

## ICANL Live Chat

The following were questions asked during the ICANL's January 13, 2010 live chat. *Note: The entries below are linked to the corresponding questions.*

- Can I submit attachments in paper form?
  - Are we required to have a physicist on staff?
  - How often should Quality Assurance (QA) be done?
  - Can you explain observer variability?
  - Does the ICANL require labs to perform a phantom?
  - How should case studies be submitted?
  - Is it true that Medicare is requiring labs to be accredited by 2012 in order to be reimbursed?
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### **Question: Can I submit attachments in paper form?**

**Answer:** For the time being, attachments such as the medical license, board certification or protocols may be submitted in paper form. However, please note that we are in the process of updating our online application and when we release the new version; all attachments will have to be submitted in electronic form. We expect the update to occur later this spring.

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### **Question: Are we required to have a physicist on staff?**

**Answer:** The ICANL does not require labs to employ or use a radiation physicist. While many labs do utilize the expertise of a physicist to monitor the accuracy of their imaging equipment and radiation safety program, it is not required for ICANL accreditation. We believe it is required for ACR accreditation.

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### **Question: How often should Quality Assurance (QA) be done?**

**Answer:** The ICANL Standards require three different types of QA to be performed. Labs must perform administrative, technical and interpretive (or physician performance) QA. There must be at least one measure from each area annually. Labs are required to have at least two QA conferences or staff meetings each year to discuss the findings of the QA program.

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### **Question: Can you explain observer variability?**

**Answer:** Observer variability is generally a type of interpretive quality assurance. There are two types of observer variability: interobserver and intraobserver. Interobserver variability is when the interpretation is compared between at least two physicians. As an example, a physician interprets a study and then another physician reads the same study without knowledge of the other physician's findings. Intraobserver variability is where the same physician reads a study twice. Usually, the study is sanitized (or all identifying information is removed) and the physician reads the study. After a certain time period, the physician reads the same study to determine if they agree with themselves.

**Question: Does the ICANL require labs to perform a phantom?**

**Answer:** The ICANL does not require labs to perform a phantom such as the Jaszczak phantom. However, the ICANL does have a “patient simulator” program that is required for all labs using emerging technology. This same “patient simulator” can also be used by labs to meet the annual technical and interpretive quality assurance requirements.

The difference between a phantom and a patient simulator is that generally a phantom is a Plexiglas object with rods and spheres to test camera uniformity and resolution. A patient simulator is an anthropomorphic phantom. The images from our cardiac patient simulator look like a myocardial perfusion study with defects.

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**Question: How should case studies be submitted?**

**Answer:** The preferred method for case study submission is in electronic format such as jpeg, tiff or avi files. Images can also be submitted in DICOM format if there is an embedded DICOM viewer associated with the image. As a rule of thumb, if you can open the case study images on your home computer, then our reviewers and the ICANL staff will be able to view the images. We strongly suggest that you do test CD’s or DVD’s out prior to sending them to us. You will save a significant amount of time insuring that we will be able to view your images.

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**Question: Is it true that Medicare is requiring labs to be accredited by 2012 in order to be reimbursed?**

**Answer:** True! The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 requires that all providers of advanced imaging (nuclear medicine, PET, CT and MR) be accredited (accredited and not just have submitted an application) by January 1, 2012. The IAC has applied to the Center for Medicare Services (CMS) to be recognized as one of the accreditation organizations. The law applies only facilities billing under the Physician Fee Schedule (PFS) or in other words, outpatient or office facilities.