



The American Association of Physicists in Medicine

We advance the science, education and professional practice of medical physics

IACTL and Joint Commission Accreditation for CT

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CRCPD

May 15, 2011

What is MIPPA?

- *Medicare Improvements for Patients & Providers Act of 2008*
 - Public Law 110-275
 - Amends the Social Security Act:
 - Title XVIII (Medicare)
 - Title XIX (Medicaid)
- Passed again by House & Senate
 - July 15, 2008



Purpose

- To extend expiring provisions under the Medicare Program
- To improve beneficiary access to preventative and mental health services
- To enhance low-income benefit programs
- To maintain access to care in rural areas, including pharmacy access, and
- ***For other purposes***
 - Significantly impacts accreditation



The Joint Commission

- No real specifications for QA program, personnel credentials
- Basically will review what the facility has states is their program



Joint Commission Contact Information

- Darrell Anderson at 630-792-5292
- General Phone: Call 630-792-5286 or
- Email: ahcquality@jointcommission.org

- Website:
http://www.jointcommission.org/accreditation/diagnostic_imaging_centers.aspx





Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL)

a division of the Intersocietal Accreditation Commission

IAC



Your partner in quality

ICAVL (vascular) - 1990

ICAEL (echo) - 1996

ICANL (nuclear) - 1997

ICAMRL (MRI) - 2000

ICACTL (CT) - 2007

ICACSF (carotid stent) - 2009

ICACTL Sponsoring Organizations

- American Academy of Neurology
- American Academy of Otolaryngology
- American Association of Physicists in Medicine
- American College of Cardiology
- American Society of Nuclear Cardiology
- American Society of Echocardiography
- American Society of Radiologic Technologists
- Society for Cardiovascular Angiography and Interventions
- Society for Vascular Surgery
- Society of Cardiovascular Computed Tomography
- Society of Nuclear Medicine
- Radiologists at large



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ICACTL Areas of Testing

- Coronary Calcium Scoring CT
- Coronary CTA
- Neurological [Brain, Spine, CTA]
- Sinus and Temporal Bone CT
- Body CT [Chest (Non-Coronary), Abdomen, Pelvis, Extremity]
- Vascular/Other CTA [Chest (Non-Coronary), Abdomen, Pelvis, Peripheral/Extremity]

Factors Affecting the Growth of Accreditation

1. Reimbursement - Medicare

- LCDs by state and now 15 MAC LCDs (1996 – present, affects vascular and echocardiography)

2. Reimbursement – Private Insurers

- United Healthcare (Affects “advanced imaging” – MRI, CT, PET, nuclear medicine plus echocardiography)
- Various other private insurers and RBMs

3. Reimbursement – Federal Mandate

- MIPPA 2008 (Affects “advanced imaging”)

MIPPA 2008

Medicare Improvements for Patients and Providers Act of 2008

- For “advanced” imaging – accreditation will be required **by** January 1, 2012
 - CT
 - PET
 - Nuclear Medicine
 - MRI

FAQ - Who does MIPPA affect?

- Question: Does MIPPA require hospitals and/or hospital outpatient departments to be accredited?

Answer: NO

- MIPPA only applies to those suppliers of the technical (not professional) component that bill under the outpatient physician fee schedule

FAQ - Who does MIPPA affect?

- Question: Does MIPPA require accreditation for fluoroscopy, echocardiography and/or vascular testing?

Answer: NO

- MIPPA only applies to those suppliers of the technical component of “advanced imaging” – nuclear, PET, MRI and CT. While a lab or facility may do more than advanced imaging, only the above specified “advanced” imaging procedures are required to be accredited.



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FAQ – Accreditation Organizations

- Question: Which accreditation organizations has CMS recognized?

Answer:

- IAC (multispecialty)
- ACR (radiology)
- The Joint Commission (uses Ambulatory Care program, no evidence of image evaluation or specific image expertise)

Laboratory Accreditation

- Standards for and assessment of an entire organization
 - Physicians
 - Technologists
 - Physical facility
 - Instrumentation
 - Physicist survey including image quality and dose assessment and phantom images
 - Protocols
 - Quality assurance
 - Review of actual work that a lab does (Case Studies and Final reports)



ICACTL

INTERNATIONAL COMMISSION FOR THE ACCREDITATION OF COMPUTED TOMOGRAPHY LABORATORIES

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Testimonials

“The accreditation process has allowed us the opportunity to focus and expand our QA efforts.”

— Anonymous Response to Survey to Accredited Laboratories

The ICACTL Standards

DOWNLOAD THE STANDARDS

The *Complete ICACTL Standards for Computed Laboratory Accreditation* are now available below for download as a PDF. The document below is the complete ICACTL Standards and contains both Part I (Organization) and Part II (CT Testing).

Laboratories may apply using either the newly updated *ICACTL Standards* or the revisions published in June 2010, through December 31, 2010. Applications submitted after January 1, 2011 must be in compliance with the newly updated *2010 ICACTL Standards*.

«THE COMPLETE ICACTL STANDARDS FOR COMPUTED TOMOGRAPHY LABORATORY ACCREDITATION — PARTS I and II»

ADOBE READER

The PDF documents above can be downloaded and then opened using Adobe Reader or any prior version of Adobe Acrobat Reader. A version of the reader may already be installed on your computer. However, if you are unable to open the documents, [download the Adobe Reader for free](#).

Printing Instructions

All revisions made since the prior release appear as highlighted text. Please note: You have the option in Adobe Reader to print this PDF either with or without the highlighting. [In the Print box, locate the drop menu under Comments and Forms; select 'Document' to hide highlights or 'Document and Markup' to include highlights.]

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ICACTL
Standards
Part I
www.icactl.org

Physician Qualifications

- Cardiac CT
 - Level 2 or equivalent training for cardiovascular CT and independent interpretation of at least 50 CT examinations.
- **OR**
 - CBCCT certified or Certificate of Advanced Proficiency in Cardiac CT offered through ACR
- **OR**
- Non-cardiac CT
 - Interpretation of at least 150 studies
 - 20 hours of CT classes relevant to the specialty
 - Independent interpretation of at least 50 CT examinations.
- **OR**
- Established Practice
 - Minimum **five** years of interpreting CT, PLUS 150 hours Category I continuing medical education (CME) PLUS interpretation of a minimum of 500 CT exams relative to the organ system(s)
- **AND**
 - 40 hours of CT relevant CME with the majority Cat I. A minimum of three hours of documented CME must be in radiation safety.
- 15 hours CT CE every three years

Technologist Qualifications

- Credential – RT(R)(CT)
OR
- Credential in another medical imaging modality with radiation safety training and
 - One year experience for technical director
 - Minimum 100 examinations**OR**
- Completion of 12 months CT clinical experience under direct supervision of a credentialed technologist plus ONE of the following:
 - Medical imaging profession, with concentration in radiation physics
 - Completion of a bachelor's degree in another**OR**
- A qualified licensed physician may operate a volume or cone beam (for sinus and temporal bone imaging only) if that person has received a minimum of at least three hours of documented, specific training in radiation safety provided by a medical physicist or qualified expert and received a 100% score on a written examination administered by the provider of the radiation safety training program.
 - Received a minimum of at least four (4) hours of documented, specific training in the operation of the scanner.
- The Technical Director, including a physician Technical Director, **must** have an appropriate imaging credential as outlined in 1.2.1.1 and/or 1.2.1.2 by January 1, 2014.
- 15 hours CT CE every three years

All Final Reports Must Contain:

- CT examinations in the laboratory must agree on a standardized report format.
 - The final report must accurately reflect the content and results of the study. The report must include, but may not be limited to the:
 - Date of the examination
 - Clinical indications leading to the performance of the examination
 - An adequate description of the test performed including the:
 - Name of the examination
 - Protocol used in the examination
 - Quality of the study
 - Details of drug and or medication administration (include the name, dose administered and route)
 - Administration of contrast, if used. (include the name, type, and amount of IV contrast administered)
 - Details of any non-standard patient preparation or treatment.
- if required, should be included

All Final Reports Must Contain (con't):

- An overview of the results of the examination including pertinent findings. Where appropriate, this must include localization and quantification of abnormal findings.
- Appropriate recommendation for follow up of incidental findings.
- The reasons for limited examinations.
- A summary of the test findings.
- Comparison with previous studies, if available.
- Reports must be typewritten.
- Physician signature line (the printed name of the interpreting physician) and is manually or electronically signed by the interpreting physician and includes the date of signature and/or verification.
- Documentation of dose reduction technique if used (e.g., prospective gating, low energy and/or dose modulation) recommended in the report

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ICACTL
Standards
Part II
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Additional Standards

- Instrumentation
- Instrument quality assurance
- Indications – must track appropriate use
- Examination performance and interpretation
- Volumes (recommended not required)
- Technical and interpretative QA(image quality, correlation and peer review)

Additional QC Requirement

- **Five consecutive days of archived phantom images acquired within one month prior to submission using the physicist or manufacturer supplied QC Phantom (*New*)**
- Two months of daily/periodic QC test results
- Acceptance testing results (at installation and/or after major upgrade). **All acceptance tests completed after January 5, 2011 must include submission of the phantom images.**
- Preventative maintenance (PM) report (performed six months prior to application submission)

Note: All phantom images must be submitted on CD or DVD with a DICOM viewer.



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Fees

NEW FACILITIES

- **Initial fee for first unit - \$2400 base fee (includes one testing area) + \$400 per additional testing area**
- **Each additional unit over one - \$1200**

MULTI-MODALITY DISCOUNT

- **\$250 multi-modality discount** to facilities accredited by one or more IAC division (ICAVL, ICAEL, ICANL, ICAMRL, ICACTL and/or ICACSF), who apply for accreditation in additional modalities.
 - Facilities are not required to submit applications for all modalities at the same time. The discount will be applied to all additional modality application submissions provided one modality has a current accreditation.

ACCREDITED FACILITIES ADDING/REPLACING A UNIT OR ADDING A TESTING AREA

- **Each additional or replacement unit - \$800**
- **Each additional testing area - \$400**

ADDITIONAL FEES

- Additional fees, based upon size and complexity, apply to eligible facilities with multiple sites
- **The ICACTL does not require purchase of a specific phantom.**



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Application Decisions

- Grant
 - Valid for three years from date of decision
- Delay
 - Issues related to quality identified
 - Notification letter outlines deficiencies and additionally required information
 - Accreditation will be granted once issues are corrected
- Site visit
 - Unable to make decision based on written application

Decision - Delayed

- Most common report deficiencies
 - date of signature and/or verification
 - the protocol used in the examination
 - the amount and type of contrast used
 - clinical indications leading to the performance of the examination
 - Manual or electronic signature and/or verification

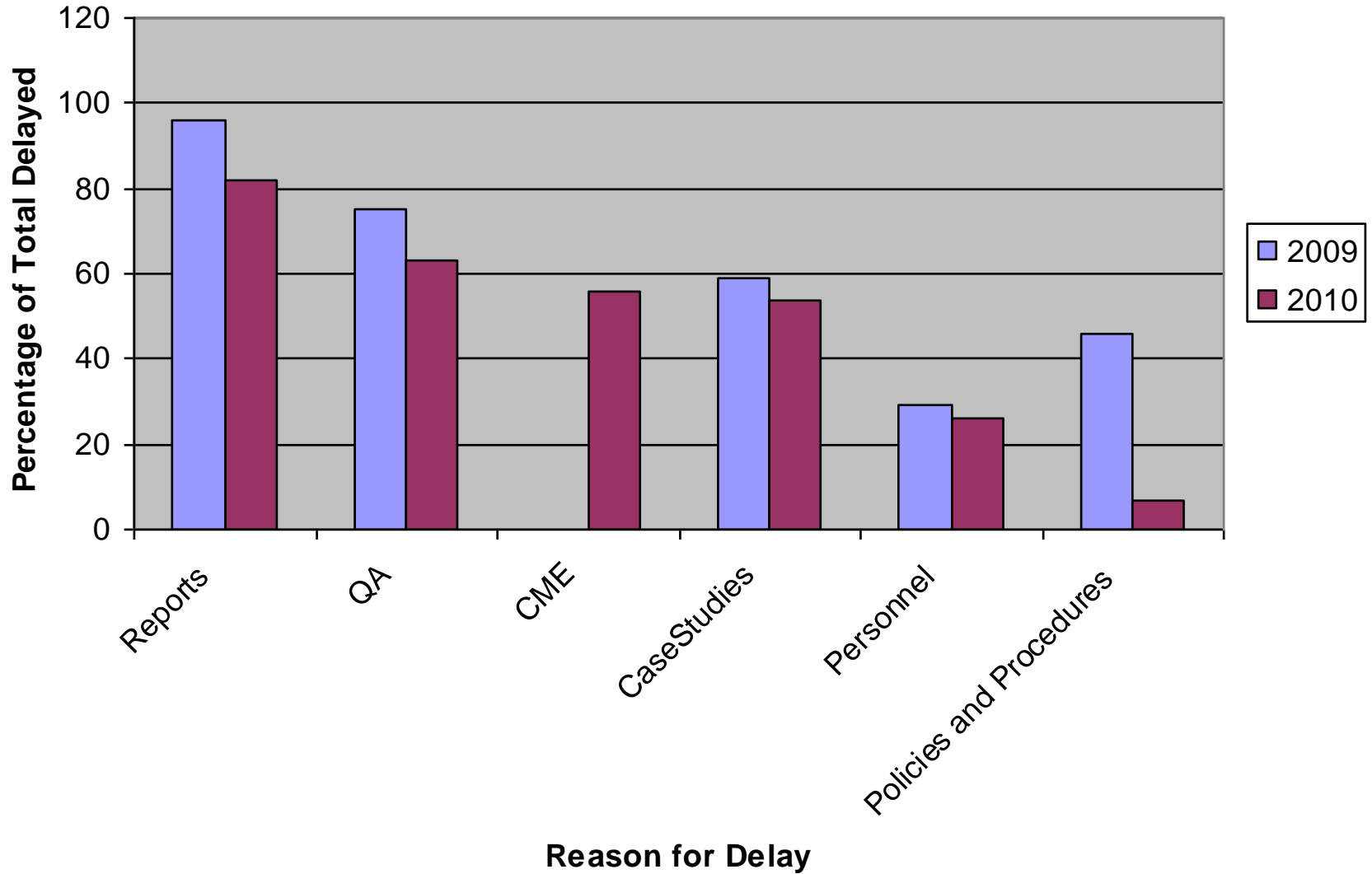
Decision - Delayed

- Case Study Deficiencies
 - Different studies submitted than requested without explanation
 - Wrong report for the study submitted
 - Poor image quality
 - Not all images acquired submitted for review (such as reformats, complete study)

Delay, cont

- An overview of the results of the examination including pertinent findings. Where appropriate, this must include localization and quantification of abnormal findings.
- Appropriate recommendation for follow up of incidental findings.
- The reasons for limited examinations.
- A summary of the test findings.
- Comparison with previous studies, if available.
- Reports must be typewritten.
- Physician signature line (the printed name of the interpreting physician) and be manually or electronically signed by the interpreting physician and include the date of signature and/or verification.

ICACTL Delay 2009 vs 2010



Reason for Delay: Reports

ICACTL Report Items (section 5, Part II)

- Date of the examination.
- Clinical indications leading to the performance of the examination.
- An adequate description of the test performed including:
 - Name of the examination;
 - Protocol used in the examination;
 - Quality of the study;
 - Details of drug and or medication administration (include the name, dose administered and route);
 - Administration of contrast, if used. (include the name, type, and amount of IV contrast administered);
 - Details of any non-standard patient preparation or treatment if required should be included.

Random Audits May Require:

1. Confirm/Update laboratory demographics
2. Identify changes in laboratory operations (to include additional sites and mobile units/sites)
3. Confirm/Update Medical Director and Technical Director
4. Changes in Personnel
5. Copy of minutes from two most recent QA meetings
6. One final report for each interpreting physician for each testing area they interpret. Reports must have been complete within thirty days of audit notification
7. Case Studies
8. Attestation of maintaining compliance regarding correction of delay deficiencies (if applicable)

Random Audits / Site Visits

- Starting in 2010
- Randomly selected
- No cost to laboratory
- May happen at any time during the course of the laboratory's accreditation
- Failure to submit audit documentation or agree to site visit may result in suspension or loss of accreditation
- Site visits unannounced

ICACTL Resources

www.icactl.org



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CT Facilities:

CMS Requires Accreditation by January 1, 2012

Will your facility be ready?

The ICACTL is here to help. [Get started today>>](#)

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Testimonials

“The accreditation process has allowed us the opportunity to focus and expand our QA efforts.”

— Anonymous Response to

Welcome to the ICACTL

Introducing the new ICACTL website. General information about the ICACTL is located in the horizontal menu bars at the top. Or, select from one of the three choices above to navigate your way to achieving ICACTL accreditation, reaccreditation or maintaining your current ICACTL accreditation status.

The ICACTL provides laboratory accreditation specific to computed tomography testing. ICACTL accreditation is offered in the following testing areas:

Online Accreditation



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Seeking ICACTL Accreditation

- [about icactl accreditation](#)
- [the icactl standards](#)
- [starting your application](#)
- [getting started](#)
- [about online accreditation](#)
- [your online account](#)
- [using online accreditation](#)

- [accreditation fee](#)
- [preparing your application](#)
- [finalizing your application](#)
- [faq](#)

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Starting Your Application

GETTING STARTED

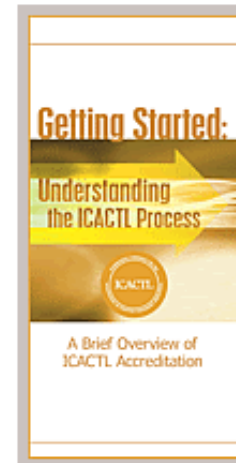
Understanding the ICACTL Process

The ICACTL is committed to helping your facility understand the accreditation process. To help your lab get started, view or print the Getting Started Brochure or read Key Elements of Getting Started section below.

GETTING STARTED BROCHURE

For a detailed overview on how to get started on earning ICACTL accreditation, download a full brochure explaining all the components of beginning the ICACTL Accreditation Program.

View or print, [Getting Started: Understanding the ICACTL Process](#)»



Online Accreditation



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Applying for first-time accreditation or reaccreditation?

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Understanding the ICACTL Process

About the Program

The Intersocietal Commission for the Accreditation of Computed Tomography Laboratories (ICACTL) is a division of the Intersocietal Accreditation Commission (IAC). With over 20 years of imaging accreditation experience, the IAC offers multi-modality, nationally recognized accreditation programs. The accreditation standards apply to imaging centers, departments within medical centers, hospitals and private offices. The IAC's multi-modality approach to accreditation includes involvement from physicians, physicists and technologists.

Following is a concise summary of the key components of the ICACTL accreditation process:

The Accreditation Process

The process of applying for accreditation takes time and requires proper planning, organization, attention to detail and utilization of all available resources.

The accreditation process consists of these steps:

- Review the ICACTL Standards
- Obtain access to Online Accreditation application
- Modify facility clinical practices to comply with imaging and professional organization guidelines
- Complete the online application and submit case studies
- Undergo ICACTL review of completed application
- Receive notification of accreditation decision from ICACTL

Areas of Accreditation

The ICACTL offers three-year accreditation, in the following testing areas:

- Coronary Calcium Scoring CT
- Coronary CTA
- Body CT (Chest (Non-Coronary), Abdomen, Pelvis, Extremity)
- Sinus and Temporal Bone CT
- Neurological CT (Brain, Spine, CTA)
- Vascular/Other CTA (Chest (Non-Coronary), Abdomen, Pelvis, Peripheral/Extremity)

Multiple Sites & Mobile Services

Facilities with multiple sites and/or mobile components enter the information for their locations into the laboratory profile of the Online Accreditation application account. Before a user may enter additional sites or mobile locations, there are a series of qualifying questions that ensure the eligibility of the facility to apply as a multiple site or mobile service.

MULTIPLE SITES: The term multiple site refers to facility sites operated by the same corporation/entity. If eligible, the multiple sites may apply with a single application and will be assessed an additional \$1200 per magnet (over one).

MOBILE SERVICES: A mobile service is comprised of one or more units (technologist and equipment) that provide CT services at one or more locations. If eligible, applicants with a mobile service may apply with a single application and will be assessed an additional \$1200 fee for each magnet used in the mobile service.

Key Elements of Getting Started

1 The ICACTL Standards

Facilities are encouraged to review and ensure compliance with the current ICACTL Standards prior to beginning the application process. As the basis for the accreditation program, the ICACTL Standards are an extensive document defining the minimum requirements for CT facilities to provide quality patient care. Download the current ICACTL Standards from the website at www.icactl.org/icactl/seeking/icactl_standards.htm.

2 The IAC Policies and Procedures

Facilities are encouraged to review the current IAC Accreditation Program Policies and Procedures prior to beginning the accreditation process. Download the document on the website at www.icactl.org/iac/legal/policies.htm.

3 Case Studies

The ICACTL requires facilities to submit case studies, along with the corresponding printed or electronic final reports, in order to assess the interpretive and technical quality of the facility. Facilities are required to submit case studies, with pathology, from each area in which accreditation is sought as well as submit the CT Scan Parameter Form. For complete details, visit the ICACTL website at www.icactl.org/icactl/seeking/case_studies.htm.

4 The IAC Agreement

Applications submitted to the IAC must be accompanied by a current, completed IAC Accreditation Agreement (current published version) in order to receive an accreditation decision. To download the IAC Agreement and get complete instructions, visit the IAC website at www.icactl.org/iac/legal/agreement.htm.

5 Online Accreditation Account

Free access to ICACTL Online Accreditation is available for use by all facilities, whether applying for accreditation for the first time or for reaccreditation. Applications are accepted at any time throughout the year. Learn more about creating your Online Accreditation account by visiting www.icactl.org/icactl/seeking/your_account.htm.

6 CT Policies and Procedures

When applying for accreditation, CT Policies and Procedures are required as part of the ICACTL Online Accreditation application, and must be submitted along with the application. More details can be found on the ICACTL website at www.icactl.org/icactl/seeking/required_items.htm.

7 Accreditation Fee

Access to ICACTL Online Accreditation is now free of charge. Applicant facilities are only charged the accreditation fee, due at the time of application submission. The accreditation fee is to be paid when the facility submits their finalized application to the ICACTL.

ICACTL ACCREDITATION FEE STRUCTURE

\$2400 Initial fee for first unit (includes one testing area)
.....+\$400 per additional testing area
\$1200 for each additional unit over one

MULTI-MODALITY DISCOUNT

The IAC offers a \$250 multi-modality discount to facilities accredited by one or more IAC division (ICAVL, ICAEL, ICANL, ICAMRL, ICACTL and/or ICACBF), who apply for accreditation in additional modalities.

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Getting Started



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Seeking ICACTL Accreditation

Preparing Your Application

CASE STUDIES

The purpose of reviewing representative cases is to evaluate the interpretive and technical quality of the facility as a whole. In order to do this, it is necessary for the ICACTL reviewers to evaluate representative cases from **as many medical and technical staff members interpreting or performing any CT examinations in the laboratory as possible.**

The number of cases to be submitted per facility is dependent upon the type of accreditation requested (i.e., Coronary Calcium Scoring CT, Coronary CTA, Neurological [Brain, Spine, CTA], Sinus and Temporal Bone CT, Body CT [Chest (non-coronary), Abdomen, Pelvis, Extremity], Vascular/Other CTA [Chest (non-coronary), Abdomen, Pelvis, Peripheral/Extremity]) and the number of CT scanners within the facility.

Case study requirements have been grouped into the following categories:

CORONARY CALCIUM SCORING CT

CORONARY CTA

VASCULAR/OTHER CTA

NEUROLOGICAL CT

BODY CT

SINUS AND TEMPORAL BONE CT

MULTIPLE SITES and MOBILE SERVICES

How to Send a Submission

- All case studies must be selected from within the twelve (12) months immediately

Online Accreditation



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Go to My Lab is **Currently**

ICACTL Accreditation: Getting Started

Register now>>

10:30 a.m. and 5 p.m. Wednesday, October 20

◀ 2/4 ▶

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Accreditation

Get started today>>

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Currently Accredited
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The ICACTL values your feedback about the new website. We invite you to share your comments and suggestions with us via [e-mail](#).

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- Coronary Calcium Scoring CT
- Coronary CTA
- Neurological CT [Brain, Spine, CTA]

Online Accreditation



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and password?

access your account

Applying for first-time
accreditation or
reaccreditation?

learn more now

Application Submission

- Application Online
- No fixed deadlines -Submit online once completed
- Send requested documentation via tracking mechanism
- Review process takes approximately 12-16 weeks

Submission requirements

- Attestation pages printed and signed
- Agreement printed and signed
- Two copies of case studies (CD, DVD or flash drive and reports)
- Accreditation fees (if not paid by credit card)

How to Contact ICACTL:

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