

ICANL Live Chat

The following were questions asked during the ICANL's February 3, 2010 live chat. *Note: The entries below are linked to the corresponding questions.*

- What are the current CME/CE requirements and exceptions?
- Do people supervising stress need to have CME/CE?
- What is the procedure for changing the medical director/technical director/address/operations?
- Can you explain the ICANL requirements for measuring appropriate use?
- Is ICANL part of IAC? Is the ICANL an accrediting body for MIPPA?
- If we are ICANL Accredited in Cardiology, can we also become accredited in PET?
- What rules apply for a mobile component?
- How do we add a multiple site?

Question: What are the current CME/CE requirements and exceptions?

Answer: Both physicians and technologists are required to have 15 hours of CME/CE relevant to the interpretation and performance of nuclear medicine studies. All staff is required to have the 15 hours even if they only joined the lab within the last year (Note: Change from previous *Standards*).

If the medical staff member has successfully attained one or more of the following within the three years prior to the application date, the CME requirement will be considered fulfilled: completion of an ACGME approved relevant residency or fellowship; attaining initial certification by a relevant ABMS recognized board; attaining certification by the CBNC; or re-certification in any other relevant specialty board (Note: this only includes the ABR, ABNM or CBNC.)

Question: Do people supervising stress need to have CME/CE?

Answer: Personnel who supervise stress testing are not required to report CME/CE. Only interpreting physicians and technologists must meet the CME/CE requirements

Question: What is the procedure for changing the medical director/technical director/address/operations?

Answer: The ICANL requires labs to submit An Affidavit Approving Change in Operations before we can change our records. Sample documents are located on our website, www.icanl.org. On the far right side of the homepage, towards the bottom, you will see the following: All Laboratories with Agreement or Ownership Changes. Click on that link and you will then see a page of questions and answers. At the bottom of that page is the link to the affidavit. This document must be mailed as we need an original signature on the second page. It does not need to be notarized.

If the new technical director was not part of the original application we also need the Technical Director pages of the application completed and mailed to us along with the required documentation. The forms are located on our website (www.icanl.org) under How to Apply.

Question: Can you explain the ICANL requirements for measuring appropriate use?

Answer: The measurement of appropriate use is now being incorporated into accreditation process. At some point during the accreditation period, labs performing nuclear cardiology will be required to measure and monitor their facilities appropriate use. This will count towards the administrative component of the quality assurance program.

Question: Is ICANL part of IAC? Is the ICANL an accrediting body for MIPPA?

Answer: The ICANL is part of the IAC which also includes the ICAVL, ICAEL, ICAMRL and ICACTL which accredit vascular, echo, magnetic resonance and computed tomography, respectively. Yes, the ICANL has been deemed by CMS as an accrediting organization under MIPPA.

Question: If we are ICANL Accredited in Cardiology, can we also become accredited in PET?

Answer: Yes, the ICANL accredits in nuclear cardiology, nuclear medicine and PET. We also accredit CT portion of PET/CT but only if the CT is used for attenuation correction. If a lab is doing diagnostic CT on a PET/CT unit, they would need to become accredited by the ICACTL for the CT.

Question: What rules apply for a mobile component?

Answer: A mobile service is comprised of one or more units (technologist and equipment) that provide nuclear medicine, nuclear cardiology or PET imaging services at one or more locations and meet the following criteria, without exception:

1. All examinations that are performed at the mobile locations must be interpreted by physicians included in the application for accreditation.
 2. All technologists performing any examinations at the mobile locations must be included in the application for accreditation.
 3. The entire mobile service must share the same medical director and technical director.
 4. All physicians and technologists must participate together in quality assurance and education programs, including in-house conferences.
 5. The entire mobile service must utilize identical protocols.
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Question: How do we add a multiple site?

Answer: Laboratories wanting to add a mobile site and/or mobile service to an application that has already been granted accreditation must:

1. Complete the [Multiple Site/Mobile Service Supplement](#). This document is located on our website, www.icanl.org under How to Apply.
2. Provide an updated equipment list using the appropriate section of the [New/Addition Staff and Instrumentation Form](#). They are not required to submit the “Add On Site” Audit. If any physicians

and/or technologists have been hired since accreditation was granted, it will be necessary to submit the appropriate forms and supporting documentation for these staff members as well.