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The following information was compiled as of March 2016. Accreditation and particularly, certification, are evolving processes. Information is subject to change and one should always consult the pertinent websites for any significant changes in the process, materials and other related matters.

1. **What is the difference between sports ultrasound (SPORTS US) and musculoskeletal ultrasound (MSK US)?**
   
   The term “SPORTS US” was defined by Finnoff et al. in the recent American Medical Society for Sports Medicine (AMSSM) position statement to delineate inclusion of non-MSK applications of ultrasound in sports medicine. Thus MSK US is encompassed within SPORTS US, where the latter also includes the use of ultrasound in the office and on the sideline for various non-musculoskeletal purposes that are continuing to evolve and be defined (abdominal trauma, ocular trauma, etc.).

2. **What is the difference between accreditation and certification for SPORTS OR MSK US?**

   To begin, it is important to understand the essential differences between "accreditation" and "certification".

   **Accreditation**
   
   The term "accreditation" is typically used to refer to practices, not a person. Therefore, a person or group of people can choose to have their practice "accredited" by a recognized accrediting body. The accrediting body awards practice accreditation to those practices that adhere to certain standards. The standards themselves may vary among different accrediting bodies, but would generally include language concerning the qualifications of the people performing in that practice, the equipment used (type and maintenance), and the logistics of the practice (patient scheduling, documentation, use of protocols, emergency plans, etc.). Common examples would be fellowship accreditation by the Accreditation Council for Graduate Medical Education (ACGME) or hospital accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

   **Certification**
   
   The term "certification" is typically used to refer to individuals and not practices. Therefore, a person may get certified in a field or technique by demonstrating that he/she has met specific standards. For the most part, this includes documentation of prerequisites (e.g. continuing medical education [CME] and/or years of experience) and passing some type of test (written and/or practical). Individual certification may be used to document an individual's competency in support of an application for practice accreditation, but practice accreditation will not typically suffice to obtain certification. The obvious example is that many, if not most, AMSSM members are "certified" in sports medicine once they meet the
prerequisites (e.g. completion of fellowship) and pass the test that is managed by an outside institution (Board of Medical Examiners).

3. **What organizations have set up a system for accreditation and certification?**

**Accreditation**

Practice accreditation for diagnostic MSK US and/or Ultrasound-Guided Intervventional Procedures (UGIP) is currently available through the American Institute of Ultrasound in Medicine (AIUM). The AIUM is a non-profit, multidisciplinary organization dedicated to advancing safe and effective use of ultrasound in medicine through professional and public education, research, development of guidelines, and practice accreditation. Although the AIUM promotes all types of US, the organization has recently focused on the emerging field of MSK US, supporting guideline development, education, advocacy, and of course practice accreditation. The AIUM has a long history of practice accreditation and is recognized as a legitimate accrediting organization by CMS and third party payers. At this time, AIUM practice accreditation is the only available practice accreditation in MSK US, and no practice accreditation for SPORTS US is available. You do not have to be a member of the AIUM to have the AIUM accredit your practice. We are currently not aware of any other organizations developing practice accreditation in MSK US. AMSSM members interested in learning more about the AIUM and practice accreditation should go to their website.

ACGME accredited primary care sports medicine fellowships are now required to include SPORTS US, and notes fellows must “demonstrate knowledge in basic principles of SPORTS US, and the sonographic appearance of normal and pathological adipose, fascia, muscle tendon, bone, cartilage, joint, vasculature, and nerve”. Thus, although practice accreditation for SPORTS US is not yet available, primary care sports medicine fellows graduating in 2017 and later, will have completed a fellowship accredited in SPORTS US by the ACGME.

**Certification**

Individual certification for MSK US is available for all physicians through the American Registry for Diagnostic Medical Sonography (ARDMS). The ARDMS is a non-profit organization that promotes quality care and patient safety through the certification and continuing competency of ultrasound professionals. Similar to the AIUM, the ARDMS is a well-established organization recognized by CMS and third party payers as a legitimate credentialing certification. In fact, most sonographers you know have received one or more credentials (or certificates) from the ARDMS (e.g. RDMS, RVT, etc.). Initially offered to both sonographers and sonologists, separate examinations now exist where only the latter can obtain the Registered in Musculoskeletal Sonography (RMSK) certification. The prerequisites for the examination (200 multiple-choice questions) include a valid practice license (MD, DO, DPM, MBBS, DC, NP, PA, DPT, or PT) and the performance of 150 diagnostic MSK US scans.

It should be noted that the AIUM and ARDMS are in a sense "sister" organizations that complement, not compete, with each other. This is similar to the ACGME and the Board of Medical Examiners.
The American College of Rheumatology has also developed a certification, the Musculoskeletal Ultrasound Certification in Rheumatology (RhMSUS). Four pathways to certification (U.S. trained rheumatologist, non-U.S. trained rheumatologist, rheumatology fellow, and physician assistant/nurse practitioner) were created, with separate eligibility criteria for each pathway (http://www.rheumatology.org/Learning-Center/Certification/RhMSUS). The examination consists of 100 multiple-choice questions.

4. **What are the standards and guidelines for the accreditation of ultrasound practices for diagnostic MSK US and/or UGIP?**

AMSSM members interested in obtaining more details regarding diagnostic MSK US and/or UGIP practice accreditation should review the relevant material on the AIUM website. For additional information AMSSM members can also email accreditation@aium.org.

AIUM diagnostic MSK US and/or UGIP practice accreditation are based largely upon the published AIUM practice parameter guidelines for Performance of the MSK US Examination, and Selected Ultrasound-Guided Procedures, respectively. In addition, qualifications for applying for both practice accreditations are published by the AIUM. The accreditation application includes sections in which the practice documents compliance with these guidelines. In addition, practices are required to list the different locations in which scanning is performed, who performs the scanning, which US machines are used, what type of US machine maintenance schedule is in place, what scanning protocols are utilized, how patients are scheduled, and how studies are documented in a timely manner.

5. **What are the current AIUM training guidelines for physicians applying for diagnostic MSK US practice accreditation?**

The current training guidelines for physicians who evaluate and interpret diagnostic MSK US examinations are available on the AIUM website.

Key items pertinent to most AMSSM members are noted below. Members should familiarize themselves with the full document on the website.

**Key elements**

Completion of a residency and/or fellowship program that includes structured MSK ultrasound training and performance and/or interpretation and reporting of 100 diagnostic MSK ultrasound examinations, under the supervision of a physician qualified to perform MSK ultrasound examinations. If completion of residency and/or fellowship occurred more than 36 months ago:

a. The supervision and/or performance, interpretation, and reporting of at least 50 diagnostic MSK ultrasound examinations per year and 10 hours of *AMA PRA Category 1 Credits™* specific to MSK ultrasound within the previous 36 months must be documented.

b. If the supervision and/or performance and interpretation of 50 diagnostic MSK ultrasound examinations per year cannot be documented, 30 hours of *AMA PRA Category 1 Credits™*, American Osteopathic Association (AOA) Category 1-A Credits, or Council on Podiatric Medical Education (CPME)-approved credits specific to MSK
ultrasound must be completed, including at least 1 ultrasound course that provided hands-on training in MSK applications.

Or

Completion of a residency and/or fellowship program in which the physician did not receive specific training in MSK ultrasound, but can document subsequent involvement in the supervision and/or performance, interpretation, and reporting of 100 diagnostic MSK ultrasound examinations within the previous 36 months, plus 30 hours of AMA PRA Category 1 Credits™ or AOA Category 1-A Credits or CPME-approved credits specific to MSK ultrasound must be completed, including at least 1 ultrasound course that provided hands-on training in MSK applications.

Or

Completion of the American College of Rheumatology Musculoskeletal Ultrasound Certification in Rheumatology program. If completion of certification occurred more than 36 months ago, 10 hours of AMA PRA Category 1 Credits™ specific to MSK ultrasound must be documented.

Maintenance of Competence

All physicians performing MSK ultrasound examinations should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. A minimum of 50 diagnostic MSK ultrasound examinations per year is recommended to maintain the physician’s skills.

Continuing Medical Education

Physicians who perform and/or interpret diagnostic MSK ultrasound examinations must complete 10 hours of AMA PRA Category 1 Credits™, AOA Category 1-A Credits, or CPME-approved credits specific to MSK ultrasound every 3 years.

6. What are the current AIUM training guidelines for physicians who perform UGIP?

The current training guidelines for physicians who perform UGIP are available on the AIUM website.

Completion of a residency and/or fellowship program that includes structured MSK ultrasound training and performance and/or interpretation and reporting of 50 diagnostic MSK ultrasound examinations and 50 ultrasound-guided interventional procedures, under the supervision of a physician qualified to perform MSK ultrasound examinations.

If completion of residency and/or fellowship occurred more than 36 months ago:

a. The supervision and/or performance, interpretation and reporting of at least 50 diagnostic MSK ultrasound examinations within the previous 36 months and 50 ultrasound-guided interventional procedures per year and 5 hours of AMA PRA Category 1 Credits™ specific to MSK ultrasound must be documented.
b. If the supervision and/or performance and interpretation of 50 diagnostic MSK ultrasound examinations within the previous 36 months and 50 ultrasound-guided interventional procedures per year cannot be documented, 30 hours of AMA PRA Category 1 Credits™, American Osteopathic Association (AOA) Category 1-A Credits, or Council on Podiatric Medical Education (CPME)-approved credits specific to MSK ultrasound must be completed, including at least 1 ultrasound course that provided hands-on training in MSK interventional applications.

Or

Completion of a residency and/or fellowship program in which the physician did not receive specific training in MSK ultrasound, but can document subsequent involvement in the supervision and/or performance, interpretation, and reporting of 50 diagnostic MSK ultrasound examinations within the previous 36 months and 50 ultrasound-guided interventional MSK procedures per year, plus 30 hours of AMA PRA Category 1 Credits™, AOA Category 1-A Credits, or CPME-approved credits specific to MSK ultrasound must be completed, including at least 1 ultrasound course that provided hands-on training in MSK interventional applications.

Or

Completion of the American College of Rheumatology Musculoskeletal Ultrasound Certification in Rheumatology program. If completion of certification occurred more than 36 months ago, 5 hours of AMA PRA Category 1 Credits™ specific to MSK ultrasound must be documented.

Maintenance of Competence

All physicians who perform ultrasound-guided MSK interventional procedures should demonstrate evidence of continuing competence in performance of these procedures. A minimum of 50 ultrasound-guided interventional procedures per year is recommended to maintain the physician's or chiropractor's skills.

Continuing Medical Education

Physicians and chiropractors who perform ultrasound-guided MSK interventional procedures must complete 5 hours of AMA PRA Category 1 Credits™, AOA Category 1-A Credits, or CPME-approved credits specific to MSK ultrasound every 3 years.

7. What are the case study submission requirements for diagnostic MSK US and UGIP AIUM practice accreditation?

Diagnostic MSK US

Submit a total of 4 diagnostic MSK cases from different patients. Two diagnostic comprehensive (as defined by AIUM Diagnostic MSK US practice parameters) joint examinations. Two diagnostic examinations of a joint region (as defined by AIUM Diagnostic MSK US practice parameters). An additional comprehensive joint exam must be submitted for each additional site or mobile unit in the practice. The submitted pictures should comply
with AIUM scanning protocols (i.e. Guidelines for Performance of the MSK US Examination), and be labeled appropriately. The reports should justify the indication for the examination and the stated results should accurately reflect the submitted US pictures. The AIUM has a well-established protocol for managing the process within HIPAA guidelines.

UGIP

Case submission requirements are based on the number of physicians applying for accreditation in the practice. For 5 or fewer physicians, 1 diagnostic comprehensive joint exam and 4 MSK US-guided interventional procedure cases per site. For details on requirements for 6 or more physicians, AMSSM members can find details on the AIUM website.

8. Do the case submission requirements change when applying for both AIUM diagnostic MSK US and UGIP practice accreditation at the same time?

If applying for accreditation in both Diagnostic MSK US as well as Ultrasound-Guided Interventional Procedures, the studies submitted for Diagnostic MSK will satisfy the diagnostic case requirement listed for Ultrasound-Guided Interventional Procedures.

9. How much will AIUM practice accreditation cost?

AIUM practice accreditation costs begin at $1250. Additional costs can be incurred based on the number of ultrasound machines (fixed and portable), and the number of physicians and subspecialties in the practice. Further information can be found online, and the cost is automatically calculated during the application process.

10. Do I need to get certified for payment from insurance companies?

Neither practice accreditation nor personal certifications are necessarily tied to reimbursement. As outlined in their mission statements, the primary goals of the ARDMS and AIUM are to ensure best practices and patient safety. An analogy would be board certification in Sports Medicine. You certainly don’t need to be certified in sports medicine to get reimbursed. The primary purpose of the sports medicine board is to ensure best practices in sports medicine; the board was not developed to ensure reimbursement. That being said, there is some precedence for CMS and third party payers to utilize certification and practice accreditation to control patient access and reimbursement. For example, some insurance companies will not pay for imaging done at non-accredited imaging centers, whereas others may only reimburse interventional spinal procedures performed by specialists’ board certified in pain medicine. The reality is that practice accreditation and certification does set a minimum standard that third party payers may utilize to ensure a minimum standard of care for their patients. Above and beyond the issue of reimbursement, there may be implications for marketing. Practices have certainly utilized specialty certifications and practice accreditations to distinguish themselves from competitors as part of a marketing strategy. Only time will tell how accreditation and certification will impact patient access and reimbursement.
11. What is AMSSM’s position on credentials and accreditation?

AMSSM is not directly involved in the business of accreditation and certification. However, members of AMSSM are very active in these organizations to help make sure AMSSM members’ interests are heard. Questions or concerns can be addressed via the AMSSM Sports US Committee.