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

POSITION:

1. The American College of Rheumatology supports the performance and/or interpretation
   of imaging studies of the musculoskeletal system as an integral part of the rheumatology
   practice. A rheumatologist’s unique training in the clinical diagnosis and management of
   rheumatic diseases, as well as demonstrated abilities and competence in diagnostic
   imaging, combine to increase the relevance of imaging studies performed or interpreted
   by a rheumatologist which can be better tailored to an individual patient’s problem(s).

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

BACKGROUND:

Rheumatologists routinely evaluate, diagnose and manage patients with arthritis, systemic
rheumatic, autoimmune, autoinflammatory syndromes, osteoporosis and metabolic bone disease,
and diseases as well as other disorders of connective tissues, muscles, bones and joints.
Diagnostic and interventional radiography of the musculoskeletal system provide physicians with
information critical to the diagnosis, evaluation of damage, and progression or halting of
progression of arthritic diseases. During specialty training, board certification and recertification,
rheumatologists are required to demonstrate proficiency in the interpretation of bone and joint x-
rays and dual energy x-ray absorptiometry; some individuals pursue additional training in
musculoskeletal ultrasound (MSUS). Many rheumatologists have incorporated MSUS* into
clinical practice to aid in identifying articular and periarticular pathology, efficacy of therapy and
to assist in joint aspiration and injection.

The United States directors of rheumatology training programs have sanctioned a core
curriculum to ensure program quality and consistency. This core curriculum requires that
rheumatology fellows and those individuals in clinical practice demonstrate understanding and
competency in the x-ray assessment of normal and diseased joints, bones, periarticular structures,
and prosthetic joints. They must also demonstrate competency in the evaluation of results from other diagnostic imaging techniques of the musculoskeletal system. Additionally, pathways for certification in MSUS have been developed.

Because rheumatology providers have a comprehensive understanding of the clinical issues affecting their patients, they are particularly well qualified to order and interpret appropriate imaging studies, perform image-guided procedures and use MSUS. The rheumatologist can integrate imaging techniques and results with patient-specific clinical information to diagnose, treat and monitor patients with rheumatic diseases. Radiographic studies of the musculoskeletal system done in the context of providing direct care results in a more individualized, timely and focused approach for the patient. Given their experience, training, certification, and ability to apply the findings of these studies to the clinical care of the patient, rheumatologists should be allowed to continue to provide these imaging services.

*The ACR also has a separate position statement on musculoskeletal ultrasound that can be accessed here: [include link in website version].

Approved by Board of Directors       08/14