

Consensus Criteria Permitting a Physician to Officially Interpret Nuclear Cardiology Studies

Blue Cross Blue Shield of Massachusetts (BCBSMA*) medical directorship and the Massachusetts Chapter of the American College of Cardiology have established the following criteria. Please note that Cardiologists must **fully satisfy any one of the first four** conditions, **and both the fifth and sixth** conditions.

- 1. Any Board Certified Cardiologist:
- a) Board certification in Nuclear Medicine **AND** b) One-year verifiable training in Nuclear Cardiology

OR

- 2. Cardiologists who have finished or will finish cardiology training after July 1, 1996:
- a) Board certification in Cardiovascular Disease within two years of completing their fellowship AND
- b) Satisfy Level 2 or Level 3 Training in Nuclear Cardiology as specified by the official 1995 ACC/ASNC Training Guidelines (including didactic, clinical, and hands-on requirements with evaluation documented)

OR

- **3.** Board Certified Cardiologists currently in clinical practice or who completed training prior to July 1, 1996:
- Satisfy Level 2 or Level 3 Training in Nuclear Cardiology as specified by the official 1995 ACC/ASNC Training Guidelines (including didactic, clinical, and hands-on requirements with evaluation documented)

OR

b) Formal training beyond Cardiology fellowship in Cardiology Nuclear Imaging in a course sponsored or accredited by the ACC or other academic medical teaching centers **AND** twenty (20) hours beyond Cardiology fellowship of documented hands-on experience in Nuclear Cardiology at a teaching hospital.

OR

- 4. Any Board Certified Cardiologist:
- a) Passed certified examination in Nuclear Cardiology

ALL APPLICANTS MUST ALSO SATISFY BOTH OF THE FOLLOWING CONDITIONS:

- **5.** At least 100 studies must be officially interpreted by the physician as the primary reader over one (1) year.
- **6.** The physician must be able to provide evidence of an **ongoing** quality assurance program such as quarterly review of angiographic correlation in a subset of patients whose images they have interpreted.

Geographic access and other exceptional circumstances will be considered on a case-by-case basis.