AIUM Accreditation Application Manual

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INTRODUCTION

The American Institute of Ultrasound in Medicine (AIUM) strives to continuously improve the quality of diagnostic ultrasound services by offering a peer review process for providers to demonstrate that they meet nationally recognized standards and guidelines. Diagnostic medical ultrasound makes important contributions to patient care and may be used in a variety of settings. Ultrasound practice accreditation is designed to set a standard of quality for the performance of standard and detailed diagnostic assessments as well as the performance of interventional procedures.

Applying for accreditation displays your commitment to the highest quality patient care and exhibits your dedication to clinical excellence. Regardless of the specialty area in which your practice decides to apply, the same policies and procedures are uniform for all ultrasound practices.

The decision to accredit a practice is based on information submitted in the application. To be eligible for ultrasound practice accreditation, a practice must be an organization, group, or business that performs, interprets and reports ultrasound examinations. This includes a mobile only business that owns or leases machines. The practice must demonstrate compliance with AIUM accreditation requirements including but not limited to those described herein. If applying with more than one site, the same policies, protocols, and diagnostic criteria must be followed at all sites. Performance, interpretation, and archiving of medically indicated ultrasound examinations constitutes practice that is auditable and eligible for accreditation. Limited use of ultrasound for other purposes is not.

Interim Changes

In case of any changes in personnel, practice name or practice location, the AIUM's Ultrasound Practice Accreditation Department must be notified within 7 business days. An update form (linked here) must be completed and signed by the Director of Ultrasound and uploaded to your account by following the instructions on page 14.

Reaccreditation

Reaccreditation is required every 3 years. For reaccreditation, licensed medical providers listed on the previous accreditation application will need to demonstrate compliance with all AIUM accreditation requirements, and each interpreting provider must provide evidence of meeting maintenance of competence (as evidenced by specific yearly ultrasound experiential volume) and Continuing Medical Education (i.e. *AMA PRA Category 1 Credit* ^{TM}) requirements found at the end of each relevant training guideline. All provisional providers and other provisional accreditation stipulations must be resolved prior to re-accreditation.

ACCREDITATION PROGRAMS

- OB Standard
- OB Trimester Specific
- Detailed First Trimester OB Ultrasound
- Detailed Second Trimester OB Ultrasound
- Limited OB for Advanced Clinical Providers
- Fetal Echocardiography
- Gynecologic Ultrasound
- Gynecologic Ultrasound with Adjunct Competence in 3D
- Reproductive Endocrinology and Infertility (REI)

- Reproductive Endocrinology and Infertility (REI) with Adjunct Competence in 3D
- Female Pelvic Floor (Urogynecology)
- Diagnostic Breast
- Breast - Ultrasound-Guided Interventional Procedures
- Thyroid, Parathyroid, and Neck Ultrasound
- Abdominal/General Ultrasound
- Contrast-Enhanced Ultrasound
- Urologic Ultrasound
- Diagnostic MSK Ultrasound
- MSK - Ultrasound-Guided Interventional Procedures
- Diagnostic Ultrasound of Peripheral Nerves
- Ultrasound-Guided Regional Anesthesia
- Point-of-Care Ultrasound

ULTRASOUND PRACTICE PERSONNEL, ROLES, & REPORTING POLICIES

Director of Ultrasound

The practice must designate a Director of Ultrasound who is responsible for all correspondence with the accreditation department and must sign all required accreditation documentation. The Director of Ultrasound must be a licensed medical provider who meets the training guidelines in the specific area of sonography for which they are interpreting. The Director of Ultrasound is responsible for overseeing the quality and appropriateness of ultrasound operations of the practice. This includes ensuring that appropriate clinical services are provided and support services are sufficient, and for attesting that the practice continues to meet the *Standards and Guidelines for the Accreditation of Ultrasound Practices*. The Director of Ultrasound may supervise the entire operation of the facility or may delegate specific operations to associates and sonographers.

Providers who Supervise and Interpret Ultrasound Examinations

All ultrasound studies must be supervised and interpreted by a licensed medical provider who meets the relevant training guideline(s) in the specific area(s) of sonography for which the practice is applying. If interpreting in multiple specialties, providers must meet each relevant training guideline. Physicians, including advanced clinical providers, who perform and/or interpret ultrasound exams (even occasional coverage) are required to be included in the accreditation application.

General Documentation of Training and Competence Requirements

Different areas may have special requirements for documentation of training and competence. Please refer to the appropriate Training Guideline and contact the AIUM office if you are unsure.

- *From each provider during initial application, and when new interpreting providers join the practice, the following must be submitted:*

1. Copy of medical or other professional license, as appropriate. Documentation showing proof of meeting applicable ultrasound training guidelines such as a residency, fellowship or other ultrasound certification documents (*required for all providers applying for the first time or if applying to interpret in a new specialty area).* AIUM accepts AMA Physician Profiles as proof of residency/fellowship completion.

2. Each provider must keep evidence of involvement in interpreting and reporting the minimum annual number of examinations recommended to maintain continuing competence in the applicable specialties. Providers may be audited at any time.

3. Documentation verifying completion of the minimum number of *AMA PRA Category 1 Credits*™ or AOA Category 1-A credits required for applicable specialties*.

⇒ Certificates must be submitted for any ultrasound CME activity that was not earned through the AIUM. For activities that were only partially related to ultrasound, provide a brief description of the relevant portion of the activity and, to the best of your ability, estimate how many of the total CME hours awarded were specific to ultrasound.

⇒ For OBGYN and MFM practitioners: **Beginning September 2016, AIUM Accreditation only accepts 1 *AMA PRA Category 1* ™ credit per approved *ultrasound article* from the ABOG MOC**. Refer to the ABOG MOC question on the Accreditation FAQ for instructions on how to claim these credits.

⇒ Providers who are interpreting in multiple specialties OR interpreting for practices accredited through both the AIUM and the ACR must obtain a representative sample of CME credits.

Credits must directly relate to the ultrasound specialties for which a practice is applying. For international accreditation, credits must be equivalent.

- ***You must supply each provider's CMS NPI # (← click to search) in the online application.***
- ***When applying for practice re-accreditation**: each provider listed on a previous AIUM accreditation application must submit appropriate Continuing Medical Education credits. Refer to "Continuing Medical Education" section of each relevant Training Guideline and the following document for additional information: CME Requirements.*

Sonographers Who Perform Ultrasound Examinations

Qualified sonographers who perform ultrasound examinations will be responsible for those tasks specified by the Director of Ultrasound. Although a sonographer may play a critical role in extracting the information essential to deriving a diagnosis, the rendering of a final diagnosis from ultrasound studies represents the practice of medicine and, therefore, is the responsibility of the supervising licensed medical provider.

Sonographers must have appropriate training for the ultrasound examinations they perform. All sonographers must be certified in the specialty or specialties in which they perform ultrasound evaluations or must become certified before the next reaccreditation application. If the sonographer is unsuccessful at obtaining the relevant credential, he/she must not perform this type of ultrasound for the practice except for the purposes of training and in these cases only with supervision of a physician or sonographer who meets the training guideline. If a sonographer is required to become certified in multiple specialties, the sonographer must obtain a minimum of 1 additional specialty certification per accreditation cycle.

The following certifications are acceptable:

- Certification (active status) by the American Registry for Diagnostic Medical Sonography (ARDMS) in abdomen, breast, fetal echocardiography, musculoskeletal, obstetrics and gynecology, and others as applicable;
- Certification in general sonography for abdomen and obstetrics and gynecology by the American Registry of Radiologic Technologists (ARRT) or the ARRT certification in breast sonography.
- International applicants may provide equivalent credentials for review by UPAC.

Other Providers Who Perform Ultrasound Examinations

Non-physicians who perform ultrasound examinations must have appropriate training in their scope of practice. The following are specialty areas that have training guidelines approved to include other providers on the accreditation application.

- Diagnostic Musculoskeletal Ultrasound
- Limited OB Ultrasound for Advanced Clinical Providers – This training guideline is NOT for those performing and/or interpreting a more detailed OB examination.
- Point-of-Care Ultrasound (POCUS)

Documentation Requirements

- *For each sonographer:*
  Copy of current ARDMS or ARRT registry card (can be electronic proof if applicable)

- *For each non-physician provider:*
  - Documentation received documenting appropriate training as described in relevant training guidelines. (linked above) Each provider must supply their CMS NPI # in the online application.

Final Reports

Final reports must meet the requirements specified in the *AIUM Practice Parameter for Documentation of an Ultrasound Examination*. If your practice interprets in interventional procedures, carefully review section "Reporting of Ultrasound-Guided Procedures".

Final report shall be signed and available to the relevant clinicians within two business days or as dictated by local policy (a copy of your policy will be requested by AIUM if longer than 2 business days).

Preliminary Reports

A preliminary report is a written or verbal report released before being signed by the physician responsible for giving the final interpretation. Refer to "Non-routine Reporting" in the *AIUM Practice Parameter for Documentation of an Ultrasound Examination*:

If a licensed medical provider responsible for the interpretation is not immediately available at the time an ultrasound examination is being performed:

- The sonographer performing the examination must be appropriately credentialed in the specialty area(s) of the examination.
- A mechanism must be in place to address unexpected or emergency findings.
- If the patient is released prior to the interpreting provider review of the images, a patient call-back mechanism must be in place.

POLICIES AND PROCEDURES SAFEGUARDING PATIENTS AND PERSONNEL

ALARA Principle

AIUM advocates for the responsible use of diagnostic ultrasound for all ultrasound imaging. Application of ultrasound to humans should be limited to that which is medically necessary. Personnel must be familiar with and show evidence of practicing the ALARA (as low as reasonably achievable) principle and imaging displays as well as permanent recorded images must include Mechanical and Thermal index values. Practices and practitioners and sonographers must follow all AIUM Official Statements on **Safety**, including, but not limited to the following:

- Medical Ultrasound Safety
- Recommended Maximum Scanning Times for Displayed Thermal Index Values
- Prudent Use and Safety of Diagnostic Ultrasound in Pregnancy - includes statements on fetal heart rate evaluation, the use of Doppler ultrasound during 11-14 week scans (or earlier in pregnancy), and AIUM's position on keepsake fetal imaging
- Conclusions Regarding Epidemiology for Obstetric Ultrasound
- Statement on Mammalian Biological Effects in Tissues with Gas Body Contrast Agents

Prevention of Infectious Diseases

- The practice must have procedures and policies on the protection of patients and practice personnel from the transmission of infectious disease.
- The practice must follow the *Guidelines for Cleaning and Preparing External- and Internal-Use Ultrasound Probes Between Patients, Safe Handling, and Use of Ultrasound Coupling Gel*.

Documentation Requirements
- Most recent proof of purchase for high level disinfection agent
- Cleaning logs may be requested during the review process

Patient Confidentiality

All practice personnel must adhere to Health Insurance Portability and Accountability Act regulations and professional ethics and behavior to ensure patient confidentiality.

Patient Identification

Patients must be identified by 2 separate identifiers before a study is performed: for example: name, date of birth, address, or medical record number.

Precautions for Invasive Procedures

Time-outs
- Before beginning an ultrasound-guided invasive procedure, the practice must take steps to verify patient identification, the type of procedure planned, and the appropriate procedure site(s).

Specimens
- The practice must take steps to ensure that specimens are correctly labeled.

- The practice must clearly define the personnel responsible and the steps required to hand off each specimen.

Documentation Requirements
- Written policy on precautions for invasive procedures

Incident Reporting

A policy/procedure must exist for responding to and reporting any accidents or complications that occur in the facility.

Documentation Requirements
- Written policy on incident reporting

Personnel Performance Quality Assurance

Please review the **AIUM Personnel Performance Quality Assurance Handbook** here:

- AIUM Personnel Performance Quality Assurance

The practice must demonstrate ongoing evaluation and continuous improvement of clinical ultrasound personnel performance, including all interpreting providers and sonographers. This should be conducted through regular, retrospective peer review, involving systematic assessment of performance, documentation, and reporting, as well as diagnostic comparison across imaging modalities.

Documentation Requirements
- Application requirements related to this process are outlined in the handbook.

Record-keeping Guidelines and Requirements

- There must be provisions for the retrieval of examination records (ultrasound images and cine clips) of all studies performed.

- Appropriate documentation of every study must include permanent ultrasound images stored on suitable recording media, as well as a report that indicates the findings obtained by the examination and adheres to the *AIUM Practice Parameter for Documentation of an Ultrasound Examination*.

- Ultrasound images and a final report from the interpreting physician or qualified healthcare provider must be maintained in a readily accessible fashion for comparison and consultation.

- Recording media must have a shelf life compatible with the minimum number of years, required by law, for the maintenance of patient records. In most states, this will be for at least 7 years after the patient's last examination was performed; however, these requirements vary from state to state and may be considerably longer for pediatric patients.

Policies Protecting Practice Personnel

The practice must be in compliance with all US Occupational Safety and Health Administration (OSHA) regulations. Medical staff should observe universal precautions.

The practice should be mindful of ergonomics as related to the use of ultrasound, and adhere to the *AIUM Official Statement on Preventing Work-related Musculoskeletal Disorders* to promote a safe work environment.

Ultrasound Equipment and Quality Assurance

Ultrasound equipment must meet all state and federal guidelines.

- Studies must be conducted with real-time equipment, and transducers must be available with a frequency range that will optimize beam penetration and resolution.

- The equipment used for diagnostic testing must be maintained in good operating condition and undergo routine quality assurance at least once a year or more frequently if problems arise. Regular assessment of transducer operation and quality control of repaired transducers are critical for optimal patient care. Practices must follow recommendations regarding transducer testing and repair. Routine quality assurance on ultrasound equipment must meet or exceed the recommendations specified in Routine Quality Assurance of Clinical Ultrasound Equipment: Version 2.0

- Records of routine quality assurance must be kept for 3 years or longer depending on state and federal guidelines.

Documentation Requirements

- Most recent quality assurance report for each ultrasound machine. AIUM may request older QA reports from your accreditation cycle during the review process.
- AIUM could ask for documentation of this type of participation during the review process: documentation of staff and physician participation in Quality Assurance Activities (such as sign-in sheets, documentation of attendance, or certificates of completion—general statements are NOT acceptable)

CASE STUDY SUBMISSIONS

For the purpose of accreditation, a "study" consists of images performed on a single date only with a corresponding final report. The accreditation requirements are based on the relevant AIUM Practice Parameter for the Performance of an Ultrasound Examination for each relevant specialty. Accreditation requirements may be different in order to demonstrate certain competencies.

In certain situations, for detailed obstetric ultrasounds (76811) and fetal echocardiography, fetal position can make documenting abnormalities within one visit difficult. If this occurs, a follow-up study within a week is acceptable provided all documentation requirements are met. Both the original and the follow up images and reports must be submitted for full review, along with a written explanation regarding the patient's circumstances. These submissions must be cases that are indicated and not simply added anatomic components to a limited OB examination.

Case studies must be performed and interpreted by a **representative sample of the practice's interpreting providers and sonographers**. A single interpreting provider or sonographer should not submit more than one case unless all other listed providers have each submitted a case. Original reports must be submitted.

Documentation Requirements

- See links below for case submission requirements specific to each area of accreditation.

Case studies submitted for review must comply with the following:

1. AIUM Practice Parameter for the Documentation of an Ultrasound Exam.
2. Adhere to the Case Submission Requirements for each specialty:
    - OB Standard
    - OB Trimester Specific
    - Detailed First Trimester OB Ultrasound
    - Detailed Second Trimester OB Ultrasound
    - Limited OB for Advanced Clinical Providers
    - Fetal Echocardiography
    - Gynecologic Ultrasound
    - Gynecologic Ultrasound with Adjunct Competence in 3D
    - Reproductive Endocrinology and Infertility (REI)
    - Reproductive Endocrinology and Infertility (REI) with Adjunct Competence in 3D
    - Female Pelvic Floor (Urogynecology)
    - Diagnostic Breast
    - Breast - Ultrasound-Guided Interventional Procedures
    - Thyroid, Parathyroid, and Neck Ultrasound
    - Abdominal/General Ultrasound
    - Contrast-Enhanced Ultrasound
    - Urologic Ultrasound
    - Diagnostic MSK Ultrasound

- MSK - Ultrasound-Guided Interventional Procedures
- Diagnostic Ultrasound of Peripheral Nerves
- Ultrasound-Guided Regional Anesthesia
- Point-of-Care Ultrasound

- Cases must adhere to the General File Requirements and How to Prepare Your Documents for Upload.
- Case studies must have been performed within 12 months of the date they are uploaded.
- In order to assess timeliness of the final report, **interpreting providers' signatures must be dated**. If the report does not accurately display the date of signature, this should be noted and an explanation provided. A printed name must be next to the signature if the signature is illegible.
- While the Ultrasound Practice Accreditation Council (UPAC) understands that providers reading the scans are aware of what each image demonstrates, the protocol for practice evaluation is uniform and must cover a broad spectrum of practices. **In order to ensure that the appropriate structure is being identified, labeling is required for cases that are submitted.** Post-process labeling is acceptable.
- **Video clips should not be submitted unless the case requirements specifically request them**. Most ultrasound specialties can adequately display the required anatomy in still images. If video clips are allowed, clips must be labeled in the clip or labeled as the file name. If cine clips are submitted, representative thumbnail still frames from the clip should be submitted with the appropriate labels for the structures intended to be demonstrated on the cine clip.
- Only complete cases documenting all required components should be submitted for evaluation.
- Although in practice there are cases when the full anatomy is not seen, these are not acceptable for submission. Reporting a structure as "suboptimal" may clarify appropriately why anatomy was not clearly seen; however, this case would not be considered suitable for submission.

Application Checklist

☐ **A completed Accreditation Agreement MSA/BAA (legal document)**

- If no changes need to be made to the existing language of the document, please fill in the blanks and have the appropriate person sign page 8 (must be someone who is authorized to sign a contract on behalf of the practice, like the Physician Director of Ultrasound, an officer of the corporation, or contract specialist, for example). Email the completed document in its entirety to accreditation@aium.org along with your submittal # and practice name.
- Note: proposed amendments to the existing language of the document may be submitted for consideration, but an additional $300 administrative fee applies. Email redlined document to accreditation@aium.org

*The following items must be **uploaded into your online application**.*

☐ **For each physician:**

- copy of current medical license, or a printout of license verification from your state website
- copy of residency AND/OR fellowship certificate(s) – ***not required for physicians on a prior application unless interpreting in a specialty not previously identified***
- verification of ABOG certification (if applicable)
- certificates for any ultrasound CME credits ***that were not earned through the AIUM***, obtained in the specialties they interpret for your practice in which accreditation is sought:
    - **Total and enter # of all non-AIUM CME into a single entry under each physician's CME section.**
    - OB/GYN & MFM – Refer to FAQs about how to claim ABOG MOC (Maintenance of Certification) credits

☐ **A copy of each sonographers' current ARDMS or ARRT (sonography) registry card or printed verification from the ARDMS or ARRT website.**

☐ **Proof of purchase of the low-level and high-level disinfectant(s) for your ultrasound transducers.**

- This can be a clear photograph of the disinfectant(s) at your actual practice; not a picture pulled from the internet.

☐ **The most recent ultrasound Quality Assurance report for each ultrasound machine**

- However, keep record of the machine QA reports performed for the past 3 years; AIUM may ask for these in an audit.

☐ **Case studies for the specialties in which accreditation is sought.**

☐ **For practices applying in "Limited OB for Advanced Clinical Providers", submit the following for each ACP who performs and interprets limited OB ultrasounds:**

- copy of current state license
- proof of completion of advanced clinical program
- proof of board certification (NCC, NCCPA, AMCB)
- proof of OB ultrasound CME credits - *AMA PRA Category 1™* (AIUM CME does not need to be uploaded)
- ARDMS (sonography) registrycard showing active certification in "OB/GYN" or a "Midwife Sonography Certificate", if relevant

☐ **For practices applying in "MSK - Diagnostic", submit the following for each Physical Therapist or Physician Assistant performing and/or interpreting diagnostic MSK ultrasounds:**

- copy of current state license
- proof of completion of accredited DPT / tDPT program or accredited PA program
- proof of MSK ultrasound CME - *AMA PRA Category 1™* (AIUM CME does not need to be uploaded)

HOW TO REPLY TO AIUM'S REVIEW OF YOUR APPLICATION

After you submit your completed application, AIUM will review and respond with comments, questions, and possibly requests for additional information/documents. The admins on your application will receive an email asking them to log in and submit a response. **You have 30 days from the date of the email to respond to AIUM.** This section will describe how to respond and where to upload your response.

When you receive the "Need More Information" email, the admin should follow the steps below to access the comments/audit results:

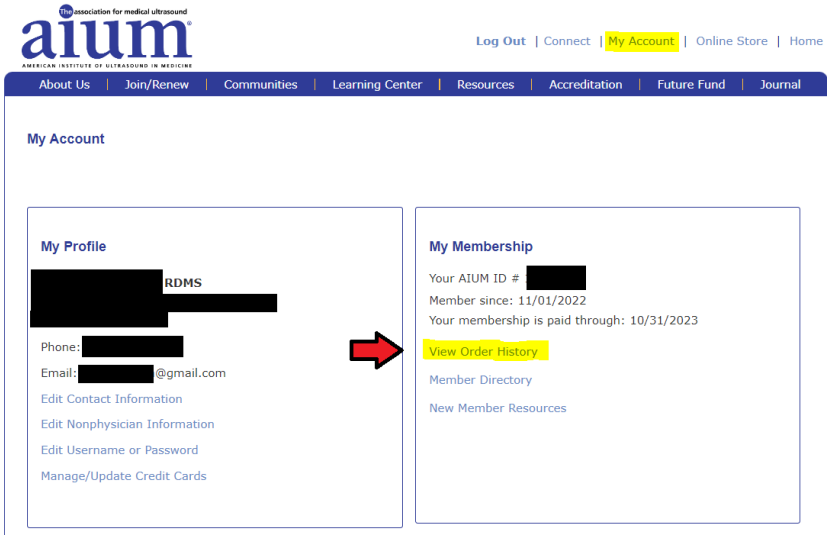
1. Log into your personal AIUM account
2. Click on "My Account" at the top of the webpage
3. Scroll down until you see the box for Practice Accreditation and click on "Accreditation Dashboard"
4. On the Accreditation Dashboard, click on "Start/View Application for Accreditation"
5. Click "Details"
6. You should now be on the "Instructions" page which will tell you how to respond to our review.
7. To respond, draft a letter addressing how you will bring any non-compliant findings (red text) from your "Case Study Results" into compliance going forward. Additionally, respond to any comments from the "Comments" section and attach any requested documents (DO NOT INCLUDE CASES, IMAGES, or ANYTHING WITH PROTECTED HEALTH INFORMATION (PHI). **The letter must be signed and dated by the Physician Director of Ultrasound.**
8. Upload your response letter by clicking on the "Additional Documentation" section in the left side menu, then click on "add" and in the dropdown list, select "If requested, letter from Physician or Qualified Provider", then browse for your file(s) and upload.
9. NOTE: If we asked you to resubmit cases or images, these must be uploaded SEPARATELY from your letter. **All new cases and/or images must be uploaded using the Box link provided in the response letter.**
10. Once you have uploaded your response letter (including any documentation we may have requested) and any case/image resubmissions, click on the "Application Summary" tab in the left side menu, then "Submit Response". This will send AIUM a notification that you are finished and ready for us to review.

Paying for Case & Image Resubmissions

If we asked you to resubmit cases or images, there is a fee associated with it. Follow the instructions below to access your case/image resubmission invoice. **If you don't see an invoice or are unsure if you have to pay a resubmission fee, please contact accreditation@aium.org.**

We must receive payment for this fee before we can accredit your practice. To pay the fee, use the link in the summary letter to pay online. If you need a copy of the invoice to submit a check request, follow the instructions below:

1. Log into your personal AIUM account
2. Click on "My Account" at the top
3. Click on "View Order History" (see red arrow)



4. Once your order history loads, you should see an invoice similar to the image below. Click on "view order" to print the invoice.

