Imaging Facility Network Standards

All facilities applying for participation in the network must meet the criteria set forth in these Standards. Network providers are required to maintain compliance with these quality standards.

NOTES:

- **Radiologists:** eviCore encourages each radiology practice to have at least one fellowship trained physician within each subspecialty area that the practice performs (e.g. neuroradiology, breast imaging, musculoskeletal radiology, pediatric radiology, nuclear radiology, vascular and interventional radiology, or abdominal radiology).
- **Site Assessment and Image Review**: Facilities in our networks that are subject to Site Assessment and Image Review as defined in their agreements, have additional requirements defined in Attachments to these Standards.
    - Attachment 1 – Accreditation requirements and Scheduling Standards that are reviewed during the evaluation
    - Attachment 2 – Accreditation modules offered by recognized accreditation organizations

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General Requirements:

1. A complete, signed and dated application is required at each initial and recredentialing instance. All facilities must be recredentialed within 36 months.
2. Each facility must provide contrast services.
3. Each facility must have a physician with training and knowledge in the treatment of contrast reactions onsite whenever contrast is administered. There must be at least one member of staff present who has current Advanced Cardiac Life Support (ACLS) or Advanced Radiology Life Support (ARLS) at the facility whenever contrast is administered.
4. Facility must have all appropriate license(s) and certification(s) mandated by governmental regulatory agencies, including, without limitation, any certificate of operation and/or certificate of occupancy. This includes Radioactive Materials Licenses, as applicable.
5. Facility will be credentialed for imaging services only when the services are provided on imaging equipment owned by the provider or leased by the provider on a permanent basis. The equipment must be on the provider's property and must be under the provider's sole and immediate control.
6. Applicants will be expected to divulge all ownership interests on their application. Facilities that own and operate imaging equipment will not be unduly influenced by business arrangements with other physicians or practices.
7. Facility must participate in Medicare.
8. Facility must ensure they have not been excluded, sanctioned or opted out of Medicare before applying to the network. If any of these situations exist, an approval will not be granted.
9. A facility utilizing equipment that emits ionizing radiation is required to participate in the Image Gently (if applicable) and Image Wisely programs. Compliance with these programs must be maintained and a medical physicist statement of compliance with these programs is required and may be requested during credentialing.
    - Protocols and Techniques for adult and pediatric exams must be posted in all imaging suites
10. Annual MRI safety training for all staff and signage of MRI Safety Zones is required.
11. A signed and dated annual medical physicist report is required for each piece of imaging equipment. This may be requested during credentialing.
12. If a facility requesting network approval has only one interpreting physician and that physician is denied into the network, the facility will not be granted approval for the network.
13. All advanced imaging studies require interpretation by fully licensed physicians certified by the American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM), American Board of Internal Medicine (ABIM) - Cardiovascular Disease, American Osteopathic Board of Radiology (AOBR), American Osteopathic Board of Nuclear Medicine (AOBNM), Le College des Medicins du Quebec, or Royal College of Physicians and Surgeons of Canada (RCPSC). If a teleradiology service is utilized, the teleradiologist must be licensed in the state where the imaging facility is located.

- If not board certified, the radiologist must meet the board certification requirement within 24 months from the time of eligibility.

14. Radiology Assistants must be certified by the American Registry of Radiologic Technologists (ARRT).
15. For each modality performed, a facility must have on site at least one technologist certified by one of the certification organizations listed:

MODALITY	ARRT	ARMRIT	NMTCB	ARDMS	CCI	ISCD
MRI	ARRT - MR	ARMRI - MRI				
CT	ARRT - CT					
PET	ARRT - N		NMTCB - PET			
Nuclear Medicine	ARRT - N		NMTCB – N			
US	ARRT - S ARRT – VS ARRT – VI			RDMS RDCS RVT RMSKS	RVS	
Breast US	ARRT - BS			RDMS		
Echocardiography	ARRT – CV			RDCS	RCS	
Mammography	ARRT - M					
X-ray	ARRT-R					
DXA*	ARRT-R ARRT-BD ARRT-N		NMTCB-N			CBDT

*DXA services may be performed by a certified tech or by a radiologist.

16. Technologists performing Cardiac CT and CCTA - the additional following requirements must be met and documentation may be requested at credentialing:
    1. Documentation of training specifically in Cardiac CT.
    2. Sr. Cardiac Technologist must document the performance of daily calibration of units to be used for Cardiac CT.
    3. Certification in Basic life support (BLS), Advanced Cardiac Life Support (ACLS), or Advanced Radiology Life Support (ARLS).
    4. Completion of training in the use of a powered dual-head contrast injector.
17. Exceptions to the general requirements can be made on a case-by-case basis to support network requirements at the request of a client health plan, provided the facility meets the remainder of standards as stated in the following paragraphs.

Accreditations, Insurance, and Reporting Requirements:

1. A facility seeking to furnish the technical component of advanced diagnostic imaging services (MR, CT, PET or NM) is **required** to be accredited by one of the following: the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), The Joint Commission (TJC), or RadSite. Accreditation by the American Institute for Ultrasound in Medicine (AIUM) or the American Society of Breast Surgeons (ASBS) is also acceptable for facilities in networks requiring ultrasound accreditation. ACR accreditation or state certification, is required for all mammography units. Accreditation is required at a modular level for each type

of service rendered at the facility (for example: the cardiac module is required for all cardiac CT procedures). The requirements of the accrediting organization must be met at all times to maintain reimbursement. *(See specific modular requirements under Equipment Requirements)*

2. Accreditation applications for new installations (new facility, additional modality or replacement equipment) must be submitted to an approved accrediting organization within three (3) months of first clinical use.
3. Equipment that has been determined "end of life" and not currently supported by the manufacturer does not meet eviCore Facility Standards.
4. Facility shall maintain professional liability insurance at a minimum $1,000,000 per claim and $3,000,000 in the annual aggregate or as applicable by state law. If the facility does not carry professional liability, it will be required that all interpreting physicians submit a copy of their professional liability insurance showing a minimum of $1,000,000 per claim and $3,000,000 in the annual aggregate or demonstrate that coverage meets state requirements.
5. Facility shall maintain comprehensive general liability insurance at minimum levels required by payor, but in no event less than $1,000,000 per claim and $3,000,000 in the annual aggregate.
6. Facility's insurance shall cover the acts and omissions of its agents and employees and will ensure that participating providers have adequate coverage.
7. 80% of non-emergent and non-expedited cases should be interpreted and reports transmitted to referring physicians within 1 business day of the procedure being completed. However, all studies must be reviewed by a board certified or board eligible radiologist within 24 hours of completion to ensure that there are no unexpected findings that require immediate attention and communicated to the referring provider. Screening mammography must be interpreted and reports transmitted to referring providers within 10 business days.
8. All facilities must upload images electronically for quality evaluation if requested.

Equipment Requirements:

High-Tech Requirements (applicable to all networks):

1. CT Standards
   - Current ACR, IAC, TJC, or RadSite modular accreditation for each CT unit at the facility. For example, facilities rendering coronary calcium scoring, cardiac CT or cardiac CTA must have cardiac CT accreditation.
   - 4 slice per rotation (minimum).
   - 16 slice per rotation (minimum) for Computed Tomographic Angiography (CTA) and Coronary Calcium scoring.
   - 64 slice per rotation (minimum) for Cardiac CT (CCT) and Cardiac Computed Tomography Angiography (CCTA).
   - Cone beam CT units will not be approved for the eviCore network if it is the only CT unit at the facility.
2. MR Standards
   - Current ACR, IAC, TJC, or RadSite modular accreditation for each MR unit at the facility. For example, facilities rendering breast MRI or cardiac MRI must have accreditation relevant to those specific exams.
   - Minimum field strength of 0.3T field is required.

3. Nuclear Medicine (including Nuclear Cardiology or PET) Standards
    - Current ACR, IAC, TJC, or RadSite modular accreditation for each NM or PET at the facility. For example, facilities performing cardiac NM or cardiac PET must have cardiac accreditation.
    - New applications to perform PET/CT units with less than a 4 slice CT are acceptable if the CT is NEVER utilized as a diagnostic CT unit.
    - For current participating facilities utilizing a PET only unit, fusion software purchased or upgraded in the last five (5) years must be used on every case.
    - If the last major software upgrade is more than five (5) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.
    - PET or PET/CT units utilizing Sodium Iodide Detector systems are unacceptable regardless of configuration and will not be approved for the eviCore networks.
    - Phantom testing to be performed semi-annually, but recommended to be performed quarterly.

Low -Tech Requirements (as applicable by Network):

1. Mammography Standards
    - Current ACR accreditation or state certification for each mammography unit at the facility
    - Current MQSA certification for each facility
    - Current ACR or ASBS accreditation specifically recognizing stereotactic breast biopsy approval for each unit that is utilized to render stereotactic breast biopsy services.
    - ACR accreditation is required for each unit performing Dense Breast Tomosynthesis (DBT)

2. Ultrasound Standards
    - Current ACR, IAC, TJC, AIUM, or ASBS ultrasound accreditation for each facility
    - Current ACR, AIUM, or ASBS accreditation specifically approved for breast ultrasound services
    - Appropriate transducers to be available for examinations offered by the practice as follows:
        1. 3-5 MHz for abdominal, retroperitoneal, pelvic, and obstetrical examinations
        2. 2-2.25 MHZ should be available for use in obese patients
        3. Curved 7.0MHz pediatric abdomen, renal, and pelvic examinations
        4. Linear 7.0 – 10.0 MHz vascular examinations
        5. Linear 12MHz minimum-breast, thyroid, testicular, and small parts examinations
        6. 5-10 MHz endovaginal examinations
        7. 9.0 MHz endorectal examinations
        8. High frequency stick probe
        9. Cardiac
    - If a unit is more than ten (10) years old, there must be documentation stating that it conforms to all manufacturer specifications, meets all applicable accreditation standards, and has the most current software appropriate for the examinations performed at the facility. Performance must be evaluated annually by a medical physicist.
    - If the last major software upgrade is more than seven (7) years old, written confirmation is required from the service engineer confirming that the unit has the most up-to-date software upgrade available.

3. DXA Standards
    - DXA equipment must be capable of performing lumbar spine, hip, and forearm studies.
    - Only fan beam or pencil beam technology is acceptable. If pencil beam technology is used, the equipment must be manufactured after 2007. If new equipment is purchased by participating providers it must meet the same Standards.
    - All DXA scans must be performed by a radiologist, a certified ARRT-R, ARRT-BD, ARRT-N, ISCD-CBDT, or NMTCB-N certified technologist.

Attachment 1: Accreditation and Site Assessment Review Elements

Current modular accreditation (if applicable) must be maintained for reimbursement of services. For those health plans requiring a site assessment, the requirements below will be applied and proof of compliance will be checked.

Recognized accreditation organizations:

- American College of Radiology (ACR)
- American Institute of Ultrasound in Medicine (AIUM)
- American Society of Breast Surgeons (ASBS)
- Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

FACILITY/PHYSICIAN/TECHNOLOGIST – ALL MODALITIES

- All physicians must be able to document at least 50 hours of continuing medical education (CME) hours, at least 25 of which must be Category 1, that are approved by the Accreditation Council for Continuing Medical Education (ACCME) annually or 100 hours every 2 years or 150 hours every 3 years. Certificates documenting these CME activities must be available if requested. For those with fellowship training, it is recommended that at least half of those hours are in their sub-specialty area.
- Each facility must show evidence of an ongoing Practice Quality Improvement Project and such projects should be consistent with the maintenance of certification requirements set forth by the specialty boards.
- Facilities must have a formal physician peer review program.
- Annual physicist reports are required for each piece of imaging equipment. This includes high and low-tech units. Initial acceptance testing is required for all newly installed units
- Imaging reports must be consistent with the requirements of the applicable accreditation program. For modalities that do not require accreditation, imaging reports must be consistent with the requirements of the ACR's Practice Parameters for the Communication of Diagnostic Imaging Findings.
- All radiologists interpreting breast imaging must meet the requirements of MQSA.
- Facilities performing breast MRI must also perform mammography, breast ultrasound, and breast MRI guided biopsy or have a formal referral arrangement with another facility accredited that is accredited for breast MRI, to accept biopsy cases without the need to repeat the diagnostic exam.
- All radiologists performing CT Colonography (CTC) must be able to document the following training and experience:
    - CME training course to include a minimum of 75 proven cases
    - Mentoring of a minimum of 50 cases post initial training and prior to independent interpretation
    - Interpret or co-interpret a minimum of 50 cases per year
    - If a physician cannot document 50 cases per year beginning January 2009 then he/she will be required to document evidence of at least 15 hours of CME training in virtual colonoscopy every three years.
    - An annual medical audit of all CT colonography cases must be maintained.
- All MRI reports for exams performed on an ACR accredited unit must use the terminology defined in the ACR's Glossary of MRI Terms.
- The following policies must be available upon request when applicable to the facility:

- Blood Borne Pathogen Compliance
- Chemical Hazards Safety Plan
- Complaints
- Conscious Sedation/Analgesia
- Emergency Cart
- Fire and Disaster Plan/RACE
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance/Confidentiality
- Image Labeling
- Image Processor, Printer and/or PACs Maintenance
- Incident Reporting
- MRI Patient Screening
- MRI Safety (including specifications of safety zones)
- Nuclear Medicine Spills
- Oral and/or Intravenous Contrast Media/Radiopharmaceutical Policy
- Patient Drug Reactions
- Patient Holding Policy
- Patient Record Retention/Retrieval
- Peer Review
- Physician Site Coverage
- Practice Quality Improvement Plan
- Quality Control (for each piece of equipment)
- Radiation Safety
- Results Reporting
- Staff and Patient Safety
- Written Techniques/Protocols for each exam type

EQUIPMENT STANDARDS

COMPUTED TOMOGRAPHY (CT)

CT Quality Control and Preventative Maintenance

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility:
  - Preventive maintenance records
  - Log of all service records

Cardiac CT (CCT) AND Coronary CT Angiography (CCTA):

- Complete gantry rotation should take no longer than 0.42 seconds.
- Tube heat capacity must allow for a single <20 second acquisition.
- Minimum section thickness should be not be >1.0 mm.
- The CT unit used for CCTA must allow display and interpretation of the full 12 bits (from - 1000 to 3095 Hounsfield Units) of attenuation information.
  The display field of view must be sufficient to allow an assessment of the vasculature of interest, the end-organ, and adjacent tissues.
- For cardiac and ascending aortic CTA, an ECG-gated acquisition should be performed that allows retrospective reconstruction of the scan volume at multiple phases through the cardiac cycle.
- A dual-headed power injector that can be programmed for both volume and flow rate must be used for CCTA examinations.

- An independent workstation capable of creating volume rendered or shaded-surface displays, maximal intensity projections (MIP), and multi-planar reconstructions must be available for CCT or CCTA analysis.
- The workstation should also allow direct measurement of vascular dimensions and, when appropriate, path lengths and angles.

CT Colonography (CTC or VC):

- Sixteen (16) slice or greater multi-detector computed tomography (MDCT) is required.
- Must be able to scan entire abdomen and pelvis in a single breath hold with a slice thickness of ≤2.5mm.
- Images must be reconstructed at a slice thickness of ≤1.5 mm.
- The work station must have specific CT colonography software.
- The software must be capable of simultaneously integrating 2D and 3D images of the colon.

Reporting Request:

- Reporting Format: As part of the cardiology quality assurance program, periodically you may be requested to submit: Cardiac CT studies for our review. Evaluation of these studies will determine the quality of the images, accuracy of the interpretation, adherence to contraindications and to assure that the reporting format in accordance with the requirements (listed below).
    - Native vessels: Report calcium score with calcium mass and volume per vessel. Discuss dominance, overall vessel size and number of diagonals and obtuse marginal, describe any anatomic variants. Describe lesion location by segment. Describe plaque composition as calcified, non-calcified or mixed. Describe severity as: Minimal; Mild: ~20-30%; Mild-moderate ~30-50%; Moderate ~ 50%; Mod-severe ~50-75%; or Severe > 75%.
    - Discuss limitations of the study if any (blooming artifact, motion, quantum mottle). Stents: Report location, patency, and any limitations of interpretation.
    - Bypass grafts: Report location, patency, and any lesions in the native vessels distal to the graft touchdown point. Report any limitations of interpretation (i.e. clip artifact)
    - LV function: Report EF, ES volume and ED volume when appropriate acquisition phases of data are available. Evaluate and report any apparent sub endocardial perfusion defects, any regions of myocardial or septal thinning or hypertrophy, and any abnormalities of myocardial contractility. Evaluate valve morphology and motion and report any apparent abnormalities when appropriate.

Cardiac Imaging Specialist/Nurse/Physician Assistant**:**

- Cardiac Imaging Specialist should have documentation of the following:
    - Documentation of completion of a minimum of 100 Cardiac CT examinations at a facility under direct supervision of a CIS including the acquisition and interpretation of the cases.
    - Letter documenting involvement in at least 200 Cardiac CT cases involving the interpretation of the examination.
    - Proof of 40 hours of category I CME Credits in Cardiac CT.
    - Documentation of training specifically in Cardiac CT.
    - Documentation of completed fellowship training
    - Copy of Advanced Cardiovascular Life Support (ACLS) Certificate.
    - Documentation of supervised experience in the performance of Catheter or CT angiograms.
    - Document of training in the use of all necessary pharmaceuticals.
- Nurse / Physician Assistant should have documentation of the following:
    - Copy of State license.
    - Copy of Advanced Cardiovascular Life Support Certificate (ACLS).

- Documentation of training in the use of a powered dual head contract injector.
- Supervision of contrast and /or medication administration.

MAGNETIC RESONANCE IMAGING (MRI)

MRI EQUIPMENT:

- All MRI units must be capable of performing Diffusion Weighted Imaging (DWI).
- Units with field strengths <1.0 T will be limited to performing examinations of the brain, spine, knees and extremities. If these units have gradient strengths of at least 20mT/meter and slew rates of at least 45T/meter/sec, a facility may submit additional studies to demonstrate their ability to perform these tests with acceptable quality, as determined by eviCore.
- Units with field strengths of ≥1.0 T will be permitted to perform all examinations (other than Breast and Cardiac MRI), as long as all other eviCore Standards are met. In order to perform Breast or Cardiac MRI, additional equipment standards must be met as noted below.

MRI Quality Control and Preventative Maintenance

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility:
  - Preventive maintenance records:
  - Log of all service records
- MR unit must meet all state and federal performance requirements, including those for:
  - Maximum static magnetic field strength
  - Maximum rate of change of magnetic field strength (dB/dt)
  - Maximum radiofrequency power deposition (specific absorption rate)
  - Maximum auditory noise levels

BREAST MRI EQUIPMENT: (*All standards for MRI must be met in addition to the following :)*

- Any device used for breast MRI must:
  - Have a dedicated bilateral breast coil
  - Be capable of simultaneous, bilateral imaging
  - Produce images with slice thicknesses ≤3mm and in-planar pixel resolution ≤1mm
  - Utilize fat suppression or image subtraction processing on all contrast enhanced sequences
- Quality Assurance:
  - Facilities must establish and maintain a medical outcomes audit program to follow up positive and negative results and to correlate those results with the interpreting physician's findings.
  - Facilities must use the Breast Imaging Reporting and Data System (BI-RADS) final assessment codes and terminology for reporting and tracking outcomes.

CARDIAC MAGNETIC RESONANCE IMAGING

CARDIAC MRI EQUIPMENT: *(All standards for MRI must be met in addition to the following)*

- All devices used for cardiac MR Imaging must be 1.5T or greater with a slew rate of at least 70mT/meter/sec.
- Any device used for cardiac work must be capable of electrocardiographic (EKG) gating, including prospective, retrospective and triggered retrogating. New units must have vectorcardiographic gating.
- All devices must have an MRI-compatible power injector.

- MRI used for cardiac imaging must have FDA-approved processing software for calculation of ejection fraction and reformatting the angiographic data.

NUCLEAR MEDICINE (NM)

NUCLEAR MEDICINE EQUIPMENT:

- Collimator Requirements:
  - LEHR Low Energy – for high resolution studies
  - Medium Energy – for indium and gallium studies
  - High Energy - for centers performing Iodine 131 whole body studies

Nuclear Medicine Quality Control and Preventative Maintenance

- Quality Control testing must be in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
  - Note for SPECT systems Quality Control: for ACR and IAC Nuclear/PET accredited facility's overall system performance testing with an approved phantom must be in accordance with the accrediting organizations standards.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records
  - Log of all service records

CARDIAC NUCLEAR MEDICINE EQUIPMENT:

- Cardiac nuclear imaging equipment must have:
  - Quantitative analysis software
  - Cardiac gating
  - EF (Ejection Fraction) Calculation software
  - Motion correction, back filter projection reconstruction, or line spread function software.

POSITRON EMISSION TOMOGRAPHY (PET) and PET/COMPUTED TOMOGRAPHY (CT) PET/CT

PET Quality Control and Preventative Maintenance

- Quality Control testing must be in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records
  - Log of all service records
  - Records of initial acceptance testing for all units installed within the last year

ULTRASOUND (INCLUDING ECHOCARDIOGRAPHY)

Ultrasound Quality Control and Preventative Maintenance

- Quality Control (QC) testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility:
  - QC and Preventive maintenance records
  - Log of all service records
  - Documentation of routine Quality Control testing performed at least every six (6) months either by a medical physicist or service engineer.
  - Electrical and mechanical safety
  - Image uniformity
  - Sensitivity and penetration
  - Measurement of vertical and horizontal distance accuracy

- Testing of all transducers

BONE DENSITOMETRY

Dual Energy X-Ray Absorptiometry (DXA)

- Quality Control testing in accordance with the requirements of the applicable accreditation program or manufacturer's recommendation is required.
- The following documentation must be available for inspection at the facility.
  - Preventive maintenance records: Quality control must be performed and recorded by a trained technologist at least three (3) days a week and always before the first patient measurement of the day.
  - Log of all service records

Scheduling Standards

Applicable to those facilities *contracted* with one of the following Health Plans:

- OXFORD
- HIP/EMBLEM NY
- HORIZON

Routine Appointment Scheduling Standards

Modality	MRI	CT	PET	Nuclear Medicine	Ultrasound	Mammography Diagnostic	Mammography Screening	General Radiography
Number of Business Days	5	5	5	7	5	3	100	2

ATTACHMENT 2: ACCREDITATION MODULES

ACCREDITATION MODULES					
	ACR	**IAC**	**RADSITE**	**AIUM**	**ASBS**
MRI	- Body - Breast - Cardiac - Head - Magnetic Resonance Angiography (MRA) - Musculoskeletal (MSK) - Spine	- Body - Breast - Cardiovascular - MRA - Musculoskeletal - Neurological	- Angiography - Body - Breast - Cardiac - Maxillofacial - Musculoskeletal - Neurologic		
CT	- Abdomen (Adult &/or Pediatric) - Cardiac (Adult &/or Pediatric) - Chest (Adult &/or Pediatric) - Head and Neck (Adult &/or Pediatric)	- Coronary Calcium Scoring - Coronary CTA - Neurological - Maxillofacial - Body - Vascular CTA	- Angiography - Body - Cardiac - Maxillofacial - Musculoskeletal - Neurologic		
PET	- Brain - Cardiac - Oncology	- Oncologic - Neurologic - Cardiac - Other PET	- Cardiac - Infection - Neurologic - Oncology		
Nuclear Medicine	- General Nuclear Medicine (Planar) - Nuclear Cardiology - SPECT	- Nuclear Cardiology - General Nuclear Medicine	- Planar/SPECT - Cardiac		
Ultrasound	- General - Obstetrical - Trimester Specific Obstetrical - Gynecological - Vascular - Breast Ultrasound - Breast Ultrasound with Biopsy - Pediatric	- Extracranial cerebrovascular - Intracranial cerebrovascular - Peripheral arterial - Peripheral venous - Visceral vascular		- Abdomen / General - Gynecologic - Gynecologic with Adjunct Competence 3D - Breast: Diagnostic - Breast: Ultrasound-Guided Interventional - Contrast Enhanced - Female Pelvic Floor (Urogynecology) - Fetal Echocardiography - Gynecologic - MSK Diagnostic - MSK Peripheral Nerves - MSK US-guided Interventional procedures - OB Standard - OB Trimester Specific - Detailed 1st Trimester OB - Detailed 2nd Trimester OB - Obstetric (Limited) for Advanced Clinical Providers - Point of Care - Reproductive Endocrinology & Infertility (REI) with Adjunct Competence 3D - Reproductive Endocrinology & Infertility (REI) without Adjunct Competence 3D - Thyroid, Parathyroid and Neck - Ultrasound Guided Regional Anesthesia - Urologic	- Breast Ultrasound - Diagnostic and Interventional
Echocardiography		- Adult Transthoracic - Adult Transesophageal - Adult Stress - Pediatric Transthoracic - Pediatric Transesophageal - Fetal			
Mammography*	- Mammography - Dense Breast Tomosynthesis				
Stereotactic Breast Biopsy	Stereotactic Breast Biopsy				Stereotactic Breast Biopsy

*Any accreditation body or state approved as an accrediting agency by the U.S. Food and Drug Administration (FDA) to administer *requirements of the Mammography Quality Standards Act (MQSA).*