



## Accreditation Instructions

(List updated 4/4/2012)

There are multiple steps to the Accreditation application. Use this document to gather the required information needed to complete the application.

### Step 1 – Laboratory Information

<b>Laboratory Name:</b>	State the name of the Main Laboratory. This name will appear on your Certificate of Accreditation.
<b>Name:</b>	Identify the laboratory’s primary contact.
<b>Address:</b>	Provide the Main Laboratory’s address.
<b>Phone:</b>	Provide the Main Laboratory’s phone number.
<b>Email:</b>	State the email address for the laboratory’s primary contact.
<b>Facility type:</b>	Choose one of the following: <input type="radio"/> Independent Diagnostic Testing Facility <input type="radio"/> Clinic <input type="radio"/> Hospital <input type="radio"/> Academic Institution <input type="radio"/> Other

### Step 2 – Laboratory Medical Director Information

The Laboratory Medical Director (LMD) serves as the leader and manager of the electrodiagnostic laboratory. For purposes of accreditation there are 2 categories of LMDs – LMD and LMD-Advanced Training . The chart below identifies the difference between the two terms. All references in this form to LMD, unless otherwise specified, refers to both LMD and LMD-Advanced Training.

	Laboratory Medical Director	Laboratory Medical Director - Advanced Training
Completed an ACGME or RCPSA approved residency in neurology or physical medicine and rehabilitation.		
Completed primary board certification in neurology or physical medicine and rehabilitation.		
Completed 3 months of training in electrodiagnostic medicine during an ACGME or RCPSA approved residency and/or a fellowship.		
Completed subspecialty certification by one of the following: <ul style="list-style-type: none"> <li>• American Board of Electrodiagnostic Medicine;</li> <li>• American Board of Psychiatry and Neurology in Clinical Neurophysiology or Neuromuscular Medicine; or</li> <li>• American Board of Physical Medicine and Rehabilitation in Neuromuscular Medicine</li> </ul>		

The following page includes all the information you will need to enter regarding the Laboratory Medical Director.

### Primary Specialty

<b>Primary Specialty:</b>	Choose one: <input type="radio"/> Neurology <input type="radio"/> Physical Medicine and Rehabilitation
<b>Residency Completion Date:</b>	Enter the date when the LMD completed residency. <i>Note: The LMD must have completed residency at least 2 years prior to application submission.</i>
<b>ACGME/RCPSC approved program:</b>	Indicate whether the residency program was approved by the ACGME/RCPSC. <i>Note: The LMD must have completed an ACGME/RCPSC approved residency in neurology or PMR.</i>
<b>Training Program:</b>	Provide the name of the institution where the LMD's training was completed.

### Primary Board Certification

<b>Primary Board Certification:</b>	Choose one: <input type="radio"/> ABPMR <input type="radio"/> ABPN <input type="radio"/> AOBNP <input type="radio"/> AOBPMR
<b>Certificate Number:</b>	List the certificate number issued to the LMD for his/her primary board certification.
<b>Expiration Date:</b>	Provide the primary board certification expiration date or indicate if non-expiring.

### Subspecialty Fellowship Training – if the LMD completed fellowship training you will need the following information.

<b>Subspecialty Fellowship:</b>	If the LMD completed a subspecialty fellowship, indicate the fellowship type. <i>Note: The LMD is not required to have completed a fellowship to serve in that capacity.</i>
<b>Training Program:</b>	Provide the name of the institution where the fellowship was completed.
<b>Start Date:</b>	List the start date of fellowship training.
<b>End Date:</b>	List the date upon which the fellowship training was completed.
<b>Fellowship Completion:</b>	Indicate whether the fellowship was successfully completed.
<b>ACGME/RCPSC approved program:</b>	Indicate whether the fellowship training was an ACGME/RCPSC approved program.

### Subspecialty Certification

<b>Subspecialty Certification:</b>	Choose one: <input type="radio"/> ABEM <input type="radio"/> ABPN/ABPMR Neuromuscular Medicine <input type="radio"/> ABPN Clinical Neurophysiology
<b>Certificate Number:</b>	List the certificate number issued to the LMD for his/her subspecialty board certification.
<b>Expiration Date:</b>	Provide the primary board certification expiration date or indicate if non-expiring.

### State Licensure

<b>State:</b>	Indicate the state in which the LMD holds a medical license.
<b>License Number:</b>	Provide the license number issued to the LMD.
<b>Expiration Date:</b>	Provide the medical license expiration date.
<b>Restrictions:</b>	Indicate if the license is restricted. If restricted, provide details
<b>Document:</b>	Upload documentation of the LMD's medical license by including a copy of the licensure information from the state board of medicine. <i>Note: Adobe PDFs preferred*.</i>

## Step 3 – Laboratory Physician Detail

For each Laboratory Physician performing EDX studies within the laboratory, you will need the same information you provided in **Step 2** for the Laboratory Medical Director. The number of reports submitted will depend on the type of Laboratory Physician. The types are:

- **Laboratory Physicians** – Physicians not holding a primary board certificate in neurology or physical medicine and rehabilitation, but have completed a residency in neurology or physical medicine and rehabilitation and have completed 3 months of training in EDX medicine.
- **Board Certified Laboratory Physicians** – Physicians who hold a primary board certificate in neurology or physical medicine and rehabilitation and have completed 3 months of EDX medicine.
- **Board Certified Laboratory Physicians - Advanced Training** – Physicians who hold a primary board certificate in neurology or physical medicine and rehabilitation, have completed 3 months of EDX medicine training, and are certified by ABEM, ABPN in Clinical Neurophysiology, or ABPN/ABPMR in Neuromuscular Medicine.
- **Limited Scope Specialty Physicians** – Physicians that hold board certification in a specialty other than neurology or physical medicine and rehabilitation and have completed electrodiagnostic training focused on a limited anatomical area related to their primary specialty. Limited Scope Specialty Physicians may only perform EDX studies in a limited anatomical area

### Key Criteria

Ensuring that your application meets the following criteria will reduce the chances that your application is denied or sent to Provisional Status:

- All physicians must successfully complete an ACGME/RCPSC approved neurology or PMR residency.
  - Limited Scope Specialty Physicians must complete an ACGME/RCPSC approved residency in their selected specialty.
- All physicians must complete a minimum of 3 months of EDX medicine training.
  - Limited Scope Specialty Physicians must receive appropriate training in EDX medicine in a limited anatomical area
- All physicians must hold a valid, US medical license.

## Step 4 – Continuing Education and Proficiency

During this step, the LMD must agree to ensure that all physicians practicing in the laboratory complete the required continuing medical education and proficiency standards of accreditation, which include:

- The **LMD** will complete 25 Category 1 continuing medical education (CME) credits in EDX medicine in a 5-year period (on average approximately 5 CME credits per year).
- The **LMD** will perform a minimum of 100 EDX medicine consultations in each calendar year.
- The **LMD** will ensure that all **Laboratory Physicians, Board Certified Laboratory Physicians, and Board Certified Laboratory Physicians-Advanced Training** complete 25 Category 1 CME credits in EDX medicine in a 5-year period (on average approximately 5 CME credits per year).
- The **LMD** will ensure that all **Laboratory Physicians, Board Certified Laboratory Physicians, and Board Certified Laboratory Physicians-Advanced Training** perform a minimum of 100 EDX consultations in each calendar year.
- The **LMD** will ensure that all **Limited Scope Specialty Physicians** complete 10 Category 1 CME credits in EDX medicine every 5 years (on average approximately 2 CME credits per year).
- The **LMD** will ensure that all **Limited Scope Specialty Physicians** perform a minimum of 10 EDX consultations in each calendar year.

All you will need to do is enter the LMDs name and agree to these requirements.

## Step 5 – Nerve Conduction Study Technologists – Training/Certification/Experience

All technologists must have appropriate education and/or training according to the AANEM's position statement titled [Job Descriptions for Electrodiagnostic Technologists](#). You will need to provide the following information for all technologists working in the laboratory:

### Training/Certification Received

Check all that apply:

- 1 year of higher education with emphasis on physical or biological sciences
- Completion of a traineeship with a minimum of 6 months duration
- High school diploma with emphasis on physical or biological sciences
- CNCT (ABEM)
- R.NCS.T (AAET)
- Other

### Experience

- Describe the technologist's EDX training experience. This should include where the training was completed and the institution or physician responsible for providing the training.
- Number of years' experience in NCS.
- Number of years working with the LMD.

## Step 6 - Nerve Conduction Study Technologists in the Laboratory

Technologists must be appropriately supervised, i.e., certified technologists must be generally supervised and uncertified technologists must be directly supervised. You will need to provide the following information during this step:

- The percentage of NCSs performed by NCS technologists in the laboratory that were performed under the following levels of supervision:
  - **General supervision:** The procedure is furnished under the physician's overall direction and control, but the physician is not present throughout the performance of the procedure. The physician is not immediately available.
  - **Direct supervision:** The physician is present in the office suite (not in the room) and immediately available to furnish assistance and direction throughout the performance of the procedure.
  - **Personal supervision:** The physician is in the room throughout the performance of the procedure.
- A description of how the LMD assesses the skills and level of competence of new NCS technologists performing NCS studies in the laboratory for the first time. Include the type of supervision and frequency of supervision.

*NOTE: The LMD should indicate some reasonable level of personal supervision and relative frequent contact when first working with a technologist.*

- A description of how the LMD ensures the continued knowledge and skills of the NCS technologist(s) working in the laboratory.
- A description of how a physician responds to an NCS technologist who has a question during a technologist-performed NCS.

*NOTE: The LMD should assist the technologist or correct performance of NCS by a technologist. The LMD should be willing to respond to questions, assist the technologist when necessary, or advise the technologist on the correct performance of the study.*

- A statement whether technologists perform needle electromyography (EMG) in the laboratory.
- A statement whether technologists interpret EDX studies (needle EMG and/or nerve conduction studies).

## **Step 7 – Physical Therapists – Training/Certification/Experience**

All physical therapists must have appropriate education and/or training according to the AANEM’s position statement titled [\*Job Descriptions for Electrodiagnostic Technologists\*](#). You will be required to supply the same information as set forth in **Step 5** above.

## **Step 8 – Physical Therapists in the Laboratory**

Physical therapists must be appropriately supervised – i.e., at a minimum must be generally supervised. You will be required to supply the same information as set forth in **Step 6** above.

## **Step 9 – Other Staff – Training/Certification /Experience**

All other staff performing NCS within the laboratory must have appropriate education and/or training according to the AANEM’s position statement titled [\*Job Descriptions for Electrodiagnostic Technologists\*](#). You will be required to supply the same information as set forth in **Step 5** above.

## **Step 10 – Other Staff in the Laboratory**

All other staff performing NCS within the laboratory must be appropriately supervised – i.e., at a minimum must be directly supervised. You will be required to supply the same information as set forth in **Step 6** above.

## **Step 11 – Main Laboratory Facility**

Concerning the Main Laboratory’s facilities and medical records storage systems, you will need to indicate the following:

- Whether the laboratory is compliant with the Americans with Disabilities Act.
- Whether the laboratory has a waiting room.
- Whether the laboratory restrooms are available to laboratory patients.
- The number of examination rooms in the laboratory.
- What type of medical records storage system is used by the laboratory. Check all that apply:
  - Paper
  - Electronic
  - No system

## **Step 12 – Distribution of Studies by Laboratory**

For all laboratory locations – Main Laboratory and Satellite Laboratories – you will need to indicate the following:

- The number of studies performed at the laboratory in the previous 12 months.
- Whether all studies are interpreted at the laboratory location.

## **Step 13 – Distribution of Studies by Laboratory**

For all laboratories – Main Laboratory and Satellite Laboratories – you will need to enter the percentage of studies completed at each location. **Note:** *Total must equal 100%.*

## **Step 14 – Distribution of Studies by Laboratory**

All laboratories must have a physician that performs electrodiagnostic studies. You will need to indicate each laboratory – Main Laboratory and Satellite Laboratories – in which each physician performs EDX studies.

## **Step 15 – Performance Standards**

You will need to provide the following:

- The percentage of technologist-performed NCSs interpreted by the physician responsible for supervision of the NCS technologist.
- Whether the Main Laboratory is capable of providing both nerve conduction and needle EMG studies during all patient consultations.
- Whether all Satellite Laboratories are capable of providing both nerve conduction and needle EMG studies during all patient consultations.
- The percentage of nerve conduction studies performed without needle EMG studies in a 1-year time frame in this laboratory.
- Whether the main laboratory uses published normal values or has established its own values.
  - If using published normal values, you will be required to list the reference in which the normal values are published.
  - If the laboratory has established its own values, you will be required to attach a file listing the normal values for median, ulnar, and radial motor and sensory; peroneal motor and sensory; tibial motor; H-reflex and F-wave latencies. You also will be required to provide a narrative describing the process used to establish the laboratory's normal values.

## **Step 16 – Medical Records**

The laboratory must have a medical records retention policy and HIPAA compliance policy that is in compliance with applicable local, state, and federal law.

- You will be required to upload a copy of your HIPAA compliance policy.

### **Practice Tip**

#### **Does the AANEM have a model HIPAA Compliance Policy we can adopt?**

Laboratories seeking accreditation in the AANEM's EDX Laboratory Accreditation Program must demonstrate a commitment to compliance with all privacy, security, and electronic transaction code requirements of the Health Insurance Portability and Accountability Act (HIPAA). In order to demonstrate this commitment, applicant laboratories must submit a HIPAA Compliance Policy with their applications.

The AANEM has not created a model HIPAA Compliance Policy. However, there are a great number of resources available online, both free and for a fee, which may help you create a policy that is appropriate for your laboratory. The American Health Care Association has a comprehensive HIPAA Policy and Procedure Manual available for download on its website at [http://www.ahcancal.org/facility\\_operations/hipaa/Pages/HIPAAPolicyProcManual.aspx](http://www.ahcancal.org/facility_operations/hipaa/Pages/HIPAAPolicyProcManual.aspx).

AANEM does not warrant that the policy created by the American Health Care Association will be suitable for a laboratory's particular purposes or comply with any local, state, and/or federal law. Before adopting a particular policy, they should be reviewed by a counsel knowledgeable concerning federal and state privacy laws related to the use of medical records.

## Step 17 – Quality Improvement

The laboratory must have a quality improvement plan or program. The plan/program may include a satisfaction survey or peer review.

- You will be required to upload a copy of your Quality Improvement plan.
  - If no plan is in place, you must describe how the LMD monitors and improves the quality of care patients receive and provide 1-2 examples from the previous 2 years.
- You will be required to describe how the laboratory physicians, NCS technologists, physical therapists, or office staff participate in improving the quality of care a laboratory patient receives and provide 1-2 examples from the previous 2 years.

### Practice Tip

The AANEM Lab Accreditation application asks for examples of quality improvement activities my laboratory has engaged in over the last 2 years. What types of activities can demonstrate quality improvement?

Quality improvement generally describes a process designed to raise the quality of electrodiagnostic medical services within the laboratory in order to improve the health outcomes of the laboratory's patients. There are a number of ways a laboratory can demonstrate quality improvement, and a few examples include:

- Distributing patient satisfaction surveys, reviewing the responses, and modifying or implementing laboratory procedures or policies based upon the feedback received;
- Conducting periodic peer review sessions to ensure accuracy of the diagnosis; and
- Meeting with colleagues to discuss difficult studies.

## Step 18 – Main Laboratory Equipment

A list of EDX equipment used in the Main Laboratory must be provided, which must include:

- Manufacturer
- Model number
- Serial number
- Date that the equipment was purchased by the laboratory

## Step 19 – Main Laboratory Equipment Detail

You will be required to detail the following:

- The type of needle electrodes used at the Main Laboratory – Reusable or Single Use Disposable needles.
  - If reusable needle electrodes, you must indicate if the electrodes are inspected under magnification and by impedance measurements to ensure structural integrity and describe the sterilization procedures.
- Indicate if electrical checks are performed annually by a biomedical engineer or electrician that evaluates the machine's leakage current and certifies the electrical safety of the machine. ***All accredited laboratories will be required to provide documentation of annual electrical checks upon reaccreditation.***

## **Step 20 – Laboratory Manuals**

You will be required to upload a number of Laboratory Procedure Manuals, Human Resources Manuals, and Safety Manuals. In order to complete the application in a timely manner, it is recommended you have all of the documents saved to your computer prior to starting Step 20. Additionally, all required documents must be saved as separate files, i.e., if you have all Laboratory Procedure Manuals saved in one document, you must break it up into separate files containing only the requested document. Uploading all the documents together will delay review of your application.

*\*Although we accept a myriad of file types, Adobe PDF is the preferred file type.*

### **Laboratory Procedure Manuals**

Laboratory Procedure Manuals must be uploaded for all of the following techniques:

- Sensory NCS
- Motor NCS
- EMG examination
- F wave
- H reflexes

### **Optional**

Optional Laboratory Procedure manuals include:

- Blink reflexes
- Repetitive stimulation
- Evoked potentials
- Single Fiber EMG
- Nerve root stimulation
- Autonomic studies

### **+Practice Tip**

To assist laboratories in meeting this standard, the AANEM has developed a model procedure manual that you may wish to review. The model procedure manual can be found on the AANEM's website at: [http://www.aanem.org/getmedia/f99562aa-f01b-4599-89e5-ca10ea446565/AccredExamProcManual\\_NCSStudy.pdf.aspx](http://www.aanem.org/getmedia/f99562aa-f01b-4599-89e5-ca10ea446565/AccredExamProcManual_NCSStudy.pdf.aspx). This document is merely an example to help applicants create their own manuals. Laboratories should create manuals based upon their own personnel and equipment within the laboratory setting.

### **Human Resource Manual**

Applicants must include a Human Resource Manual or an Organizational Policy Manual.

### **Optional**

- Organizational Chart

### **+Practice Tip**

Laboratories seeking accreditation in the AANEM's Electrodiagnostic Laboratory Accreditation Program are required to submit a Human Resource Manual. The Human Resources Manual (a.k.a., Employee Handbook) assists in the efficient conduct of human resource business throughout the laboratory. It serves as a reliable employee policy reference and as a guide for management.

The Human Resource Manual should have sufficient content to provide guidance and clarity on almost every key aspect of the employer/employee relationship, and therefore, incorporates key policies, practices, procedures, and laboratory rules. It ensures that each employee gets the same information regarding company rules and regulations and helps prevent misunderstanding and dissatisfaction by ensuring consistency in dealing with employee issues in a fair and equitable manner.

Because each laboratory has specific situations it must manage and a host of local, state, and federal laws that affect the makeup of its Human Resource Manual, the AANEM has not set forth any particular elements that must be found in the applicant's manual. However, Human Resource Manuals may include:

- Recruitment, hiring, disciplinary, termination policies
- Policy about the reimbursement of expenses
- Screening mechanisms (i.e., checks, references, interviews)
- Job description for each position identifying required qualifications and the reporting relationship for the position
- Hours of work
- Conflict of interest guidelines
- Code of ethics
- Probationary period provisions
- Annual performance review requirements
- Harassment policy
- Grievance procedures
- Employee benefits
- Leave provisions (holidays, sick leave, bereavement/compassionate leave, special leave)
- Maintenance of personnel files
- Policies regarding personnel files (i.e., access to files, changes to files, content of files)
- Liability insurance coverage for staff
- Workers Compensation benefits for staff
- Health and safety

### Laboratory Procedure Manuals

Applicants must submit the following Safety Manuals:

- Fire Safety and Evacuation Policy/Plan
- Fire Extinguisher Maintenance Policy/Plan
- Power Outage and Surge Protection Policy (Electrical Storm Plan)
- Medical Emergency Plan
- Universal Precaution and/or Blood Borne Pathogen Policy

### Practice Tip

#### Fire Safety and Evacuation Policy/Plan

Laboratories seeking accreditation in the AANEM's EDX Laboratory Accreditation Program are required to have a Fire Safety and Evacuation Policy/Plan. At a minimum, the policy must include:

- Means of reporting fires and other emergencies.
- Evacuation procedures and emergency escape route assignments.
- Procedures to be followed by employees who remain to operate critical laboratory operations before they evacuate, if applicable.
- Procedures to account for all employees and patients after an emergency evacuation has been completed.
- Rescue and medical duties for those employees who are to perform them.
- Names or job titles of persons who can be contacted for further information or explanation of duties under the plan.

The Occupational Safety & Health Administration (OSHA) has developed an online Emergency Action Plan Expert System that helps users draft a simple Emergency Action Plan. Submitting a plan created under OSHA's online system will satisfy the AANEM's emergency action and evacuation plan requirement. However, the AANEM does not warrant that any emergency action and evacuation plan created by using OSHA's Emergency Action Plan Expert System will be suitable for a laboratory's particular purposes or comply with any local, state, and/or federal law. All laboratories should consider the special characteristics of their workplaces and create a plan to address any situations that require special attention.

### **Fire Extinguisher and Maintenance Policy**

Laboratories seeking accreditation in the AANEM's Electrodiagnostic Laboratory Accreditation Program are required to have a Fire Extinguisher and Maintenance Policy in place.

The purpose of the Fire Extinguisher and Maintenance Policy is to ensure the proper operation of fire extinguishers during a fire emergency; to provide a mechanism for rapid identification and replacement of missing, damaged, or undercharged fire extinguishers; and to provide for routine maintenance of fire extinguishers as required by local, state, and federal rules and regulations.

As with any office policy and procedure, the Fire Extinguisher and Maintenance Policy is important in order to provide the highest quality of care and protection to patients and laboratory personnel.

### **Power Outage and Surge Protection Policy (Electrical Storm Plan)**

Laboratories seeking accreditation in the AANEM's Electrodiagnostic Laboratory Accreditation Program are required to adopt one of the 4 policies approved by the AANEM or submit documentation stating why one of the 4 approved policies cannot be implemented by the applicant laboratory. To assist laboratories in meeting this standard, the AANEM has developed model policies appropriate to all applicant laboratories.

To determine the policy appropriate for your laboratory, use the resources available on the AANEM's website (<http://www.aanem.org/Accreditation/Resources/Model-Policies/Power-Outage.aspx>). First, determine whether your laboratory has an uninterrupted power supply; then determine if your laboratory has surge protection for each NCS/EMG machine used to perform studies on patients. You will be able to identify the model policy that is most appropriate for your laboratory.

### **Medical Emergencies Policies and Procedures**

Laboratories seeking accreditation in the AANEM's Electrodiagnostic Laboratory Accreditation Program are required to have a Medical Emergencies Policies and Procedures. It is important to develop a written policy and procedure addressing medical emergencies that is readily available to all staff. The policy and procedure should detail specific responsibilities of each person within the office during a medical emergency, including:

- Who will call for help within the office?
- Who will dial 9-1-1?
- Who will attend to the patient?
- Who will take vital signs?
- Who will initiate CPR, if necessary?
- Who will perform any other emergency procedures?
- Who will document the emergency response?

Staff members should receive training on the medical emergency policy and procedure (as well as other office policies and procedures) upon hire and periodically thereafter. Additionally, drills should be held so that staff members become familiar with medical emergency procedures. A staff that is knowledgeable with emergency procedures and that can carry out the procedures calmly, quickly, and efficiently greatly reduces the risk of an unfavorable outcome for the patient.

As with any office policy and procedure, the medical emergency policy and procedure is important in order to provide the highest quality of care to your patients.

### **Universal Precaution and/or Blood Borne Pathogen Policy**

Laboratories seeking accreditation in the AANEM's Electrodiagnostic Laboratory Accreditation Program are required to have a Universal Precaution and/or Blood Borne Pathogen Policy. To assist laboratories in meeting this standard, the AANEM has developed a model policy, which applicant laboratories can modify to meet their needs.

The CDC defines universal precautions as "a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens." Universal precautions apply to:

- blood
- bodily fluids containing visible blood
- semen
- vaginal fluid
- cerebrospinal
- synovial, pleural, peritoneal, pericardial, and amniotic fluids
- needles, scalpels and other sharp instruments

Universal precautions are achieved by using protective barriers that include:

- gloves
- gowns
- protective eyewear
- aprons

As with any office policy and procedure, the Universal Precaution and/or Blood Borne Pathogen Policy is important in order to provide the highest quality of care to patients and protection to laboratory personnel.

## Step 21 – Patient Reports

Applicants are required to submit sample patient reports for each physician performing studies within the Main Laboratory and all Satellite Laboratories. The number of reports submitted will depend upon the level of training and certification each physician has completed:

Physician Category	Number of Required Reports		
	Normal Diagnosis	Complex Diagnosis	Simple Diagnosis
Laboratory Physicians	2	2	2
Laboratory Medical Directors and Board Certified Laboratory Physicians	1	2	2
Laboratory Medical Director - Advanced Training and Board Certified Laboratory Physician - Advanced Training	1	1	1
Limited Scope Specialty Physician	1	2	2

### Report Definitions

The following table applies to **ALL** physicians **EXCEPT** Limited Scope Specialty Physicians. See the table below for the Limited Scope Specialty Physicians definitions.

<b>Normal:</b>	A normal report is one in which the muscles and nerves tested showed no electrophysiologic abnormalities.
<b>Simple diagnosis:</b>	A simple diagnosis is defined as any common entrapment neuropathy or radiculopathy.
<b>Complex diagnosis:</b>	A complex diagnosis is defined as motor neuron disease, plexopathy, myopathy, polyneuropathy, or a disease of neuromuscular transmission disorders.

### **Limited Scope Specialty Physicians**

<b>Normal:</b>	A normal report is one in which the muscles and nerves tested showed no electrophysiologic abnormalities <b>AND</b> is related to the physician's limited anatomical area of practice (i.e. pelvic floor, laryngeal, facial). This report must be completed in the year preceding the date of application submission.
<b>Abnormal:</b>	An abnormal report is one in which the muscles and nerves tested showed electrical abnormalities <b>AND</b> is related to the physician's limited anatomical area of practice (i.e., pelvic floor, laryngeal, facial). These reports must be completed in the year preceding the date of application submission.

## Report Criteria

- All submitted reports must be less than 6 months old at the time of submission.
  - **EXCEPTION** – Reports submitted for Limited Scope Specialty Physicians should be completed in the year preceding the date of application submission.
- All reports should include a ***nerve conduction study AND a needle electromyography examination***. Although exclusion of a study may be medically appropriate (i.e., the patient could not tolerate an EMG examination), a report submitted without a NCS or EMG examination will be rejected and result in accreditation denial.
- For all physicians, one of the ***complex diagnosis*** or ***simple diagnosis*** reports must include a ***repetitive nerve stimulation OR an H-reflex OR an F-wave study***.
- ***Redact all Personal Healthcare Information*** – HIPAA "Safe Harbor" De-Identification of Medical Record Information requires that each of the following identifiers of the individual or of relatives, employers, or household members of the individual must be removed from medical record information in order for the records to be considered de-identified:
  1. Names
  2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes.
  3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
  4. Telephone numbers
  5. FAX numbers
  6. Electronic mail addresses
  7. Social security numbers
  8. Medical record numbers
  9. Health plan beneficiary numbers
  10. Account numbers
  11. Certificate/license numbers
  12. Vehicle identifiers and serial numbers; license plate numbers
  13. Device identifiers and serial numbers
  14. Web Universal Resource Locators (URLs)
  15. Internet Protocol (IP) address numbers
  16. Biometric identifiers
  17. Full face photographic images and any comparable images
  18. Any other unique identifying number, characteristic, or code, except a code to permit re-identification of the de-identified data.

## Key Report Elements

The accreditation standards upon which each patient report is reviewed were adopted from the AANEM's educational paper, [Reporting the Results of Needle EMG and Nerve Conduction Studies](#), which identifies key elements of a quality electrodiagnostic patient report. In order to help physicians improve the quality of their reports and meet the accreditation standards for report writing, the AANEM developed a [Report Template](#) and [Key Report Checklist](#); both are available in the [Accreditation Section of the AANEM website](#). Both the Template and the Checklist are based upon the report writing educational paper. By following the guidelines set forth in these documents, applicants should have no problem meeting the AANEM Accreditation Standards. Applicants are strongly encouraged to review the educational paper and utilize the Template and Checklist to improve their patient reports.

### Key Report Elements for Needle EMG and NCSs

- Patient demographic data – i.e. name, age, birthdate
- Reasons for the referral
- Description of history and physical examination
- Reference values
  - If not provided, abnormal results must be clearly identified
- Limb temperature – hands should be > 32°C and feet > 30°C
- Identify the name of the muscles and nerves tested and the side (left or right)
- Description of the findings in the muscles or nerves examined including normal or abnormal - if abnormal provide details of the abnormality

#### For Needle EMG include

- Insertional and spontaneous activity – note the presence or absence of positive waves, fibrillation potentials, or fasciculation potentials
- Voluntary activity – note the recruitment, amplitude, duration, and polyphasicity

#### For NCS include

- Site of stimulation
- Conduction velocity
- SNAP amplitude and peak latency
- CMAP amplitude (baseline to negative peak)
- Probable diagnosis
- Note the location of the nerve, neuromuscular junction, or muscle pathology
- Report EMG and NCS data in a table format
- Limitations to completing the study (if any)
- Report on change from previous study (if any)

### Key Report Elements for F-Waves, H-Reflexes, and Repetitive Nerve Stimulation

- Indicate the nerve studied
- The site of nerve stimulation and muscle recording

#### For F-waves and H-Reflexes

- Minimum F-wave or H-wave latency

#### For Repetitive Stimulation

- Number of stimulations and the rate of stimulation.
- The physiological state of the muscles at the time of nerve stimulation
- If after exercise, the duration of the exercise and time interval after exercise
- The initial amplitude and/or area, and the method of calculation of the increment or decrement

**[Steps 22-32 are only completed if a Satellite Laboratory is included in the application. If no Satellite Laboratory is included, Step 21 is the end of the application.]**

## **Step 22 - 32 – Satellite Laboratory Application**

In order for an electrodiagnostic laboratory to qualify as a satellite, all of the following must be met:

- (1) The same organizational policies, including medical record retention, human resources, and laboratory procedures must be used by the Main Laboratory and the Satellite Laboratory;
- (2) The individual designated as the Laboratory Medical Director at the Main Laboratory must also manage the Satellite Laboratory; and
- (3) The physicians practicing in the Main Laboratory must staff the Satellite Laboratory.

Satellite laboratories not meeting this standard must apply as a main laboratory site.

Applicants will provide Satellite Laboratory information similar to that provided for the Main Laboratory, including

- Nerve Conduction Study Technologists in the Satellite Laboratory (**Step 23**)
- Physical Therapists in the Satellite Laboratory (**Step 24**)
- Other Staff in the Satellite Laboratory (**Step 25**)
- Satellite Laboratory Facility (**Step 26**)
- Satellite Laboratory Performance Standards (**Step 27**)
- Satellite Laboratory Medical Records (**Step 28**)
- Satellite Laboratory Quality Improvement (**Step 29**)
- Satellite Laboratory Equipment (**Step 30**)
- Satellite Laboratory Equipment Detail (**Step 31**)
- Satellite Laboratory Manuals (**Step 32**)

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