Ultrasound Accreditation Frequently Asked Questions

Application – General

Q. Can the other departments of the hospital become accredited by the ACR, e.g., the ER or OB department?
A. If the other departments meet the same personnel and equipment qualifications and are able to submit quality clinical images, they may be accredited by the ACR.

Q. What is the cost of ultrasound accreditation?
A. There is a fee of $1450 for any 1 module (OB antepartum, gynecological, general, vascular or pediatrics), $1650 for 2 modules, $1750 for 3 modules, $1850 for 4 modules and $1950 for 5 modules.

Q. Can a facility apply for trimester-specific ultrasound accreditation?
A. Yes. You can apply for accreditation on any 1 trimester, any combination of 2 trimesters or all 3 trimesters.

Q. How long does the accreditation process take?
A. On average, the process takes 4 to 6 months from start to finish.

Q. How much time do I have to submit the testing package to the ACR?
A. The testing materials are due 45 days from the date the testing materials were made available to your facility. The time frame is based on calendar days. After you apply for accreditation, you will receive all of the testing materials via email. The due date is in the testing material email. The 45 day timeframe is to make sure your facility gets through the accreditation process in a timely manner. If your facility needs extra time, please call an ACR accreditation representative at (800) 770-0145 and ask for an extension.

Q. Do sites have to submit images within a certain time frame?
A. Sites are given 45 days to complete the testing portion of the accreditation process. No images will be accepted for review that predates the application by more than six months.

Q. Does the facility need to purchase a phantom?
A. The use of a phantom test object is optional at this time. Therefore, questions relating to characteristics associated with system sensitivity, image uniformity, and safety may be answered without the use of a phantom as a test object.

Q. What options does a site have if they fail the initial test cycle?
A. Facilities that do not meet the initial evaluation criteria will only be required to re-submit the exam(s) that were deficient. Facilities that re-apply after deficiency are required to submit their request for re-application, along with the fee of $600 within 15 days of their report.

Q. My facility did not pass accreditation. May we appeal the decision? If so, what's involved?
A. Yes. Facilities that receive a deficiency or a failure may appeal the determination in writing within 15 days of the date of the final report. You must provide a letter describing your reason for appealing. Only those images from the original exam will be considered during the appeal evaluation. These will be forwarded to an arbitrator (a reviewer who did not participate in the initial review) with a copy of the previous reviews and the appeal letter written by the facility. No other images will be sent to the reviewer for consideration in the evaluation. The arbitrator's determination will be final.
Q. We recently appealed an adverse accreditation decision. When should we receive the results of the appeal?
A. You should receive the appeal results within 30 to 45 days of the date all required appeal materials were received by the ACR.

Personnel

Q. How many examinations must a physician interpret per year?
A. The physician must meet one of the following:
   • Currently meets Maintenance of Certification (MOC) requirements for the ABR or the Osteopathic Continuous Certification (OCC) requirements for the AOBR
   • Read a minimum of 200 studies/3 years in ultrasound
   • Physicians reading organ system-specific exams (i.e., body, abdominal, musculoskeletal, head) across multiple modalities must read a minimum of 60 organ system-specific ultrasound exams in 36 months; however, they must read a total of 200 cross-sectional imaging (MRI, CT, PET/CT and ultrasound) studies over the prior 36 months.

Q. Must all physicians obtain 150 hours of CME?
A. Following initial qualifications, physicians must meet one of the following:
   • Currently meets MOC requirements for the ABR or the OCC requirements for the AOBR
   • 150 hours CME (Including 75 Cat 1) in prior 36 months pertinent to the physician’s practice patterns (See ACR Practice Parameters)
   • 15 hours CME (half must be Cat 1) in prior 36 months specific to the imaging modality or organ system

Q. Must all sonographers be registered at the time of initial accreditation?
A. Effective January 1, 2019, all sonographers must be properly registered by the ARDMS, ARRT or CCI at the time of all accreditation cycle types. Please refer to the Ultrasound Program Requirements document for acceptable credentials: https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Ultrasound/Requirements.pdf?la=en

Q. Must all sonographers be registered at the time of accreditation renewal?
A. Yes, all sonographers must be properly registered by the ARDMS, ARRT or CCI at the time of all accreditation cycle types. Please refer to the Ultrasound Program Requirements document for acceptable credentials: https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Ultrasound/Requirements.pdf?la=en

Q. What is the requirement for vascular accreditation?
A. At least one vascular registered sonographer must be present on site during routine operating hours. Acceptable vascular credentials include RVT (ARDMS), RVS (CCI), VS (ARRT).

   We realize there are a variety of ways departments are staffed that may be affected by the vascular technologist requirement. Below are examples of common scenarios:

   **Scenario #1:**

   **Outpatient only site:**

   A registered vascular technologist MUST be on site during all vascular exams. Any registered technologist may perform the exam.
Scenario #2:

Hospital with after hours on-call only:

All technologists go home for the day and call is covered by a technologist who does not hold a vascular credential:

A routine order for an inpatient is placed for a vascular exam. The exam MUST wait until morning when a registered vascular technologist is on site. Any registered technologist may perform the exam. If a tech is called in to perform this routine exam, it MUST be performed by a registered vascular technologist or a registered vascular technologist must be on site.

A stat order for an inpatient or ED patient is placed for a vascular exam. The on-call technologist may perform the exam. The on-call technologist may be a registered vascular technologist or a general registered technologist.

Scenario #3:

Hospital with 24/7 US technologist coverage:

All first shift technologists go home for the day. Second and third shift technologists do not hold a vascular credential:

A routine order for an inpatient is placed for a vascular exam. The exam MUST wait until morning to be performed when a registered vascular technologist is on site. Any registered technologists may perform the exam.

A stat order for an inpatient or ED patient is placed for a vascular exam. Any registered technologist may perform the exam.

**If your specific scenario is not listed or if you have any questions regarding technologist credentialing requirements, please call the ACR at 1-800-770-0145.**

Accreditation Testing

Q. May we use a model or a volunteer to obtain clinical images to submit for accreditation?
A. No. Any clinical image submitted for accreditation review must be of an actual patient who needed the examination. Use of volunteers or models, including staff from your facility is prohibited and may result in withholding, denial or revocation of accreditation. Attempting to “pass off” images taken from a volunteer or model as clinical images from a patient may constitute fraud.

Q. Can endovaginal and transabdominal exams be submitted from the same patient as 2 different exams?
A. Endovaginal and transabdominal exams from 1 patient are considered 1 complete female pelvis exam, and both exams should be submitted as one.

Q. Can abnormal examinations be submitted?
A. 
   - Clinical images for vascular, gynecological, obstetrical and general accreditation should be normal exams or as close to normal as possible.
   - Exams performed should be consistent with the ACR practice guidelines regarding ultrasound. Please refer to the Testing Instructions document for additional guidance.
Q. **What are diagnostic criteria?**
A. Diagnostic criteria are required only with the submission of vascular exams and should consist of a brief summary of the criteria the physician(s) at the facility use to determine normal vs abnormal exams. For duplex carotid exams, they should include the velocity table. Diagnostic criteria for DVT exams may include things like absence of thrombus, compressibility, phasic flow, and augmentation. There is no required format for your site’s criteria.

Q. **Can clinical images be submitted on thermal or other printer paper format?**
A. All sites are now required to upload their images for accreditation. In addition to decreasing the turnaround time for receiving an accreditation final report, uploading images mitigates the risk of losing images during transit. If your facility has a technical limitation that prohibits you from uploading images electronically, please contact ACR staff at 800-770-0145 for assistance. All images should be accompanied by the physician report. The physician report is used to confirm the date of examination and must include diagnostic physiologic and anatomic findings for all vascular exams. The physician report should follow the format outlined in the ACR Practice Guideline for Communication: Diagnostic Radiology. A sonographer or technologist worksheet does not take the place of the physician report.

Q. **Do obstetrical examinations need to be a particular gestational age?**
A. For accreditation purposes, yes. First trimester examinations must be between 6 and 12 weeks. Second trimester examinations must be between 18 and 26 weeks. Third trimester examinations must be greater than 26 weeks. Please refer to the Testing Instructions document for specific image requirements for each examination. When submitting obstetrical images, it is recommended that you choose examinations of a gestational age that allow all anatomy to be well demonstrated.

Q. **Are cine loops allowed?**
A. All exam requirements must be met with static imaging. Any cine loops included with your submission will be disregarded and not reviewed as part of the accreditation process. Not meeting exam requirements with static imaging will be cause for failure.