cardiac Imaging With Computed Tomography and Magnetic Resonance\(^2\) and the American College of Cardiology Foundation/American Heart Association Clinical Competence Task Force 12: Training in Advanced Cardiovascular Imaging (Computed Tomography)\(^3\) Level 2-contrast, defined as the minimum recommended training for a physician to independently perform and interpret cardiac CT:

i. Two months cumulative duration of training (35 or more hours per week which includes 140 or more hours in the laboratory); and

ii. Minimum of 50 mentored non-contrast cardiac CT examinations interpreted; and

iii. Minimum of 150 mentored contrast cardiac CT examinations interpreted; and

iv. Minimum of 35 of the mentored cardiac CT examinations interpreted the cardiologist must be physically present during the performance; and

v. During training, the review of all cardiac CT cases includes non-cardiac findings; and

vi. Review of the cardiac CT cases should include the review of a dedicated teaching file of 25 cardiac CT cases featuring the presence of significant non-cardiac pathology; and

vii. Completion of 20 hours/lectures related to CT in general and/or cardiac CT in particular; and

viii. Demonstrate maintenance of competence with a minimum of 50 cardiac CT examinations conducted and interpreted per year.

ix. Providers have one year to complete the ACR Cardiac CT certificate of Advanced Proficiency Exam.

C. Nuclear Medicine

1. Nuclear medicine practices must employ at least one physician who is board certified in diagnostic radiology or nuclear medicine.

2. Nuclear medicine practices must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the NMTCB or hold equivalent state license in nuclear medicine technology.

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3. Nuclear medicine practices must provide a copy of a Radioactive Materials License that is specific for the practice that indicates the practice address and the name of the nuclear medicine physician(s) performing and/or interpreting nuclear medicine studies. The address and physician name(s) must be the same as those listed on the Application completed by the practice.

4. Accreditation
   a. All providers who provide nuclear medicine imaging services must have NIA Magellan acceptable accreditation.
   b. NIA Magellan acceptable accreditations are:
      i. Nuclear Medicine: ACR or IAC Nuclear/PET

D. Nuclear Cardiology
   1. Physician staffing:
      a. Nuclear cardiology practices must employ at least one physician who is board certified in diagnostic radiology, nuclear medicine or has received certification by the Certification Board of Nuclear Cardiology (CBNC).
      i. Nuclear cardiology practices that do not meet the above criteria will be considered for participation upon submitting evidence that at least one physician has satisfied the Level II training in Nuclear Cardiology as recommended in the American College of Cardiology/American Society of Nuclear Cardiology COCATS (COre CArdiology Training Symposium) Training Guidelines.
      b. Cardiac stress tests must be performed while a licensed physician who has a current ACLS certification is on site.
   2. Other staffing: Nuclear cardiology practices must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the NMTCB or holds an equivalent state license for nuclear medicine technology.
   3. Equipment requirements: Nuclear cardiology imaging requirements:
      a. Quantitative Analysis package;
      b. Gating;
      c. Ejection Fraction Calculated;
      d. Motion correction, back filter projection reconstruction, or line spread function software; and
      e. Dual detectors.
   4. Other requirements: Nuclear cardiology practices must provide a copy of a Radioactive Materials License that is specific for the practice that indicates the practice address and the name of the nuclear cardiology physician(s) performing and/or interpreting nuclear cardiology studies. The address and
physician name(s) must be the same as those listed on the Application completed by the practice.

5. Accreditation
   a. All providers who perform nuclear medicine imaging must have NIA Magellan acceptable accreditation.
      i. NIA Magellan acceptable accreditations for Nuclear Cardiology: ACR or IAC Nuclear/PET

6. Other requirements:
   a. All imaging providers performing MR, CT, PET, Nuclear Cardiology and/or Nuclear Medicine must have an annual system performance evaluation performed by a medical physicist.

E. Echocardiography/Stress Echocardiography (Adult, Pediatric and/or Fetal)
   1. Physician staffing:
      a. Echocardiography/stress echocardiography providers must be board certified in diagnostic radiology or cardiology.
      b. Level 2 training in echocardiography is required for providers performing echocardiography.
      c. Stress echocardiography must be performed while a licensed physician with current ACLS certification is on site (direct supervision).
   2. Other staffing: Echocardiography/Stress Echocardiography providers must employ a sonographer who is certified by ARDMS American Registry for Diagnostic Medical Sonography or registered by Cardiac Credentialing International Registered Cardiac Sonographer (CCI-RCS).
   3. Equipment requirements: Echocardiography/stress echocardiography systems must have Color Flow Doppler capability.
   4. Accreditation: Echocardiography/stress echocardiography practices must achieve accreditation by the IAC Echocardiography within six (6) months of initial privileging for this modality.

III. Other specific requirements
A. Teleradiology
   The imaging location must have either a board certified radiologist or other board certified physician on site when the imaging location utilizes teleradiology and meets the following requirements:
   1. The radiologist or other board certified physician on-site:
      a. Is available for patient, referring physician and teleradiologist consultation:
      b. Has a current BLS, ACLS or ARLS certification; and
c. Is onsite during performance of all CT, PET and MR procedures. This includes non-contrast and contrast enhanced procedures.

2. The radiologist performing the imaging reading services via teleradiology:
   a. Is licensed in the state where the imaging site is physically located and where diagnostic services are rendered to the patient;
   b. Is dedicated to providing radiology services via teleradiology during the practice location’s normal business hours;
   c. Is available for consultation with the imaging practice, ordering physician and patient at the time of service during the practice location’s normal business hours.

3. Images must be transmitted in a real-time or near real-time mode (< 2 minutes) to ensure that the interpreting radiologist can collaborate with the rendering physician and radiology technicians performing the studies;

4. At a minimum, sites must be connected via broadband or the necessary bandwidth to ensure real-time or near real-time image availability to the radiologist (< 2 minutes);

5. When a teleradiology system is used to render the official interpretation, there is no clinically significant loss of data from image acquisition through transmission for final image display;

6. Sites must have a PACS (picture archiving and communications system); and

7. Sites must have minimum monitor resolution (matrix) of 512 x 512 at 8-bit pixel depth for MR, CT, nuclear medicine, fluorography and 2.5 lp/mn at 10-bit pixel depth for plain film.

B. Mobile Services

1. Providers utilizing mobile services will not be considered for participation except as follows:
   a. FDA certified mobile mammography;
   b. By exception, in rural or underserved areas.
   c. All other mobile services will not be considered for inclusion.

2. Transportable services
   a. Medical providers that maintain multiple facilities or locations may transport their own equipment from one location to another. This must be clearly detailed on the Application.
   b. The equipment must be owned, managed and operated by that facility.
IV. Additional Modalities

A. Obstetrical (OB) Ultrasound

1. Physician staffing: OB Ultrasound should be limited to board certified radiologists, obstetricians and gynecologists.

2. Other staffing: OB Ultrasound procedures must be performed by a sonographer certified by the American Registry for Diagnostic Medical Sonography (ARDMS) or ARRT.

3. Transducer specification: abdominal transducer 3-5 MHz should be used to provide adequate resolution. Exceptions are as follows:
   a. Obese patients: 2-2.5 MHz may be used
   b. Early pregnancy: abdominal transducer of 5 MHz or transvaginal of 5-10 MHz may be used.

4. Other requirements:
   a. Must have real time sonography, necessary to confirm fetal life.
   b. Must have a documented record of exams and formal interpretation.
   c. Facility must have an ALARA program. The principles should be documented and applied to ensure usage of the lowest possible ultrasonic exposure setting.
   d. Must have a formal preventative maintenance program per Original Equipment Specifications.
   e. Must have a documented Quality Control Program.
   f. Must have a documented policy and procedure on cleaning and sterilizing the ultrasound transducers.

5. Specialized exams: are performed when an anomaly is suspected on the basis of history, biochemical abnormalities or resulted of either the limited, or standard, exams.
   a. Fetal Doppler ultrasound: require color flow
   b. Doppler
   c. Biophysical profile
   d. Amniotic fluid assessment
   e. Fetal echocardiography

6. Accreditation:

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4 References: ACOG practice bulletin 101, AIUM and ACR Practice guidelines
a. OB practices must achieve accreditation in Obstetrical Ultrasound by the American Institute of Ultrasound in Medicine (AIUM) or ACR within six (6) months of initial privileging for this modality.

b. Fetal echocardiography: IAC Echocardiography or American Institute of Ultrasound in Medicine (AIUM) fetal echo accreditation is required within six (6) months of initial privileging for this modality.

B. Gynecological (GYN) Ultrasound
   1. GYN Ultrasound should be limited to board certified radiologists, obstetricians and gynecologists.
   2. GYN Ultrasound providers must employ a sonographer certified by the ARDMS or ARRT.
   3. GYN practices must achieve accreditation in Gynecological Ultrasound by the AIUM or ACR within six (6) months of initial privileging for this modality.

C. Urological Ultrasound/Imaging
   1. Urological imaging is limited to board certified radiologists and urologists.
   2. Contrast enhanced procedures must be performed when a licensed physician who has a current BLS, ACLS or ARLS certification is on site.
   3. Staffing
      a. Practices that do not employ a sonographer certified by the ARDMS or ARRT(S) will only meet the criteria for prostate ultrasounds.
      b. Practices that employ a sonographer or technologist certified by the ARDMS or ARRT(S) may be eligible to perform additional urological imaging procedures.

D. Peripheral Vascular (PV) Ultrasound
   1. PV Ultrasound providers must be board certified in diagnostic radiology, vascular surgery, cardiology or neurology.
   2. PV Ultrasound providers must employ a sonographer certified by the ARDMS or ARRT.
   3. PV Ultrasound systems must have Color Flow Doppler capability.
   4. PV Ultrasound providers must achieve accreditation by the IAC Vascular Testing or the ACR within six (6) months of initial privileging for this modality.

E. Breast Ultrasound
   1. Breast ultrasound is limited to board certified radiologists, general surgeons and obstetricians/gynecologists.
2. Provider must achieve accreditation in Breast Ultrasound by AIUM or ACR within within six (6) months of initial privileging for this modality.

F. Thyroid Ultrasound
   1. Thyroid ultrasound is limited to board certified radiologists and endocrinologists.

G. General Ultrasound
   1. General ultrasound (defined as ultrasound procedures other than echocardiography, peripheral vascular ultrasound, ob/gyn ultrasound, urological ultrasound, breast ultrasound, and thyroid ultrasound which are specifically addressed within the Provider Privileging Guidelines above) should be limited to hospitals and radiologists.
   2. General ultrasound providers must employ a sonographer certified by the ARDMS or ARRT.
   3. Providers must achieve accreditation in General Ultrasound by the AIUM or ACR within six (6) months of initial privileging for this modality.

H. Plain Films
   1. Providers must have a technologist licensed by the state (if applicable) or certified by the ARRT or other state recognized entity on-site taking all films OR must arrange for a board certified radiologist to over-read all films within five (5) business days from date of service.
   2. At minimum, an automatic processor must be used to develop all analog plain films.

I. Bone Densitometry
   1. Bone Densitometry should be limited to hospitals, radiologists, rheumatologists, endocrinologists, obstetricians/gynecologists and primary care physicians (PCPs).
   2. Must be performed on an axial Dual Energy X-ray Absorption (DXA) system or a Quantitative CT.
   3. At least one physician and one technologist from each practice location must achieve certification by the International Society for Clinical Densitometry (ISCD) within one (1) year of initial credentialing the NIA Magellan provider network.
      a. The ISCD requirement will be waived for physicians who are radiologists and technologists who are certified by the ARRT.
      b. If Bone Densitometry examinations are performed by someone other than a physician or an ARRT certified technologist, then that individual must also achieve certification by the International Society for Clinical Densitometry (ISCD) within within six (6) months of initial privileging for this modality.
J. Mammography
1. Imaging facilities must have a current MQSA certificate issued by the Food and Drug Administration (FDA).
2. Diagnostic mammography may only be performed under the supervision of a board certified radiologist who is on-site during the examination.

K. Fluoroscopy
1. Fluoroscopy should be supervised by board certified radiologists.
2. Fluoroscopy may be performed by an ARRT certified technologist.

L. Cardiac Catheterization and Cardiac Intervention
1. Facilities performing cardiac catheterization must comply with the ACC standards for cardiac catheterization laboratories.
2. Facilities performing cardiac catheterization must participate in the National Cardiovascular Data Registry (NCDR).
3. All operators performing cardiac catheterization must obtain a minimum of twelve (12) Continuing Medical Education (CME) per year.
4. Cardiac catheterization and cardiac intervention procedures must be performed in facilities with cardiovascular surgical backup.
   a. If facility does not have cardiovascular surgical backup, then it must have a working relationship with a facility that provides cardiovascular surgical services. Documented policies and processes must be in place to ensure timely and safe transfer if complications arise.
5. An active quality assurance/quality improvement (QA/QI) program must be in place, regardless of the laboratory setting.
   a. All major complications should be reviewed by the QA/QI committee at least every six (6) months.
   b. Any individual operator with a complication rate above benchmarks for two (2) consecutive 6-month periods should have the issue directly addressed by the QA/QI Director and followed up with written action plan.
   c. All operators are subject to quality review at least annually.
6. Additional procedure-specific requirements: the following are required for assignment of privileges:
   a. PCI: Each operator performs at least seventy-five (75) procedures per year.