

ICANL/ICACTL and MIPPA Compliance

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 requires accreditation for providers of the technical component of advanced diagnostic imaging services, including nuclear medicine, MR, CT, and PET, by January 1, 2012. Accreditation will be a condition for reimbursement. Passage of this legislation marked a turning point in nationwide recognition of the importance of quality standards and accreditation for medical imaging. The portion of the legislation requiring accreditation stipulates that accreditation programs must evaluate whether physicians and staff maintain the proper level of training and education, whether laboratories use imaging equipment that adheres to strict standards of performance and operates under proper safety guidelines, and whether laboratories establish and maintain a quality assurance program, thereby upholding the standards of quality care for patients, particularly senior citizens.

“The Intersocietal Accreditation Commission [IAC] is extremely pleased that this legislation will require the accreditation of advanced diagnostic imaging services, on a nationwide basis, among all Medicare providers,” said Sandra Katanick, IAC CEO. “We have seen that similar requirements put into place over the past several years by various health care insurers and medical specialty societies have indeed improved the quality of the diagnostic testing being provided. Undoubtedly, these payment policies have led to a decrease in repeated and unnecessary testing. Most importantly, the end result of this legislation will be an improvement in the quality of medical care that Medicare beneficiaries receive and deserve.”

In October, IAC Chair Rita Shugart, RN, and senior staff members met with staff from the Centers for Medicare & Medicaid Services (CMS) to discuss CMS’s designation of accreditation organizations, as mandated within the MIPPA. The Secretary of Health and Human Services must designate accrediting organizations by January 1, 2010. As stipulated within the legislation, accrediting bodies seeking designation by CMS must document compliance with the ability of the organization to: (1) conduct timely reviews of accreditation applications; (2) have an established process for the timely interpretation of new advanced diagnostic imaging services; (3) use random site visits, site audits, or other strategies for ensuring accredited suppliers maintain adherence to the criteria for accreditation; (4) take into account the capacities of suppliers located in rural areas; and (5) establish reasonable fees to be charged to suppliers applying for accreditation. The October meeting provided the IAC with an opportunity to document correlation of IAC’s policies, procedures, and statistical information with the required guidelines.

Enhancements to the Accreditation Process

The IAC provides a peer review process of accreditation, designed to evaluate and accredit diagnostic imaging facilities, with the goal of improving the quality of patient care in the private offices, clinics, and hospitals in which imaging services are offered. The IAC includes 5 accrediting divisions for facilities performing nuclear cardiology, general nuclear medicine, and/or PET imaging (the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories [ICANL]); CT scanning (the Intersocietal Commission for the Accreditation of Computed Tomography Laboratories [ICACTL]); noninvasive vascular testing (the Intersocietal Commission for the Accreditation of Vascular Laboratories); echocardiography (the Intersocietal Commission for the Accreditation of Echocardiography Laboratories); and MR imaging (the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories). SNM is a sponsoring organization of both the ICANL and the ICACTL.

In 2008, the 5 individual accrediting bodies merged to become the IAC. The change affords many advantages to applicant laboratories. Sites performing more than a single type of imaging (e.g., a nuclear medicine department performing both nuclear medicine and diagnostic CT scans) will benefit from the cohesiveness that the reorganization brings. Tangible illustrations of the merger include the creation of a single IAC accreditation agreement and the transition to the online accreditation application. The online accreditation format offers such conveniences as submission of an almost paperless application, ability of each laboratory to access its application data from any Internet-based computer, access by multiple users, and the opportunity to retain laboratory data (such as continuing medical education archives) and make periodic updates between accreditation cycles.

Each IAC accreditation division is committed to assisting laboratories with earning accreditation. IAC staff includes both clinical and administrative professionals who are ready to guide laboratory staff through all aspects of the accreditation process. Additional information about ICANL and ICACTL accreditation is available at www.icanl.org or www.icactl.org or by contacting the IAC offices at 800-838-2110.

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From the Newline editor: The IAC, a nonprofit organization, is among a number of organizations addressing changing requirements for accreditation and professionalization in imaging. Newline hopes to have updates from other groups in the months to come.