

**AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT**

SUBJECT: Diagnostic Imaging Credentialing

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Medical Societies
Members of Congress
Health Care Organizations/Third Party Carriers
Managed Care Entities

BACKGROUND:

1 Rheumatologists diagnose and manage patients with arthritis, systemic rheumatic and
2 autoimmune diseases, and other disorders of muscle, bone and joints. Imaging studies of the
3 musculoskeletal system provide physicians with information critical to the diagnosis, evaluation
4 of damage, and progression of arthritic diseases. During specialty training and for recertification,
5 rheumatologists are required to demonstrate proficiency in the interpretation of bone and joint
6 x-rays and DXA; some individuals pursue additional training in extremity MRI and/or
7 musculoskeletal ultrasound.

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9 The United States directors of rheumatology training programs have sanctioned a core
10 curriculum to ensure program quality and consistency. This core curriculum requires that
11 rheumatology fellows and those individuals in clinical practice demonstrate understanding and
12 competency in the x-ray assessment of normal and diseased joints, bones, periarticular structures,
13 and prosthetic joints. They must also demonstrate competency in the evaluation of results from
14 other diagnostic imaging techniques of the musculoskeletal system; including computed
15 tomography, magnetic resonance imaging, radionuclide scans, ultrasonography, and bone
16 mineral densitometry.

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18 Because rheumatologists have a comprehensive understanding of the clinical issues affecting
19 their patients, they are particularly well qualified to order and interpret appropriate imaging
20 studies. The rheumatologist can integrate imaging results with patient-specific clinical
21 information to diagnose, treat and monitor patients with rheumatic diseases. Imaging of the
22 musculoskeletal system of patients, when done in the context of providing direct care to the
23 patient, results in more focused and proper care. Given their appropriate training, experience in
24 interpreting these imaging studies, and ability to apply the findings of these studies to the clinical
25 care of the patient, rheumatologists should be allowed to continue to provide these imaging
26 services.

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28 **POSITION:**

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30 1. The American College of Rheumatology supports the performance and/or interpretation
31 of imaging studies of the musculoskeletal system as an integral part of the rheumatology

32 practice. A Rheumatologist's unique training in the clinical diagnosis and management
33 of rheumatic diseases, as well as his/her skill in diagnostic imaging, combine to increase
34 the relevance of imaging studies performed or interpreted by a rheumatologist which
35 can be better tailored to an individual patient's problem.

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37 2. The ACR further supports the propriety of the assessment and collection of appropriate
38 fees for these services. The ACR supports insurance reimbursement by Medicare and
39 other insurers for the performance and interpretation of musculoskeletal imaging studies
40 and bone mineral density measurements by rheumatologists.

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43 Approved by Board of Directors: 11/97 01/01 03/04 08/08 08/10