

## **Exhibit 1**

### **Alabama: BLUE CROSS BLUE SHIELD OF ALABAMA**

"The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. All noninvasive vascular diagnostic studies must be performed by, or under the direct supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology. Examples of appropriate certification include the Registered Vascular Technologist (RVT) credential and the Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology. Direct supervision requires the credentialed individuals physical presence in the facility."

### **Arkansas: ARKANSAS MEDICARE SERVICES**

"Noninvasive vascular studies utilize ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in arterial and venous systems. The display may be a two dimensional image with spectral analysis and color flow or a plethysmographic recording.<sup>1</sup> A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted standards<sup>2</sup>. Contrast arteriography and phlebography are standard diagnostic techniques for evaluation of arterial and venous diseases. These techniques are invasive and involve additional expense, time, discomfort and risks to the patient. Reliable, valid and accurate noninvasive studies are necessary to offset this problem. It is the responsibility of the provider to ensure the quality of the noninvasive studies. The accuracy of noninvasive vascular studies depends on the knowledge, skill and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. All noninvasive vascular diagnostic studies must be either (1) performed by, or under the general supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in Vascular Technology, and appropriate laboratory accreditation include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), or the American College of Radiology (ACR). Effective January 1, 2005, documentation of either the RVS, RVT or facility accreditation will be required each January prior to billing electronically for that new year and with any and all submitted paper claims. Supervisory levels of diagnostic tests must be in accordance with Program Memorandum B-01-28."

### **Delaware, District of Columbia, Maryland, Texas, Virginia: HEALTH ENTERPRISES, LLC**

### **TRAILBLAZER**

By February 4, 2000\*\*, all non-invasive vascular diagnostic studies, when performed by a technologist, must be performed by a technologist who has demonstrated competency in ultrasound by receiving one of the following credentials in vascular ultrasound technology:

Registered Vascular Specialist (RVS); or,  
Registered Vascular Technologist (RVT).

The RVS and RVT credentials are provided by the following nationally recognized organizations\*:  
RVT by The American Registry of Diagnostic Medical Sonographers (ARDMS); and,  
RVS by Cardiovascular Credentialing International (CCI).

Alternately, by February 4, 2000\*\*, such studies must be performed in a facility or vascular laboratory accredited by one of the following nationally recognized accreditation organizations\*. If a vascular laboratory or facility is accredited, the technologists performing non-invasive cerebrovascular arterial studies in that laboratory are considered to have demonstrated competency in cerebrovascular ultrasound: American College of Radiology (ACR) Vascular Ultrasound Accreditation Program; and, Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).

**Idaho: CIGNA MEDICARE**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and the physician performing the interpretation of the study. Consequently, technologists and physicians must be able to show documentation of training and experience as well as maintain these credentials at each office site. All noninvasive vascular diagnostic studies must be: (1) performed by a qualified physician, (2) performed by or under the supervision of persons that have demonstrated minimum entry level competency as evidenced by being credentialed in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in vascular technology. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and/or the American College of Radiology (ACR). This accreditation will be required as of January 1, 2004.”

**Kansas/Western Missouri, Nebraska: BLUE CROSS BLUE SHIELD OF KANSAS**

"The accuracy of non-invasive diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. Furthermore, effective 12:01 A.M. July 1, 1998, all non-invasive vascular diagnostic studies must be performed by, or under the direct supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology. Examples of appropriate certification include the Registered Vascular Technologist (RVT). Supervision requires the credentialed individual's physical presence in the facility.

**Appendix A**

**Certification for Vascular Laboratories/Vascular Technologists**

In January 1996, the first revision to the local medical review policy regarding "Non-Invasive Vascular Studies" was published and included information regarding certification for vascular laboratories and vascular technicians. This article is intended to provide clarifications and guidance in relation to certification requirements.

One or more technologists in each vascular laboratory must be certified by a credentialing board recognized by the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) or the National Council for Certifying Agencies.

Laboratories may be certified by the Intersocietal Commission for the Accreditation of Vascular Laboratories. Certification of the laboratory itself supersedes the requirement for certification of individual technologists.

If a certified technologist supervises technologists who are not certified, the certified RVT must:

- a) be physically present during the testing; and
- b) sign the record of the test and attest to the quality of the examination.

These requirements will be necessary to payment of services provided beginning 12:01 A.M. July 1, 1998."

**Louisiana: BCBS OF ARKANSAS - LOUISIANA TERRITORY**

“Noninvasive vascular studies utilize ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in arterial and venous systems. The display may be a two dimensional image with spectral analysis and color flow or a plethysmographic recording.<sup>1</sup> A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted standards<sup>2</sup>. Contrast arteriography and phlebography are standard diagnostic techniques for evaluation of arterial and venous diseases. These techniques are invasive and involve additional expense, time, discomfort and risks to the patient. Reliable, valid and accurate noninvasive studies are necessary to offset this problem. It is the responsibility of the provider to ensure the quality of the noninvasive studies. The accuracy of noninvasive vascular studies depends on the knowledge, skill and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. All noninvasive vascular diagnostic studies must be either (1) performed by, or under the general supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in Vascular Technology, and appropriate laboratory accreditation include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), or the American College of Radiology (ACR). Effective January 1, 2005, documentation of either the RVS, RVT or facility accreditation will be required each January prior to billing electronically for that new year and with any and all submitted paper claims. Supervisory levels of diagnostic tests must be in accordance with Program Memorandum B-01-28.”

**Mississippi: CAHABA GOVERNMENT BENEFIT ADMINISTRATORS**

“Vascular studies include patient care required to perform the studies, supervision of the studies, and interpretation of study results with copies per patient records of hard copy output or imaging when provided. The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that does not permit analysis of bi-directional vascular flow, is considered part of the physical examination of the vascular system and is not separately reimbursable. That accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. Further, effective January 1, 1998, noninvasive vascular diagnostic studies in Mississippi must be either (1) performed by persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, (2) performed by or under the direct supervision of a physician, or (3) performed in facilities with laboratories accredited in vascular technology. Direct supervision in the office setting means the physicians must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Other Comments: Due to a request from the MS Radiological Society, the effective date for implementation of required certification for technologist will be delayed until July 1, 1998.”

**Missouri: MISSOURI MEDICARE SERVICES**

“Noninvasive vascular studies utilize ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in arterial and venous systems. The display may be a two dimensional image with spectral analysis and color flow or a plethysmographic recording. 1 A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted standards. 2. Contrast arteriography and phlebography are standard diagnostic techniques for evaluation of arterial and venous diseases. These techniques are invasive and involve additional expense, time, discomfort and risks to the patient. Reliable, valid and accurate noninvasive studies are necessary to offset this problem. It is the responsibility of the provider to ensure the quality of the noninvasive studies. The accuracy of noninvasive vascular studies depends on the knowledge, skill and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. All noninvasive vascular diagnostic studies must be either (1) performed by, or under the general supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in Vascular Technology, and appropriate laboratory accreditation include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), or the American College of Radiology (ACR). Effective January 1, 2005, documentation of either the RVT or facility accreditation will be required each January prior to billing electronically for that new year and with any and all submitted paper claims. Supervisory levels of diagnostic tests must be in accordance with Program Memorandum B-01-28.16.”

**New Jersey: EMPIRE MEDICARE SERVICES**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and physician performing and interpreting the study. Consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain documentation for postpayment audit. A vascular diagnostic study may be personally performed by a physician or a technologist. Effective January 1, 1999, all noninvasive vascular diagnostic studies performed by a technologist must be performed by, or under the direct supervision of, a technologist who has demonstrated competency by being credentialed in vascular technology, or, such studies must be performed in a facility accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or the Non-Invasive Vascular Ultrasound Accreditation of the American College of Radiology. Examples of appropriate certification include the Registered Vascular Technologist (RVT) credential and the Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology. Direct supervision requires the credentialed individuals’ presence in the facility and immediate availability to the technologist performing the study.”

**New Mexico, Oklahoma: OKLAHOMA/NEW MEXICO MEDICARE SERVICES**

“Noninvasive vascular studies utilize ultrasonic Doppler and physiologic principles to assess irregularities in blood flow in arterial and venous systems. The display may be a two dimensional image with spectral analysis and color flow or a plethysmographic recording.1 A hard copy, or a soft copy convertible to a hard copy, provides a permanent record of the study performed and must be of a quality that meets accepted standards2. Contrast arteriography and phlebography are standard diagnostic techniques for evaluation of arterial and venous diseases. These techniques are invasive and involve additional expense, time, discomfort and risks to the patient. Reliable, valid and accurate noninvasive studies are necessary to offset this problem. It is the responsibility of the provider to ensure the quality of the noninvasive studies.

The accuracy of noninvasive vascular studies depends on the knowledge, skill and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. All noninvasive vascular diagnostic studies must be either (1) performed by, or under the general supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in Vascular Technology, and appropriate laboratory accreditation include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), or the American College of Radiology (ACR). Effective January 1, 2005, documentation of either the RVS, RVT or facility accreditation will be required each January prior to billing electronically for that new year and with any and all submitted paper claims. Supervisory levels of diagnostic tests must be in accordance with Program Memorandum B-01-28.”

**New York (Upstate): HEALTHNOW, NY, INC.**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit.

Effective January 1, 1999, all noninvasive vascular diagnostic studies must be performed under at least one of the following settings: (1) performed by a physician who is competent in diagnostic vascular studies or under the general supervision of physicians who have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed by a technician who is certified in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology.

Examples of appropriate personnel certification include, but are not limited to, the Registered Vascular Technologist (RCT), the Registered Cardiovascular Technologist (RCVT), and the American Registry of Radiology Technologists (ARRT) credentials in vascular technology. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).”

**New York (Other): EMPIRE MEDICARE SERVICES**

“The accuracy of non-invasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. Effective January 1, 1999, all non-invasive vascular diagnostic studies must be either: (1) performed by or under the general supervision of persons who have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RCT) credential and the Registered Cardiovascular Technologist (RCVT) credential in vascular technology. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).”

**North Carolina: CIGNA HEALTHCARE MEDICARE ADMINISTRATION**

“Noninvasive vascular studies include performance of the studies, supervision of the studies, and interpretation of study results with copies for patient records. The use of a simple hand-held or other Doppler device that does not produce hard copy output and that does not permit analysis of bi-directional vascular flow, is considered part of the physical examination of the vascular system and is not reported separately to Medicare for reimbursement. Reporting of the procedure includes the interpretation and some evidence of the technical component of the procedure.

The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and the physician performing the interpretation of the study. Consequently, technologists and physicians must be able to show documentation of training and experience as well as maintain these credentials at each office site.

All noninvasive vascular diagnostic studies must be: (1) performed by a qualified physician, (2) performed by or under the supervision of persons that have demonstrated minimum entry level competency as evidenced by being credentialed in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in vascular technology. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and/or the American College of Radiology (ACR). This accreditation will be required as of January 1, 2002.”

**Ohio: PALMETTO GBA**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter (physician). Consequently, the providers must be capable of demonstrating documented training and experience and maintain documentation for post-payment review purposes. Furthermore, all noninvasive vascular diagnostic studies must be either (1) performed by, or under the direct supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology. If the technologist passes only the vascular technology sections, and not the physics portion of the exam, the technologist will have an additional 12 months to successfully earn the RVT and RCVT certification. Other entities that provide vascular certification should meet RVT standards.

Direct supervision requires the credentialed individuals physical presence in the facility during the examination. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and the American College of Radiology. All credentialed laboratories extending their noninvasive vascular testing to include additional CPT codes have 12 months to become accredited for the new CPT codes. It is expected that all labs, after receiving accreditation, maintain an RVT or RCVT on staff to perform and supervise these procedures. Laboratory accreditation should be specific to the testing being performed.”

**Pennsylvania: HGS ADMINISTRATORS**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and physician performing and interpreting the study. Consequently, the physician performing and/or interpreting the study must be capable of demonstrating documented training and experience and maintain documentation for postpayment audit. A vascular diagnostic study may be personally performed by a physician or a technologist. Effective January 1, 1999, all noninvasive vascular diagnostic studies performed by a technologist must be performed by, or under the direct supervision of, a technologist who has demonstrated competency by being credentialed in vascular technology, or, such studies must be performed in a facility accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or the Non-Invasive Vascular Ultrasound Accreditation of the American College of Radiology. Examples of appropriate certification include the Registered Vascular Technologist (RVT) credential and the Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology. Direct supervision requires the credentialed individuals' presence in the facility and immediate availability to the technologist performing the study.”

**South Carolina, West Virginia: PALMETTO GBA**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of interpretations must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. Furthermore, effective January 1, 1999, all noninvasive vascular diagnostic studies must be either (1) performed by, or under the direct supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or (2) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Cardiovascular Technologist (RCVT) credential in Vascular Technology, and appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL). Direct supervision requires the credentialed individuals physical presence in the facility during the examination.”

**Tennessee: CIGNA MEDICARE**

“The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skill, and experience of the technologist and the physician performing the interpretation of the study. Consequently, technologists and physicians must be able to show documentation of training and experience as well as maintain these credentials at each office site. All noninvasive vascular diagnostic studies must be: (1) performed by a qualified physician, (2) performed by or under the supervision of persons that have demonstrated minimum entry level competency as evidenced by being credentialed in vascular technology, or (3) performed in facilities with laboratories accredited in vascular technology. Examples of appropriate personnel certification include the Registered Vascular Technologist (RVT) credential and the Registered Vascular Specialist (RVS) credential in vascular technology. Appropriate laboratory accreditation includes the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and/or the American College of Radiology (ACR). This accreditation will be required as of January 1, 2004.”

## **Recommendations**

**Alaska, Arizona, Colorado, Hawaii, Nevada, Iowa, North Dakota, Oregon, South Dakota, Washington and Wyoming:**  
**MUTUAL INSURANCE COMPANY**

**NORIDIAN**

"The accuracy of noninvasive vascular diagnostic studies depends on the knowledge, skills and experience of the technologist and physician performing and interpreting the studies. It is recommended that noninvasive vascular studies either be rendered in a physician's office by/or under the direct supervision of persons credentialed in the specific type of procedure being performed or performed in laboratories accredited in the specific type of evaluation."

Effective for dates of service on/after 05/04.

**Illinois, Michigan, Minnesota, Wisconsin: WISCONSIN PHYSICIANS SERVICE (WPS)**

"The accuracy of examinations depends on the knowledge, skill, and experience of the technologist and interpreter. Consequently, the providers of NIVT studies should be capable of demonstrating and maintaining documented training and experience. We recommend but do not mandate the following: All noninvasive vascular diagnostic studies should either be

- (1) performed by, or under the direct supervision of, persons that have demonstrated minimum entry level competency by being credentialed in vascular technology, or
- (2) performed in laboratories accredited in vascular technology.

Examples of appropriate personnel certification include the following credentials:

- Registered Vascular Technologist (RVT)
- Registered Vascular Specialist (RCS)
- Registered Diagnostic Medical Sonographer (RDMS)

Examples of appropriate laboratory accreditation includes:

- Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)
- American College of Radiology (ACR)
- The American Institute of Ultrasound in Medicine (AIUM).