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Supplement

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ACR Revises Statement on Contrast Supervision Requirements

On February 26, 2024 the American College of Radiology (ACR) Committee on Drugs and Contrast Media released a [revised statement](#), clarifying ACRs stance on direct supervision requirements for contrast studies. ACR states that direct supervision requires one of the following to be on site; a radiologist, other physician (including radiology residents and fellows), or qualified person. In addition to acting under the general supervision of a physician, the radiologist, other physician, or qualified person must,

- Be trained in and meet institutional periodic competency guidelines at evaluating patients, differentiating different types of adverse reactions to contrast materials, and diagnosing adverse reactions.
- Have the ability to recognize a hypersensitivity immediate reaction or adverse event is occurring, due to the administration of contrast administration, and know when medical intervention is needed.
- Have training on, and be legally permitted to administer, prescription medications and any other appropriate interventions independently, or under a standing orders/algorithmic approach under state law or regulations, and under local institutional, site, and facility policies, guidelines, and rules. Indicated interventions for urgent response to an adverse event due to the administration of contrast materials can be found in the [ACR Manual of Contrast Media](#).
- Be able to consult with the supervising physician within an appropriate timeframe.
- Hold a BLS certification (minimum requirement).
- Understand when a call for assistance is necessary, and how to activate the emergency response system.

The ACR also reminds readers that remote supervision “should comply with all federal/state law or regulations and local, institutional, site and facility policies, guidelines, or rules related to telemedicine.” Whenever contrast is administered, remote general supervision should be available and “include the standard post administration monitoring as dictated by all federal/state law or regulations and under local, institutional, site, and facility policies, guidelines, or rules.” The timeliness and availability of emergency response systems should also be considered.

While the revised statement from the ACR is intended to provide more flexibility to imaging facilities, readers should also refer to authoritative guidance in the [Medicare Benefit Policy Manual, Chapter 6, Section 20.4.4](#) regarding direct supervision in the hospital outpatient setting.

The *Medicare Benefit Policy Manual* acknowledges that “trained ancillary staff and technicians are the primary operators of some specialized diagnostic testing equipment, and while in such cases CMS does not expect the supervisory physician to operate this equipment instead of a technician”, the supervising physician:

- “must have, within his or her State scope of practice and hospital-granted privileges, the knowledge, skills, ability, and privileges to perform the service or procedure.”
- “must be knowledgeable about the test and clinically able to furnish the test.”
- must have “the ability to take over performance of a procedure or provide additional orders.”