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VIA ELECTRONIC MAIL

September 2, 2010

Thomas Dehn, M.D.
Executive Vice President, Chief Medical Officer

Michael Pentecost, M.D.
Associate Chief Medical Officer
National Imaging Associates, Inc.
Magellan Health Services
6950 Columbia Gateway Drive
Columbia, MD 21046

RE: Inclusion of Medicare approved accreditation organizations

Dear Drs. Dehn and Pentecost:

It has come to our attention that National Imaging Associates (NIA) is not recognizing two of the five Intersocietal Accreditation Commission (IAC) divisions (ICACTL and ICAMRL) nor the Joint Commission's (JC) Ambulatory Care Accreditation for Freestanding Diagnostic Imaging Center for some health plans to fulfill NIA privileging requirements and only approving practices and laboratories with American College of Radiology (ACR) accreditation. **The American College of Cardiology (ACC) strongly disagrees with this exclusion and recommends NIA reconsider its laboratory requirements to include accreditation from the IAC and JC.**

As you are aware, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requires all Medicare suppliers of the technical component of advanced diagnostic imaging procedures be accredited by an approved Advanced Diagnostic Imaging Accreditation body beginning in January 2012. The IAC, ACR and JC have been designated as approved bodies following thorough reviews of the organizations, their standards, application for accreditation, policies and procedures. The ACC is of the opinion that all approved accreditation organizations should be included in the NIA privileging program.

In addition to Medicare, we are aware of no private insurance plan and other radiology benefit managers that do not readily accept these accreditation bodies and many sites have already undergone successful accreditation with IAC. The ACC is very concerned with the impact of NIA refusing to recognize the IAC divisions and the Joint Commission. It would essentially limit advanced diagnostic imaging to radiologists and restrict options for fully trained cardiologists and other specialists. It would also result in undue burden, confusion, and expense for labs currently accredited and considering accreditation with the IAC and JC.

The ACC continues to support mandatory laboratory accreditation as a means to improve the quality of care and is a sponsoring organization of the IAC. The ACC

The mission of the American College of Cardiology is to advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy

has provided representatives with MR/CT imaging expertise to their respective boards from their inceptions. Through our input, the College has helped create and maintain the accreditation process for MR/CT using a multidisciplinary approach with other medical and technical specialties.

The ICAMRL/ICACTL standards and accreditation processes are equivalent or more rigorous than those from the ACR and recognize competency beyond just residency completion. The IAC application and review process is very demanding and is designed to identify those facilities that have undergone a strict peer review process and actually helps facilities to improve their imaging quality and provide better patient care. The ACC is extremely proud of IAC's achievements in standardizing the level of physician and non-physician training, equipment calibration, and quality improvement in its accredited cardiovascular imaging labs.

The ACC urges NIA to include ICACTL, ICAMRL, JC, and any other body that fully satisfies the MIPPA requirements, along with the ACR, as part of your privileging requirements. Thank you for this opportunity. If you have questions or comments regarding this matter, feel free to contact Henry McCants, ACC Staff at hmccants@acc.org or 202-375-6642.

Sincerely,



Ralph G. Brindis, M.D., M.P.H., F.A.C.C.
President
American College of Cardiology

Cc: Tina Blasi, NIA CEO
Jack Lewin, MD, ACC CEO
Sandra Katanick, IAC CEO