

Diagnostic High Tech Imaging Provider Privileging Standards

Premerus' privileging standards were designed to align with our overall radiology management philosophy that each patient undergoing diagnostic imaging deserves a high-quality exam and interpretation of that study. Further, these studies must be conducted with attention to all reasonable and pertinent safety standards. Should a provider be found to be non-compliant with these standards, or to have misrepresented information on a Premerus application, network participation in Client plans for the pertinent advanced imaging services, may be terminated.

A. General Privileging Requirements

1. Equipment must be on the provider's property and the equipment must be under the provider's immediate control. Provider must also have sole and complete utilization of the equipment.
2. Provider must own and/or have sole and complete utilization of a high-field strength MRI unit, meeting the Premerus high-field strength standards, within the geographic region of any facility housing only an open MRI unit as the only MRI unit on site.
3. Each facility must develop and maintain a documented Quality Control Program of imaging equipment including preventative maintenance within one year of initial privileging.
4. A documented Radiation Safety Program and As Low as Reasonably Achievable (ALARA) program must be implemented and maintained.
5. Digital Radiography (DR) or Computed Radiography (CR) capability must be available at all sites performing diagnostic plain films, if these are to be interpreted by the Premerus radiologists.
6. A system for transmitting digital images on the internet must be on site.
7. The facility's equipment must be DICOM compliant and capable of transmitting digital images over the internet.
8. All imaging facilities utilizing equipment which produces ionizing radiation must have a current state radiation license
9. All imaging facilities must have a current physicist inspection and calibration.
10. Policies and procedures must be in place for the administration of sedation and contrast if applicable.
11. An appropriately trained physician must be present for contrast administration.

B. CT and MR Providers

1. Providers are required to staff technologists licensed by the state and certified through the American Registry of Radiologic Technologists (ARRT) or the Canadian Association of Medical Radiation Technologists (CAMRT). Within one year of initial privileging the technologists should be certified in their respective modalities: RT (MR) or RT (CT). OR The technologists should be ARRT or CAMRT certified with successful completion of a CT or MRI training program, which includes verified didactic and supervised clinical experience. These programs should be recognized by the Joint Review Committee on Education in

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DIAGNOSTIC ACCURACY

Premerus Privileging Program

- Radiologic Technology (JRCERT) or accredited by the Canadian Medical Association Committee on Conjoint Accreditation (CMA-CCA).
2. MR magnet strength must be a minimum of 1.5T for closed systems and preferably 0.7T for open systems to be used for obese or claustrophobic patients.
 3. The basic CT unit must have at least 4 slice MDCT capabilities.
 4. Cardiac CTA must be performed with at least a 64 slice MDCT unit.
 5. The facility will accept periodic updates on the standardized protocols used by the Premerus radiologists. The Premerus radiologists will tailor protocols to individual patient's needs as necessary.
 6. Within one year of initial credentialing, ACR accreditation will be required for all MRI and CT equipment on the premises.
 7. In the event a Premerus Participating Provider Imaging Facility elects to utilize a mobile MRI or CT, unit on a short-term basis, Provider must follow, then current, ACR guidelines for the use of a temporary mobile unit by an ACR accredited facility.