



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY



Joint Statement on Point-of-Care Imaging

November 2015

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), the American Rhinologic Society (ARS), the American Academy of Otolaryngic Allergy (AAOA), the American Laryngological Association (ALA), the American Broncho-Esophagological Association (ABEA), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the Intersocietal Accreditation Commission (IAC-CT) strongly endorse the practice of providing patients with timely, effective, efficient, and patient-centered diagnostic imaging studies and interpretation by appropriate qualified providers. We support providers who employ point-of-care imaging when medically necessary and appropriate in order to improve efficiency and accuracy in diagnosing and managing medical conditions. More specifically, we support the use of Cone Beam Computed Tomography (CBCT) technology as an appropriate CT imaging method and strongly believe that payers should reimburse for both the professional and technical components for the reasons noted below.

1. **Meets the Institute of Medicine's 6 Dimensions of High-Quality Care:** Point-of-care imaging, including CBCT technology, represents a modality of service that aligns with the Institute of Medicine's six dimensions of high quality care; care that is *safe, timely, effective, efficient, equitable, and patient-centered*.¹
2. **An Established Technology:** CBCT imaging technology is an invaluable tool used for many years by providers across the country to rule out disease, or eliminate unneeded procedures or antibiotics, as well as confirm, document, and localize disease.
3. **FDA Approved:** CBCT is a FDA approved CT imaging modality with a Class II Device designation, which means the FDA requires regulatory controls to provide reasonable assurance of the device's safety and effectiveness. The ideal scanners for use within a physician's practice are approved under the FDA product code specifically for medical diagnostic equipment, which aligns these CBCT scanners with the same regulatory and safety standards that conventional CT scanners are required to meet.
4. **A CMS Reimbursed Technology:** The Centers for Medicare and Medicaid Services (CMS) reimburses physicians for appropriate CBCT scans. CMS has designated the Intersocietal Accreditation Commission (IAC) CT-Division as an appropriate organization to accredit suppliers seeking to furnish the technical components of imaging services under the Medicare Program; a designation that requires IAC standards meet or exceed the standards set out in Medicare Improvement Patient and Providers ACT (MIPPA).
5. **Safe and Effective, Providing Lower Radiation:** The use of non-contrast imaging, combined with the fact that CBCT imaging delivers up to 10 times lower radiation dose exposure than conventional CT imaging, makes CBCT a safe and effective imaging modality.²
6. **Patient-Centered Approach:** Point-of-care CT imaging creates digital 3D images which can be reviewed with the patient at the time of the initial office visit. This patient-centered approach to imaging improves patient

¹ Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press.

² C Fakhran S, Alhilali L, Sreedher G, Dohatcu AC, Lee S, Ferguson B, Branstetter BF 4th. (2014). Comparison of simulated cone beam computed tomography to conventional helical computed tomography for imaging of rhinosinusitis. *Laryngoscope*. 124(9), 2002-6.

education and reduces patient anxiety, which leads to increased patient compliance and a healthier patient population.

7. **Accreditation Standards and Requirements:** Rigorous accreditation standards and requirements help to ensure healthcare professionals using point-of-care imaging follow national safety and quality standards.
8. **Physician Qualifications to Meet Accreditation:** Physicians seeking qualification under the IAC must demonstrate a level of competency that surpasses many other accrediting body standards. For example, a physician with an established practice must demonstrate he or she has been interpreting CT studies for at least **five years**, has acquired a minimum of **150 hours Category I CME** (obtained over the course of their professional experience), and has interpreted a minimum of **500 CT examinations**.
9. **Appropriate Imaging:** We strongly believe patients should receive the most appropriate imaging modality to help diagnose their condition. We support the provider's right to decide if conventional CT or CBCT is the most appropriate imaging modality when imaging services are ordered only when clinically indicated, absolutely necessary and in the patient's best interest.
10. **Cost-efficient:** In a study by The Lewin Group, the authors reported that in office-based imaging is a factor in the reduction of the number of more costly and riskier diagnostic procedures.³

³ Koenig L, Dobson A, Book R, Smith A, El-Gamil A. The Lewin Group. (2005). *Issues in the Growth of Diagnostic Imaging Services: A Case Study of Cardiac Imaging*. A case study of cardiac imaging, prepared for the American College of Cardiology.