American College of Radiology™

November 2024

**Statement from ACR Drugs and Contrast Media Committee on Supervision of Contrast Material Administration**

Frequently asked questions

1. Are the supervision levels mentioned in the ACR Contrast Statement different from the Centers for Medicare & Medicaid Services (CMS) supervision levels definitions?

    - No. The supervision levels of the imaging study and supervision levels of contrast administration must meet all applicable regulations pertinent to the practice setting.

        i. "General supervision" is defined by CMS meaning that "the procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure."

        If the general supervision by a physician is performed remotely, the process should comply with all federal/state law or regulations and local, institutional, site, and facility policies, guidelines, or rules related to telemedicine. This remote general supervision should be available whenever contrast material is administered 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.

        ii. "Direct supervision" means that the physician must be present and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room where and when the procedure is performed.

        iii. "Personal supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.

2. Does ACR differentiate the level of supervision for performing a diagnostic imaging examination versus the level of supervision for contrast administration, which is a part of the performing a diagnostic imaging examination using intravenous contrast agents/medium.

    - The supervision level for diagnostic radiology imaging procedures may be different than the supervision level for contrast administration supervision. Potential patient risks may be realized when using intravenous contrast agent/medium. Having a qualified healthcare professional onsite to recognize an issue and to manage the medical response to a potential adverse event in these instances improves the quality of the procedure and reduces any potential patient risk.

3. Does the ACR specify the positions/titles of non-physician health care providers who may supervise contrast administration, such as but not limited to RRA, RTs, NPs, RNs, PAs, EMTs, based on state and federal laws and regulations, institutional, facility or practice policies and procedures.

    - The definitions and competency of the numerous qualifications, skills, roles, and training requirements of specific non-physician health care providers who may be permitted to supervise contrast administration at a specific location are inconsistent among the various entities that define, regulate, or credential the performance of contrast administration supervision across the

country. It is a dynamic list of positions and position titles. ACR cannot define reliably all possible qualified individuals who may be permitted to perform this function.

4. Is there a defined policy on periodic competency of contrast reaction management?

    - ACR has no policy on how or when contrast administration supervision competency should be assessed. The statement is meant to leave this policy determination to the facilities, practices, and institutions for their specific practice environment in accordance with existing state and federal laws and regulations.

5. If there is a radiologist providing remote direct supervision for a study and is also responsible for supervision of contrast administration for the exam, does that radiologist meet the general supervision requirements for contrast management as stated in the policy?

    - Yes. There still needs to be a person on site with appropriate training to recognize contrast reactions and be trained and legally permitted to administer prescription medications and other appropriate interventions indicated for urgent response to a contrast material adverse event independently or under a standing orders/algorithmic approach under state law or regulations, and under local, institutional, site, and facility policies, guidelines and rules.