ACR Accreditation FAQ

Question:

Our centers perform very few leg venous Doppler ultrasound exams as part of the type of referrals we receive. Are we still required to maintain vascular ultrasound accreditation and have a registered vascular technologist (RVT) on site at all times?

Answer:

Sites must apply for accreditation in all categories of ultrasound services the site provides (e.g., OB, General, Gynecological, and/or Vascular). We realize that it may be impractical for a facility to be staffed 24-7 with an RVT in case an emergent vascular exam comes in. Therefore, we do not require that an RVT be present on site for exams that are ordered at night or on the weekend.

Question:

Why is breast ultrasound part of breast imaging accreditation and not part of ACR standard ultrasound accreditation?

Answer:

Many breast centers only perform the breast examinations and would not be able to provide the other studies required to be a module under the general ultrasound accreditation program. In addition, ACR breast ultrasound allows for MQSA qualified mammography technologists to perform the ultrasound examinations, with training in ultrasound.

Question:

Can ACR bring the billing cycles and paper work of all of the ACR accreditation programs together under one payment? Currently the billing cycles, contracts and agreements appear to be presented per modality which then requires each payment and signature to be processed separately and at different intervals.

Answer:

The ACR does not collect any billing information for accreditation purposes. The accreditation fee for each modality is required when a site applies for that modality. Since a site may apply for each modality at different times, it is impossible to collect the fees under one payment.

Question:

Will the ACR be publishing a new QC manual for digital mammography?
Answer:

Yes. Currently, the Food and Drug Administration (FDA) requires digital mammography facilities to perform QC for approved imaging systems, according to their respective manufacturers’ quality control manuals. The FDA recently approved the ACR’s alternative standard request (http://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm489348.htm) to allow mammography facilities to use the ACR’s new Digital Mammography Quality Control (QC) Manual and Digital Mammography QC Phantom in routine QC of digital equipment. Approval of this alternative standard will enable mammography QC technologists and medical physicists to use the new ACR manual in lieu of manufacturers’ quality control manuals when it becomes available. The FDA alternative standard specifies that the new manual may be used only for full-field digital mammography systems without advanced imaging capabilities (e.g., tomosynthesis and contrast enhancement). The manual is currently being prepared for publication and will be available in late spring of 2016. For more updated information on the manual, see the ACR’s FAQs (http://www.acraccreditation.org/~media/Documents/Mammography/DMQCFAQs_3-11-16.pdf?la=en).

Question:

What is the process and timeline for how ACR’s Practice Parameters and Technical Standards are written and revised?

Answer: