

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #299081

Ohio Administrative Code Rule 3701-83-55 Quality assessment and performance improvementfreestanding diagnostic imaging centers. Effective: July 15, 2022

(A) As part of the quality assessment and performance improvement program required under paragraph (C) of rule 3701-83-12 of the Administrative Code, each freestanding or mobile diagnostic imaging center shall:

(1) Establish and maintain a clinical image quality control program to monitor and document images repeated due to poor image quality;

(2) Monitor and evaluate the accuracy of image interpretations by:

(a) Establishing a clinical image review program;

(b) Establishing policies and procedures and the semiannual audit of a random, representative sample of total clinical images performed at the center;

(c) Having a radiologist, physician, or chiropractor perform a semiannual audit of the image interpretation under paragraphs (C)(2), (D)(2), (E)(2), and (F)(2) of rule 3701-83-52 of the Administrative Code:

(i) Diagnostic imaging centers under the operation of more than one physician or chiropractic radiologist may conduct their own internal semiannual audit of a random sample of clinical images.

(ii) Diagnostic imaging centers operated by a single physician or chiropractic radiologist shall provide for the external semiannual audit of a random sample of clinical images. External audits shall not be conducted by an individual who is associated with, or has a financial interest in the center.

(3) Monitor and evaluate any problems associated with sedation, the administration of contrast agents, and problems identified as part of the semiannual audit of a random sample of clinical



images.

(B) As part of the quality assessment and performance improvement program required under paragraph (A) of rule 3701-83-12 of the Administrative Code, each freestanding or mobile diagnostic imaging center shall report to the director:

(1) The number, type, and age of diagnostic imaging equipment, including magnetic strength when applicable, and whether diagnostic imaging equipment is fixed or mobile;

(2) If diagnostic imaging equipment is mobile, a list of the locations where the service is delivered, including contracted sites for which the service is currently not operational;

(3) The number of procedures performed by CPT code;

(4) The number of repeat procedures taken which were conducted in order to obtain a sufficient image relating to the patient's image order;

(5) The number and type of complications associated with sedation and the administration of contrast agents;

(6) The number of patients who required hospitalization, as a result of a complication, within twentyfour hours of a procedure;

(7) The number of diagnostic procedures performed and the number that revealed negative findings; and

(8) The number of clinical images audited by the center or an external individual, and the number of cases in which there was variance between audited findings and original findings.