



The VOICE for the Vascular Ultrasound Profession since 1977

November 15, 2005

CIGNA Government Services
ATTN: Gary Oakes, MD, Medical Director
2 Vantage Way
Nashville, TN 37228

Re: Change to the Tennessee IDTF Guidelines (A34970)

Dear Dr. Oakes:

The Society for Vascular Ultrasound ("SVU") greatly appreciates your commitment to improving the quality of care for Medicare beneficiaries and maintaining the integrity of the Medicare program by continuing to impose accreditation and credentialing requirements in the Tennessee IDTF Guidelines (A34970) released on July 18, 2005. Based on the past IDTF guidelines, it is clear that CIGNA places a high priority on ensuring the quality and accuracy of vascular studies. The fact that these guidelines have changed little over the years indicates that from the outset, CIGNA took great care to ensure that only qualified physicians were interpreting vascular studies.

In light of this, we were surprised to find that the current guidelines deviate significantly from previous ones in one important respect. Vascular surgeons, who have previously been authorized to interpret all noninvasive vascular studies, are now no longer authorized to interpret visceral and penile vascular studies and Doppler flow testing (CPT codes 93975-93990). We believe that CIGNA's prior policy permitting vascular surgeons to interpret these studies more accurately reflects a vascular surgeon's qualifications to interpret such studies. We are, therefore, writing to you today to urge you to reinstate your previous policy and grant vascular surgeons the authority they need to continue interpreting all noninvasive vascular studies.

SVU shares your commitment to promoting quality vascular studies. In fact, SVU is the only national professional organization dedicated to the advancement of noninvasive vascular technology in the diagnosis of vascular disease. We have a diverse membership of more than 4000 healthcare professionals including vascular surgeons, vascular technologists, vascular nurses, sonographers and echocardiographers.

SVU has long supported and advocated for credentialing and accreditation standards. We understand that the accuracy of noninvasive vascular studies depends on the knowledge, skill and experience of the technologist and physician performing and interpreting the studies. We share your belief that physicians interpreting vascular studies should meet certain minimum qualifications (e.g., having training in subjects

specifically related to vascular disease and having adequate clinical experience in its diagnosis and treatment as vascular surgeons do). For this reason, we wholeheartedly support your efforts to ensure that these studies are interpreted only by qualified physicians, such as vascular surgeons.

While the need to have qualified physicians interpreting vascular studies is undoubtedly essential, we feel that it is equally incumbent on CIGNA to ensure that all physicians who are in fact, qualified are granted the level of authority that accurately reflects those qualifications. We must work together to ensure that IDTF guidelines do not place undue restrictions on otherwise qualified physicians. We find that previous IDTF guidelines successfully achieved this balance of ensuring quality without imposing unnecessary restraints. Vascular surgeons with additional training were permitted to interpret all noninvasive vascular studies and were not, as a group, limited to specific types of vascular studies.

The American Board of Surgery requires vascular surgeons to have advanced knowledge and experience with all elements of clinical evaluation and noninvasive testing. In order to be eligible for board certification in vascular surgery, a physician must satisfy one of the following three prerequisites:

1. Physicians with a Registered Vascular Technologist (“RVT”) credential in active status passes the Physician Vascular Interpretation (“PVI”) credential examination; or
2. The laboratory where a physician practices may have a current Intersocietal Commission for the Accreditation of Vascular Laboratories (“ICVAL”) or American College of Radiology (“ACR”) vascular ultrasound accreditation; or
3. Physicians may:

Complete an accredited residency or fellowship with a didactic and clinical vascular laboratory/ultrasound interpretation experience as integral to its program; and

Document interpretation experience with a minimum of 500 vascular laboratory studies in the following testing areas: (1) Carotid duplex ultrasound; (2) Transcranial Doppler; (3) Peripheral arterial physiologic testing; (4) Peripheral arterial duplex ultrasound; (5) Venous duplex ultrasound; and (6) Visceral vascular duplex ultrasound, including the studies at issue here; and

If the period of formal training ended more than three years prior to the candidate’s application date, then the candidate must be able to document a minimum of 12 credit-hours of American Registry of Diagnostic Medical Services (“ARDMS”) -acceptable CME specifically related to vascular ultrasound within three years prior to the date of application for examination.

These requirements clearly ensure that vascular surgeons are qualified to interpret all noninvasive vascular studies.

Vascular surgeons have become integral to vascular labs and often serve as medical directors or are on the medical staff. In fact, in Tennessee, the majority of medical directors and approximately a third of the

medical staff in accredited vascular labs are comprised of vascular surgeons. Specifically, of the 22 sites currently accredited in Tennessee, 54.2% had vascular surgeons as their medical directors and an additional 30.8% had them as part of their medical staff.

We are grateful for your emphasis on setting high standards to ensure that accurate vascular studies are being conducted and interpreted by qualified healthcare professionals. However, the current IDTF guidelines mark a deviation from CIGNA's long-standing practice of authorizing vascular surgeons to interpret all noninvasive vascular studies. Considering the integral role vascular surgeons play in Tennessee's vascular laboratories and in light of their training, we firmly believe that the previous policy more closely strikes the balance of ensuring quality and accuracy in study interpretation without placing an undue restriction on the practice of otherwise qualified individuals. Therefore, we strongly urge you to consider reinstating your previous, long-standing policy.

Thank-you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "William B. Schroedter", with a long, sweeping horizontal line extending to the right.

William B. Schroedter, BS RVT FSVU
Chair, Government Relations