

Centers for Medicare & Medicaid Services
Accreditation Requirements for the Advanced Diagnostic Imaging Technical Component
Suppliers Conference Call
Moderator: Elan Schnitzer
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Introduction.....	2
Presentation.....	3
Questions Submitted Prior to the Call	10
Question and Answer Session.....	18
Question and Answer Session Continued.....	28
Question and Answer Session Concluded	37

Operator: Welcome to the Accreditation Requirements for the Advanced Diagnostic Imaging Technical Component Suppliers Conference Call. All lines will remain in a listen-only mode until the question and answer session. Today's call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

Thank you for participating in today's call. I will now turn the call over to Mr. Elan Schnitzer with the Provider Communications Group at CMS.

You may begin your conference.

Introduction

Elan Schnitzer: Hi. As Sarah said, my name's Elan Schnitzer. I'm with the Provider Communications Group here at CMS. On behalf of the agency, I'd like to welcome you to today's National Provider Call on the Accreditation Requirements for Advanced Diagnostic Imaging Technical Component Suppliers. Thank you for taking time out of your busy schedules to join us today.

Today's call is directed towards physicians, non-physician practitioners, Independent Diagnostic Testing Facilities, and any Medicare provider or supplier that furnishes the technical component of advanced diagnostic imaging services. We will not be using a slide presentation for today's call. In the days to come, a copy of the notes used by the presenter during today's call, all as well as a transcript and podcast recordings of the call, will be made available in on the CMS website at www.cms.gov/medicareprovidersupenroll in the section dedicated to advanced diagnostic imaging accreditation. As more information and educational materials become available, it will be posted to the same website. We will also continue to announce the availability of new materials via CMS listservs and the Fee-For-Service Provider e-News.

In a moment, I'll turn the call over to Sandra Bastinelli, Senior Technical Advisor in the CMS Center for Program Integrity, Medicare Program Integrity Group, who will begin today's presentation. Following Sandra's presentation, she will address a selection of the most common questions that were submitted by call registrants in advance of the call. These questions will likely answer many of the questions you may have. And with the available time remaining, we'll open the lines for additional questions. Sandra.

Presentation

Sandra Bastinelli: Thank you, Elan. Good afternoon, everyone, and good morning to anyone on the West coast. I am Sandra Bastinelli, and I'm going to go over actually quite quickly the slides that you will have the opportunity to review when they're on our website. And I'm going to hopefully leave time for lots of questions.

By looking at the questions that we received, and we actually received a fair amount of time, folks have specific issues that they want addressed, and I'd rather address everyone's special issues instead of having you needing to call me back or communicate another way.

So, today, I hope to complete some understanding of the accreditation requirements affecting any supplier of the technical component of advanced diagnostic imaging. I also hope that you're able to understand what information will be transmitted to our provider enrollment, called PECOS, system from the accreditation organizations. And lastly, I hope to identify which codes will be used to deny claims for services billed on or after 1/1/2012.

So, some of you already may know what the requirements are, but let me just briefly go over them. In the Medicare Improvement for Patients and Providers Act of 2008, specifically section 135(a), the statute required the Secretary to designate organizations to accredit suppliers that furnish the technical component of advanced diagnostic imaging services. And also, we were to define advanced diagnostic imaging procedures to include MRI, CAT

scanning, and nuclear medicine imaging, which includes positron emission tomography. MIPPA was considered to exclude at this time, although we could add it later, x-ray, ultrasound, and fluoroscopy procedures.

The suppliers of imaging services include, as Elan said earlier, so it's not limited to certainly, physicians, non-physician practitioners, and Independent Diagnostic Testing Facilities. So, again, who do - who do these requirements affect in those suppliers? The accreditation requirement only applies only to the suppliers of the images themselves, which is commonly known as the technical component, and not the actual physician interpretation, which is considered the professional component.

The accreditation requirement applies to all suppliers of the technical component that submit claims to Medicare. I - to restate, the professional component, which is usually the physician interpretation, is not subject to any accreditation requirement. So, for this call today, we are only talking about those suppliers that are furnishing services to Medicare beneficiaries for the technical component for advanced diagnostic services.

For advanced diagnostic imaging furnished in a hospital outpatient setting, the accreditation requirements do not apply. The accreditation requirement only applies to those suppliers that are paid under the physician fee schedule. There has been a lot of communication back and forth. Somehow or another that's confusing some of the folks on the phone, and others that are considering anyone that's billing of the part B, B as in boy, program. That is incorrect. The requirements only relate to how you are being reimbursed, not what section of the Medicare program that the services fall under. So, it's only the physician fee schedule, not the outpatient services.

When are the requirements mandatory? In order to furnish the technical component of advanced diagnostic imaging services for Medicare beneficiaries, suppliers must be accredited by January 1, 2012, to submit claims with a date of service on or after January 1, 2012. We were required to

designate accreditation organizations that have quality standards that minimally address the following: qualifications of medical personnel who are not physicians - they would be all the technicians, qualifications and responsibilities of medical directors and supervising physicians, procedures to ensure that equipment used meets at least minimally the performance specifications, procedures to ensure the safety of persons who furnished the image, and procedures to ensure the safety of the beneficiaries. Last but not least is the facility or supplier must have already established and maintained a quality assurance and quality control program that ensures the reliability, the clarity, and the accuracy of the technical image- or excuse me, it's the technical quality of the image.

The accreditation process may include several different ways that a accreditor will survey or evaluate your effectiveness or compliance with their standards. It may include, but not necessarily will include, random site visits and unannounced site visits, a review of random images, a review of staff credentialing records, a review of maintenance records, beneficiary complaints, patient records, quality data, ongoing data monitoring, and it definitely will include tri-annual surveys. What that means is both, generally, unless there's extenuating circumstances, your accreditation will expire in three years from once it was given to the facility.

The accreditation organization will expect that the supplier completes the entire application prior to commencing the review process. So, the fact that you as the supplier, if you're not accredited now, and you sent in an application with a deposit and the application has not been reviewed as complete, your, so to speak, clock does not start yet. The accreditor cannot do anything until they have all the information they need in order to commence the review. So, from that time, you can then consider how long it may take, which it may take up to three months to get accredited. And that is if everything is in order and you don't have any serious issues.

The length of the approval process really does depend on the completeness and the readiness of you the supplier. So, in order to be ready, you must understand how to comply with each of the accreditation organizations' quality standards. And when I say each, that would be what - whichever of the accreditors, and I will go over that in a moment, who was - who were designated by CMS to be able to accredit you for meeting the Medicare requirement for January 1, 2012.

Non-compliance with any of their standards results in being required to complete a corrective action plan, which will need to be approved and possibly require another site visit. So, those things alone will increase the length of, you know, what we call, the review process.

Accreditation is given at the facility for each modality that is supplied. Excuse me. It is the supplier's responsibility to notify the accreditation organization after the initial accreditation decision of any changes to the facility. And changes would be, certainly, any changes to the organization as an ownership, control- which you already have that requirement for Medicare enrollment- to change in location, which you already have that requirement for enrollment. But also change in equipment, change in modality, please let the accreditor know upfront.

For those of you that are already accredited and will, from what you believe, you will be accredited through January 1, 2012, please make sure that you contact your accreditor to make certain that there has been no changes to your modalities, your address, any demographic information, any ownership information from the time that you became accredited, or the last time that the accreditor was on site, or the last time you communicated with your accreditor, because the accrediting organization will be responsible for giving CMS all of the information that will then be uploaded into the provider enrollment system, called PECOS. And that system will be accessed for our contractors who will be actually reviewing that system for your claims - for their claims edits process. So, it is very important that whatever the

accrediting organization has is correct, or you will start seeing claims denials in 2012.

The enrollment application that we talked about, the 855-B or I, depending if you're part of an individual or a group, is going to be updated to include the designation of imaging accreditation. However, on previous calls this past spring, we alluded to the fact that the 855-B and I were going to - was going to be changed in July to include numerous changes related to CPT codes and equipment. That is not the case any longer. So, if you're an existing supplier, you do not have to do anything to your 855 enrollment application unless you have changes for other reasons. But you do not have to go in to make any changes to your enrollment application just to let CMS knows that you're accredited. Your accrediting organization will do that. They are responsible for doing that; you don't need to worry about the 855 application any longer for the purposes of identifying accreditation.

Some helpful facts: hospitals are exempt from this requirement- once again, because hospitals generally are not paid under the physician fee schedule. I still get quite a bit of communications related to hospitals, in particular, Critical Access Hospitals. There is some information out there somewhere that is stating that the outpatient departments have to be accredited. They do not. They are all - all of your hospital departments, outpatient or otherwise, under the outpatient- PPS payment system are not paid under the physician fee schedule. So, they - you already as hospitals- are already covered and already have to be in compliance with the Conditions of Participation for your imaging services.

There are three accrediting organizations that have been designated by CMS as meeting the intent, the statutorily-based intent of the requirements for accrediting the suppliers of technical component of advanced diagnostic imaging, and they are: the American College of Radiology, the InterSocietal Accreditation Commission, and the Joint Commission. Currently, they are the only three that are going to be recognized by CMS in order to meet the - in

order for you as a supplier to meet the requirements to continue to bill after January 1, 2012.

As I believe I alluded to earlier, the accreditation organizations have their own quality standards. They all are different. CMS does not have any additional quality standards at this time. So, if you have any questions, and I will go over some of the questions that I reviewed already that were given to me before the call, they were pretty specific about requirements for staff. Those questions need to go back to the accrediting organization. If you don't have one chosen yet, you might want to go on their website, and we do have the website information and I'll give that, our website link so that you can link to their websites. And on their websites, they do list what is needed in order to become accredited for whatever modality you want to be accredited for. So, I certainly can assist you with that if you're having some difficulty, and I can be a liaison for you, but I cannot give you any technical information on their quality standards.

If the facility is accredited before January 1, 2012, by one of these designated accreditation organizations, then they are considered to have met the accreditation requirements under the law. You must have already had their - your accreditation be active, and if you are considering your re-accreditation being due to expire before this date or around this date, make certain that you have made all communications with the accrediting organization, although they usually contact you and make sure that you're on target for a review so that there's no lapse in your accreditation.

And also we will have to assume- although we are not going to be assuming, we are going to be getting data from the accreditor- that your accreditation remains in good standing. No suppliers are exempt- we did not have any statutory authority to exempt any categories of suppliers. We only have statutory authority to define the modality. So, to the extent that there is any oral surgeons or dentists that are performing the technical component of MRI,

CT, or any other nuclear medicine, this accreditation requirement does apply to you.

The accreditation costs do vary by organization and they vary greatly, because the fees are collected on a rolling basis generally. And they're - some are collected upfront and then ongoing during the course of three years. If you were one location and only had one modality, it would be on an average of 3,500. But again, that's a really large ballpark average because of the way that modalities are. There aren't that many of you that only have one location and only perform one modality, although there are some of you that are in that - in that case. Contractors will begin denying claims based on these claim edits that they were instructed to perform this past spring on services that are on or after January 1, 2012. They're obviously not denying any claims now because there's not - no statutory deadline until January 1, 2012. And I have gotten questions on these claims. If it shows that the CPT does not fall under the category of accredited, or that facility, what will happen to those claims? Will they just be put aside until the claim - until that modality is accredited? No, they will not, they will be denied. And the denial code is the N290 that you're already used to; so it will be returned as denied. And if in fact you do get accredited after the fact, again, if that service date was before the fact that you were accredited, you cannot backfill. You can certainly backfill to the date that you are accredited, but not before that date.

Lastly, on my slides, I just wanted to reiterate who this affects. If the facility uses an accredited mobile facility, for example, one physician office decides to use a mobile facility as leasing equipment- let's say, you know, if it's not a mobile facility that's leasing equipment, and they're accredited, but the actual physician office is not, that will not meet the intent of the statutory requirement. The accreditation requirement is attached to the facility, the supplier, the lab. Whomever is billing Medicare, that is who has to get accredited. There is no arm's length of - even though you are not doing the service, if you are billing the Medicare program, this is the - this is the only reason for the requirement to ensure quality of services. For the - if you're asking for reimbursement from Medicare, you have to comply with Medicare

requirements, and accreditation is one of them. So, please, again, that's nice that you're using a mobile accreditation facility, but if you yourself are not accredited, it won't matter. Your claims will still be denied.

Questions Submitted Prior to the Call

Now, I will move on to the formal questions and answers that I received ahead of time. And then from there, I will turn it back over to Elan, and we will take questions from all of you on the phone. Some of these questions I already have answered, but I'm actually going to go through all of them. I'm not going to read them, but the - I will give you an idea what the question was concerning.

I received several questions about the wonderful 95 specialty code. Well, I am here to tell you that there is no specialty code that's going to be needed. We have deleted that requirement. Unfortunately, the contractor instructions are still in review, and hopefully they will be coming out soon. I have already gone on the physician Open Door Forums, and I will again state this is next week, that there is no 95 specialty code.

Second, for the forms, as I said, the 855-B if you're a facility or 855-I if you're a physician or a non-physician, you do not need to make any changes to those forms unless you are new, certainly. And then for those new enrollees, and that - and that would be someone new in the Medicare program, you would check the box that states imaging accreditation. I believe it's going to be in section two. But again, don't go in and change your enrollment form. It's just - especially if you're doing it by paper. It just really is very labor - it would be labor intensive for our contractors to have to do something with those enrollment forms when it really is not necessary.

The next set of questions I received, and I'm very happy to announce, were related to the global billing, for those of you that do bill for both the technical component and the professional component. I am as relieved as you are to

announce that those changes will not occur as we initially stated back in the spring. We'll - for your purposes on this call today - you will not have any change on your end to how you are billing and where you are putting what for the global billing purposes. What will happen will be behind the scenes, will be on our contractor and our systems end so that the claims will slide through for system testing for current claims for their professional component, and then they will go to another avenue for the technical component to check the claim against the accreditation codes for edit purposes. So, nothing will change on your end for global billing. So, hopefully there are a lot of cheers out there.

I received- this is a different question, so I'm going to read it as such- do you need to become an IDTF or can you be accredited as a physician office? IDTFs are - is a designated category under Medicare, and there are certain rules, and they are certainly separate of - from the - of being a physician office. IDTF do follow all of the requirements for being that facility in so far as a lot of - a lot of separations between who does what and where the referrals come from and remuneration. We're not talking about any - if you are an IDTF or not an IDTF. If you're a physician office, you're a physician office. You don't become one; you don't - a physician office doesn't become an IDTF. So, no, the requirements are for any type of office, physician or otherwise, IDTF or otherwise. You need to meet the requirements for accreditation if you're billing Medicare for any of the advanced diagnostic images.

The other set of questions that I have received are- to be clear, the only modalities that are included in advanced imaging at this time are MRI, CAT scanning, and all of nuclear medicine, to include test scans. Ultrasounds and x-rays are not - are not covered at this time.

Another question I'd like to address, although I did already in my PowerPoint presentation - I'm going to say this again because this seems to be an issue that is not clear. Like all other billing rules and policies here for all other

programs in Medicare, there is no retroactive billing until you meet all the requirements.

So, let me give you an example. You can certainly submit a claim that's - it could be August 1. On July 1, you became accredited, and you want to bill for the rest of July, and it's now August 1. Certainly, you can go back to whenever you want to bill, of course you have those 12 months. You can only go back to July 1, when you met all of the accreditation- accreditation that's going to be all of the claims processing and enrollment requirements. So, when you meet all of those requirements, if you're a new supplier, you can bill at that - at that time, but not before. So, when we talk about billing retroactively, yes, you can if you meet all the requirements, but no, you cannot for the time that you started to provide that service if, in fact, you were not - you were not accredited.

I received this question, and I just need to state it out loud because it appears to be on everyone's mind: should a facility cease performing advanced imaging services after January 1, until it receives accreditation? I cannot tell you what to do. All I can tell you is that if you bill for those services and you are not accredited, until that time of accreditation, all of those claims will be denied. That's what I can tell you. But if you cease doing - providing those services, that's up to you.

As I've stated earlier, there was several questions on what qualifies as a point for verification for credentials and if - what happens with a requirement for new physicians and new radiologists. I can tell you that an- a point source verification for credentials has always been, for some time now, verification at - it's considered either online verification would be whomever the credentialing body is, or another letter, a paper form for that credentialing committee. If the credentialing body as a state licensing board, some states do provide that only online, and some states provide that by way of letter. But whichever way has to come from the person that gave the credential.

The next set of questions related to certain circumstances; one is, "I'm already a facility that has been accredited. I've been doing MRI, and my equipment is getting old, outdated, and although I don't need to buy equipment now, I have it in my budget to buy equipment in February. Where does that leave me with, you know, I want to be able to get reimbursed for that equipment?"

There is no change in your accreditation status because you bought new equipment. We will be reviewing this policy with the accreditors very shortly. We will be getting more information as to how, operationally, that will actually work. But for today's call, please know that if you're accredited after January 1, we will work with the accreditor to get the extra accreditation requirements met after January 1, 2012, without a change to your claims status, meaning that you can continue to bill for those claims.

The second scenario, however, is totally different. On or after January 1, 2012, you are not accredited. Can I work with an accreditor, and while I'm working with the accreditor, be given a grace period to get accredited and continue to bill for those services. We do not have any statutory authority to allow anyone that is not accredited to continue to bill for the technical component. That's a different scenario than that you're already accredited and you're just - you're merely updating your equipment for - in the case of adding a modality or in the case of moving a business to another location.

All of those areas, the accreditor- do not call them today, certainly, because they won't have the - all of the answers for you today. But we will be getting-communicating to them the actual how-to on this policy. But just so you know, to put your mind at ease, if you're already accredited, you can make the changes, you can make the improvements, and you still will be reimbursed if, in fact, all the specific claims meet all of the other requirements.

We received another - along these lines, another scenario that I just want to read to you that states, "A provider once a week leases block time on an MRI machine. On the lease day, the provider bills the technical component, and

the facility bills the modifier 26, which is the professional service. Would the provider leasing the block time and billing the technical component need to be accredited? The facility in which the MRI takes place is accredited.”

Remember back what I said in the last few moments on my slide? “Would the provider leasing the block time and billing the technical component need to be accredited?” Yes, because that person that's billing is using a machine - in this case, an MRI - that is in a place that they lease equipment that happens to be accredited does not matter.

So, whatever the scenario is, whatever the case may be, leasing time, a modality - excuse me, a mobile unit comes by, and they're accredited, and they go from city to city, and facility to facility, physician office to physician office, and they're - and they are accredited. If they're doing the billing, then that's fine. But if you're doing the billing, you have to be responsible for meeting all Medicare requirements. Again, ultrasound and blast - any stenography services are not considered under the definition of advanced diagnostic imaging at this time.

I received several questions about the actual claims processing and how they'll - we, CMS, actually associate the accreditation with the - with the providers. The - all of the matching, insofar as what code you are billing and what you got accredited for, will be matched by and will be given to CMS by the accreditor. That's why it's very important to make sure they've got it all down and that they've reviewed and evaluated all of your systems and all of your modalities that you care to bill Medicare for, since that will be what is being in claims processing or used for the claims processing (inaudible).

Any accreditation processing in addition to any personnel requirements, any requirements that I stated in - that are regarding the quality and the safety, clarity of the images - all of those requirements that I talked about that needed to be in quality standards, if you have any questions about those requirements, the accreditor is the one to ask. And let me give you that website now before I forget. The website on CMS is www.cms.gov/ and then, this is all one word,

medicareprovidersupenroll, and sup is like supplier. Under that e-mail address, there is - or excuse me, that website- there is a section that you could click on for imaging accreditation. And in that, there's a couple of paragraphs of facts. And then under that are the three accrediting organizations with their websites.

And on their websites, as I stated, there is also a place where you can contact a person that you can speak to. And they're all ready - they're very busy, and we'd like them to be busier after today's call. Keep in mind that it is - we are considering you know going into July next week, and if it takes four months, you are really on the pretty - cutting it pretty close. So, please get started if you have not been accredited. We - I get asked if there's going to be any changes in laws. I would have no way of knowing that. We do not know that there is a law passed until it's passed. So, at the same time, you know that we do not - are not aware of any laws that are going to change the accreditation requirements to date.

There were some questions that came in that I cannot address on this call, and one of them was deadline for when the written compliance program must be completed to prevent fraud and abuse. I have no knowledge of the fraud and abuse compliance plan. I'm sorry that that is - that is done in our area; however, it's not under the purpose of this call. So, if you have any questions on the compliance program, you certainly can e-mail me, and I will get it to the correct people.

One of the questions that I received was related to the new graduates and is there a requirement for a certain number of exams before they can sit for registry? I would think, if I understand this correctly, that you would want to ask the state or the registering board there that's in with the registry exams.

I only received one question - and since I've never received this before, I will state this question, "Will this new policy affect technical component billing for psychiatrists?" Only if the psychiatrist is billing any of the technical

components for imaging CAT scans, MRI, or any nuclear medicine. If they do not bill Medicare for any of those services, then no, it does not affect a psychiatrist.

Another question was, "We have a contracted reader. Does he have to be licensed?" I have no idea. You would have to check with the accrediting organization.

I received many questions on how this affects hospitals, how this affects hospitals with outpatient centers, how it affects hospitals without outpatient centers, and when will it affect such centers. None and no. It will never affect hospital centers. Keep in mind that hospitals and outpatient centers are covered under the compliance for the Conditions of Participation. This new requirement for other facilities that are not hospitals or linked with hospitals by virtue of being outpatient departments are actually more in tune or in line with what those hospitals had to comply with for many years.

OK, when a new CAT scan or a PET scan is installed, can they go operational and get paid, or do they have to wait for accreditation? The issue for CMS, because as it relates to the statute it is written, it does not talk about operational, because that's a business decision. But it does talk about getting paid, or in our case, reimbursing for such services. So, if you're newly installing a CT scan and a PET scan that has not been installed, and you were already accredited, you will need to contact the accrediting organization before you start billing for that - for that new modality, and they will let you know what the date of that will be. There'll be more to follow there. However, again, as I stated, if you're a new supplier, and you have never billed for the technical component, you cannot bill until you do receive accreditation.

We have not identified any additional procedures that need to be accredited. That was another question. And do physicians have to be board certified in echo to read? Again, at this point echocardiograms are not included in the

advanced diagnostic imaging, but if you have a question about that and it's for other payer sources, you can certainly ask your accreditor.

Can IDTFs bill globally after January 1, 2012? Yes. And are any angiograms included in the list of advanced diagnostic imaging? No, they are not. Is there a minimum number of patients that we have to see or image within a certain timeframe to get accredited, or do we have a certain number we have to maintain? What is the minimum equivalent to shields that need - that need to be used for CAT scans? If you're already - and it's stated in the question that the facility was already accredited- that is an answer that only your accreditor can give you. I don't know what their requirements are.

When do we have to submit the 855 application to add the specialty 95? You never do. It's been taken away. Which modalities are going to be included as - in the mandatory accreditation? We did place the CPT codes up on the web, but sure enough, when you opened it up, it went to the AMA acceptance on your licensure page, but then you can't open the list. And I apologize for that. I thought it was corrected, but I just received a call before this conference, and that has not been fixed yet. If you need the list of modalities, you - and you're already accredited, you can certainly call the accreditor. But if you would like to call me or e-mail me, I will give you my e-mail address at the end of this call. I'll be happy to send it to you. So, please look forward to the CPT codes being on that same - on that same web page that I gave you earlier for the accrediting organization's addresses. I do apologize for the inconvenience of having to wait for that to be fixed.

Will this new process require split billing of global charges? No, it will not. And this question we received several times was, "I wasn't sure if I needed to sign up for this. We are already accredited with ACR and are actually going through our first re-accreditation now." Congratulations. If you're already accredited, you're being re-accredited, you're good to go.

The last question I received before this call was, could you please confirm that these requirements relate to hospital-based inpatient or outpatient services? And they are not. They are exempt, and it's actually a - to correct myself, they aren't exempt. They were not - they were not included in the laws.

And with that, I'm finished with this portion of the call, I will turn it back over to Elan to get questions from the audience.

Question and Answer Session

Elan Schnitzer: Sarah, if you're able, we would love to open the lines for calls from participants now.

Operator: We will now open the lines for a question and answer session. To ask a question, please press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking a question, and pick up your handset before asking your question to assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

Your first question comes from the line of Anne Stinson. Your line is open.

Anne Stinson: Let me ask them- I'm Annie Stinson from Integris Health, and my more of a comment; the link provided on the website to define the specific CPT code level, it seems to not be functioning. Is there any way that that could be evaluated?

Sandra Bastinelli: Yes, I did state that I apologize for the inconvenience. We did find out, I just checked again today, that they are working on it again. And I can certainly send it to you. Yes, we are aware that it is not working.

Anne Stinson: OK.

Sandra Bastinelli: If you need the list up until the time that they do correct that on the website, I'd be happy to give it to you. My e-mail address - as I stated, I was going to give, which I didn't - is Sandra s-a-n-d-r-a dot bastinelli b as in boy, a, s as in sam, t as in tony, i, n as in nancy, e l l i at cms.hhs.gov as in government.

Anne Stinson: OK, thank you very much. I appreciate it.

Sandra Bastinelli: Oh, you're welcome.

Operator: Your next question comes from the line of Jody Walfors. Your line is open.

Jody Walfors: Our question is, if our facility is accredited by the Joint Commission, does our nuclear medicine department also need accredited by the ACR?

Sandra Bastinelli: That's up to you as to which - your facility, which - if they choose. There are some facilities that choose to use more than one accreditor. But that's something you don't have to - we don't - CMS doesn't get involved in who or how many accreditors. I do understand that some facilities actually use more than one accreditor for various reasons. So, I'm sorry, I can't help you, though. You don't have to, but you can - you don't have to change either for - to meet the intent of the requirements either.

Jody Walfors: So, if we are - if we are accredited by the Joint Commission, then their claims will be paid.

Sandra Bastinelli: If the Joint Commission has already accredited the facility that is being reimbursed by the physician fee schedule, yes.

Jody Walfors: Even though we're a hospital?

Sandra Bastinelli: You don't - this entire call - it's nice that you listened, but it doesn't relate to you. You're already - your claims will go through like they always have been. You don't have to do anything if you're a hospital.

Jody Walfors: So, then none of our modalities need to be accredited? Is that correct?

Sandra Bastinelli: I can't say yes to that because I don't know what the - what the responsibilities are for the hospital, and you will have other payer sources. As it relates to meeting the January 1, 2012, requirements for those facilities that are either an IDTF or a physician office or a non-physician office, they - you do not - it does not apply to you.

Jody Walfors: OK.

Sandra Bastinelli: My guess is your hospital is accredited for other reasons, to meet other requirements.

Jody Walfors: OK, I guess, we're just confused with if our - if our hospital is accredited by the Joint Commission, I guess for our - you know since we have to be accredited through CT, MR, and Nuc Med, is that sufficient?

Sandra Bastinelli: This call that we're having today does not relate to any of your hospital services. I'm sorry.

Male: It's just for outpatient facilities?

Sandra Bastinelli: It is for outpatient facilities that are reimbursed by the physician fee schedule. I've been told that not one hospital is reimbursed under that fee schedule.

You're all - your outpatient services are reimbursed under the prospective payment system.

Jody Walfors: OK.

Sandra Bastinelli: OK?

Jody Walfors: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Diane Gehman. Your line is open.

Diane Gehman: Yes, hi. I am just wondering if the new accreditation regulations will require facilities to enroll for a service facility NPI number?

Sandra Bastinelli: The - this requirement does not preclude - it does not change any requirements to your NPI. So, what I'm getting at is, you, I'm assuming, bill based on, you know, that NPI. So, if you have an individual - whomever is - however you're billing now, is what I'm getting at, will be how you're billing after January 1, 2012. That will not change.

Diane Gehman: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Robin Wakefield. Your line is open.

Robin Wakefield: Yes. Good afternoon. My question is this: we are already accredited through IAC, and so my question is, since we're already accredited, do we have to meet - we're accredited through 2012- is there anything else we need to do as far as Medicare is concerned if we are already accredited?

Sandra Bastinelli: No, you just have to stay accredited and in good standing, and IAC will do the rest for you.

Robin Wakefield: OK, thank you very much.

Sandra Bastinelli: You're welcome. Congratulations.

Operator: Your next question comes from the line of Jamie Bachelor. Your line is open. Jamie Bachelor, your line is open. Your next question comes from the line of Jane Luke. Your line is open.

Jane Luke: Hi. My name is Jane Luke. I'm calling from Charlotte Radiology, and if you don't mind, I actually just have one question and one verification. First of all, we were very happy when you said about the global billing. So, you did hear cheers over here. There is an IDTF approved CPT code list put out by CMS that we had from our original contractor before our transition. And we know that if that code's not on that list, of course, then it's not an approved code to bill for. My first question is, is the ADI CPT code list that they're having trouble you know getting to come up on the CMS website right now exactly the same? And if it is, will the IDTF approved code list go away? I guess my question is: are there going to be two separate code lists continuing after the ADI accreditation?

Sandra Bastinelli: Thank you. Apparently there - one of our contractors did tell me that there were two codes on some list, and I'm not sure an error with - got through, but there - early on we did have a couple of codes that were on the instructions to our contractors that were incorrect, meaning that they were not - they were -

there were other - there were treatment codes. So, they did not fall. The list that we are trying to get up, and I just heard from our web master that it's waiting on approvals to change, and I'm not sure what that means for those of you that are IT people out there, it didn't mean anything.

We have - I have made certain that that list is as accurate as I'm aware of at this - at this point of time. After January 1, no, it's not going to change if there are some - unless the CPT code list changes. So, if the AMA puts out a new - we have to keep it up to date - if they put out a new code, yes, we have to change it to relate to those codes. So, in 2012, the answer to your question will change. It won't change because of CMS. It will change because the AMA has issued a new code or they've retired a code. They do do that.

Jane Luke: But so what - I'm sorry, so what you're saying, though, is, if the code is not on that ADI list after January 2012, then whether you're a - whether you're a group practice billing, or an MRI, or if you're an IDTF, if you're anybody that's performing that technical service, those are the only codes that's going to be reimbursable.

Sandra Bastinelli: No, actually. Thank you for asking that question. I've never received this one before. The list is the codes that have to be - that require accreditation. If ...

Jane Luke: OK.

Sandra Bastinelli: ... a code is not on the list, you can bill away without being accredited.

Jane Luke: I see. I see what you're saying, OK.

Sandra Bastinelli: Yes ...

Jane Luke: OK. Now I'm following you, OK. OK. Perfect. That helps me out a lot. Now, I do have one more, if you don't mind me asking real quick. I heard the lady ask about the specialty, the different NPIs for the advanced diagnostic imaging. I guess - I guess where I'm a little confused is that we're mainly a group practice, and we have one facility that has an MRI unit that we do breast MRI, OK? But then we're also part of five different IDTF facilities, and all of our facilities are ACR accredited. So, that's not the issue. But when I spoke with our contractor a few months ago when this first came out, I asked, since we have a group practice and one NPI number for that and one Tax ID, am I going to have to get a second NPI number for that ADI, which is that MRI in that one practice location because it's a different specialty code within Medicare? Now, I know you said the 95 specialty code was going to go away. So, with that going away, would that be null and void at that point?

Sandra Bastinelli: Yes, the contractor gave you the information they had at the time, which has now changed. Yes, so they were ...

Jane Luke: OK. OK, thank you.

Sandra Bastinelli: They gave you the correct information for the time, but now that has been changed and simplified.

Jane Luke: Well, good, since the 95 is going to be terminated, so to speak. I know with the mammography center, when you have that, you have to have a separate specialty code, i.e., they suggested a separate NPI. They didn't say we had to have one, but they just suggested it, and so we were thinking we would have to have one for the 95. But if it's going away, then that's great. Thank you so much.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Samantha Levie. Your line is open.

Samantha Levie: Hi. My name is Samantha Levie. I'm calling from the Center for Bone and Joint Surgery. Our facility currently has MRI accreditation, which expires in August of this year, August 7th. We're in the renewal process currently. We've already submitted our images and our renewal application back in April. The problem is, it takes approximately three or four months once you submit all of that data before you hear the AMCR. So, basically, if we need additional images after they inform us, or of anything else needs to be done in order to finish our accreditation process, are we still considered in good standing during this time?

Sandra Bastinelli: Yes.

Samantha Levie: OK, so we would be able to continue to do MRIs?

Sandra Bastinelli: Yes.

Samantha Levie: And bill out for them, even after the January due date, if it exceeds that time? Because it's really slow. The process, when you submit films, if you have to resubmit anything for any reason, it takes months for ACR sometimes to get back with you.

Sandra Bastinelli: I understand, and the - they'll be working with you on that. They know what the requirements are. And believe me, they are very - all three of them are actually working on all of your behalves to make sure that there are no, no change or no lapse in your ability to be reimbursed. So, they're very anxious to make certain ...

Samantha Levie: Perfect. OK, I just wanted to make sure that we would be safe in continuing to bill if we were in the process.

Sandra Bastinelli: Yes.

Samantha Levie: OK, thank you so much.

Operator: Your next question comes from the line of Jennifer Orman. Your line is open.

Jennifer Orman: Yes, this is Jennifer Orman with Carolina Urology Partners. We just recently merged with seven other urology offices. We have three of the offices are accredited, and three of the offices have just received CT scanners and need to start the accreditation. Do the three accredited offices need to change their name or let the accreditation people know that our name has changed since we merged?

Sandra Bastinelli: Yes, we - you - and you need to let Medicare know whenever there's an ownership change, yes.

Jennifer Orman: OK. And then my - OK, and then my next, because we're all under one NPI, my question is, because three of them are accredited and the three are not, they're working on that right now, can the three who are not still charge the technical component?

Sandra Bastinelli: You have to work with your accrediting organization because ...

Jennifer Orman: OK.

Sandra Bastinelli: I don't want to give incorrect information since I don't know the extent of the changes. But I did state earlier in the call that those that are accredited can

you know - can continue to bill if they're already accredited. And if there's any changes, the accreditor will be given some information and be working through those procedures now as to how that will happen so that you will be able to continue to bill if, in fact, you're already accredited.

Jennifer Orman: And the three offices who are new that just got CT scanners, they - do we charge the technical component or not?

Sandra Bastinelli: Ask - you'll have to ask the accreditor ...

Jennifer Orman: OK.

Sandra Bastinelli: ... give them about a week because they're still working through those procedures.

Jennifer Orman: OK, thank you.

Sandra Bastinelli: Just don't call them today.

Jennifer Orman: OK. Thank you.

Operator: Your next question comes from the line of Susan Smith. Your line is open. Susan Smith, your line is open. Your next question comes from the line of Wilbur Hannock. Your line is open.

Wilbur Hannock: Yes. Our hospital is located in Oklahoma. We're a Critical Access Hospital, accredited with Medicare. I know you said hospitals are not under this ruling, but I'm wondering with critical access, we're reimbursed differently than the large hospitals. Does that rule apply to all hospitals, or will we need the accreditation?

Sandra Bastinelli: I was told all hospitals, including critical access. Thank you for that - for that question, however. I will make certain that on future calls I state that.

Wilbur Hannock: OK. Appreciate you clearing that up.

Sandra Bastinelli: Sure.

Question and Answer Session Continued

Operator: Your next question comes from the line of Jamie Clero. Your line is open.

Jamie Clero: Yes, I have a question. Is there an expected timeframe in the near future when ultrasound or echo providers will be required to be accredited?

Sandra Bastinelli: No, I do not, sir. Between now and January, we're busy getting this program up. And with input from the stakeholder community like yourselves, we certainly would research adding other modalities as we have the data to support such, but - because we do have that flexibility in the law. For right now, we just want to get program started since there are no requirements for any of the modalities. So, we decided to start from where the statute allowed us and move up from there.

Jamie Clero: OK. Thank you very much.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Sabat Bolinger. Your line is open.

Sabat Bolinger: Yes, I - just a few questions ago, I got interrupted- someone interrupted me, and I didn't hear the whole answer. But we had - we are in the process of doing the accreditations. Our PET is done, and nuclear's done, but we're working on our MRI and CT. And the person who was doing that is no longer with us, so we had to kind of start the process over or find - you know start that up again. If our application has been turned in but we have not had any final decision made, was your answer that we would be able to continue to bill for those services after January 1?

Sandra Bastinelli: Are you already - are you already accredited?

Sabat Bolinger: Not for those - not for MRI and CT. We're in the process of turning that application in.

Sandra Bastinelli: But you're accredited for what now?

Sabat Bolinger: We're accredited for PET and nuclear.

Sandra Bastinelli: All right. You can - you will be in the next few weeks, you'll be able to connect with your accreditor, and they will work with you on that, on your ability to bill, OK? For all the ...

Sabat Bolinger: So ...

Sandra Bastinelli: ... for all the new - the CT and MRI.

Sabat Bolinger: OK, so I guess I'm still not - so if they haven't finalized the accreditation for MRI, they would - they would notify you that we are accredited, but they would tell you which modalities?

Sandra Bastinelli: Yes.

Sabat Bolinger: And then ...

Sandra Bastinelli: I cannot tell you that yes, in fact, you can start billing or continue to bill after January 1, 2012 because I don't want to - because I don't know the extent of your business model and what the complexity of your - these other two modalities are. I don't want to give you the wrong answer. However, theoretically, yes.

Sabat Bolinger: So, that would - well, but basically, coming from them, if they said, yes, we have the application - or it would be their call as to how far along they were processing it and if they thought it was going to be fine, that sort of thing, and then they would notify you that ...

Sandra Bastinelli: Yes.

Sabat Bolinger: OK.

Sandra Bastinelli: That's why I cannot give a - and I'd be happy to, anyone that's on the call that wants to talk about their business and their modalities, I'd be happy to be on a call with you with the accrediting organization at any time, as would they.

Sabat Bolinger: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Stay Scott. Your line is open.

Stay Scott: Thank you. Our question is, once we can see the list of CPT codes, we know the 48 CPT codes that we bill, is there something we need to do to submit those codes to CMS, because that was our understanding at the outset of this initiative?

Sandra Bastinelli: You're absolutely right. It was the understanding, but thankfully we - for you, that we no longer have that as a - as an initiative because of the burden it placed on suppliers- those of you that have many locations- to have to list all of your CPT codes on the enrollment form. We have taken that out. We know that was a requirement in the past, but it is now - it will no longer be effective January 1, 2012. Don't worry about your CPT codes. There are some e-mails that I'm getting as I'm speaking even. I will answer those e-mails, but please know that your accreditor will tell CMS all of those modalities, and under those modalities to CPT codes that you are allowed by virtue of being accredited to bill after January 1, 2012.

Stay Scott: That's great. Thank you very much.

Operator: Your next question comes from the line of Stephanie Link. Your line is open.

Stephanie Link: Hi. I'm calling from ProScan Imaging. As an IDTF, we are required to submit paperwork. We do it within 30 days for any changes to our technologists or interpreting physicians. And I was just wondering if you would talk a little bit about if that information will be reported from the accrediting agency or if we'll continue to report that?

Sandra Bastinelli: Any changes regarding personnel, any changes that CMS requires you to within 30 days, and that's ownership and the like, that's in regulations for IDTFs, that doesn't change. OK, that doesn't change. However, in addition to any information that your accreditor requires you to notify them within 30 days- they all have different procedures and certainly policies on what

changes they need to know about- then that would be an additional notification for the accreditor.

Stephanie Link: So, now will be reporting the same information to basically ultimately the same agencies just twice?

Sandra Bastinelli: Well, it won't be the same agency- yes, yes. However, that information that's related to specific modalities and whatever, that goes to the accrediting organization. Some of it comes back to us, and some of it does not. So, it just - it depends on the granularity of the information that were talking about. We could have a call off line, but there's no intention of it being a duplication, by no means.

Stephanie Link: OK, and the supervising physician requirement, I guess the similar title for that physician would be medical director for the IAC. Is - who, I guess - who's going to make the call on that? Will it be CMS or the accrediting agency?

Sandra Bastinelli: Make the call on what? Who needs to be notified of that personnel changes?

Stephanie Link: Right, but like - I'm sorry, it's kind of a complex situation. Does the information have to be the exact same for the accrediting agency and CMS at all times?

Sandra Bastinelli: Yes. Yes, it's - yes.

Stephanie Link: OK.

Sandra Bastinelli: I really don't feel qualified saying that's right, but it's true that the information is always the same, yes.

Stephanie Link: OK, thank you.

Sandra Bastinelli: But if you have any questions about what you - and I think I - if I understand your question, how we define in regulations supervising physician or the medical director may be different than accreditors that ...

Stephanie Link: Right.

Sandra Bastinelli: Yes, I hear you. Then I would talk to the accreditor about that and tell them you know I'm an IDTF; I'm required to - this is what we do because we have to by Medicare. We don't have a choice.

Stephanie Link: Right.

Sandra Bastinelli: And - yes, I would talk it out with them and see what they say.

Stephanie Link: OK. Thank you.

Sandra Bastinelli: You know you may be able to come to some hopefully agreement there because you don't have a choice in being an IDTF. You do have another layer of responsibilities.

Stephanie Link: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Again, if you would like to ask a question, please press star - or I'm sorry, please press star, followed by the number one on your touchtone phone. Your next question comes from the line of Vicki Schuller. Your line is open.

Vicki Schuller: Hi. This is Vicki Schuller. And my question is I thought that I heard you say that x-rays may be added at a later time- if a provider's office has a professional and technical component, that x-rays may be added at a later time. Did I hear that right?

Sandra Bastinelli: Well, I no. I apologize if I said we could add any other. However, at this time, x-rays, ultrasounds are not – mammography- are not included. So, I apologize if that ...

Vicki Schuller: OK.

Sandra Bastinelli: ... came out.

Vicki Schuller: All right. Well, that was all that I needed to know. And I thank you.

Sandra Bastinelli: Oh, you're welcome.

Vicki Schuller: Bye-bye.

Operator: Your next question comes from the line of Jennifer Peters. Your line is open.

Jennifer Peters: Thank you. I'm calling from Frederick Memorial Hospital. We have a number of outpatient facilities that are paid off of the Medicare fee schedule. You mentioned earlier in the call that we should confirm with the accreditation agency that the information matches, and I'm guessing matches our Medicare claim forms in terms of the place of service address. I was just wondering if you could be more specific about what kind of fields we should be confirming? I'm just picturing little nuances of zip codes or something not matching up and causing a claim problem.

Sandra Bastinelli: Yes, good point. They - the - all of the accreditors have their - as part of their application process or revalidation process or whatever- they have, I believe all of them have actually sent out something at this point. If they haven't, they will, because we are changing, because we're now sending this information through our PECOS, our enrollment system, They - there's some headers that may be changing. So, if they haven't done it, they will in the very near future, give you a data sheet that you need to confirm. And it'll - will have instructions as to the location- if practice location is the same as you know what we - whatever billing location you have, it has to be the same. And the same as the name; we're only going to go with one name.

But if all of that fails, in case you're worried about that, there is always the NPI. So, if the NPIs don't match up, then we're really in trouble, because the system then has nothing to, you know, do a match on. So, one of those things has to match.

Jennifer Peters: OK, so the accrediting agency would be sending us a list of those fields to make sure that they pass correct information to you all?

Sandra Bastinelli: Yes, I'd say if they don't have them already you know they may be clear that - if they're not sending anything to you in the near future, they may be pretty set with your - in particular if your office with the data they already received. But if you're not sure because there's been changes and you just weren't sure what in the past was sent to the accreditor, I would give them a call.

Jennifer Peters: OK. Thank you.

Sandra Bastinelli: And what you can do is just send what you have, mock up what you have for Medicare in the enrollment system. That'd even be - I don't know if that's easier, but if it is, to the extent it is, I would just send that to them.

Jennifer Peters: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Andrew Winakor. Your line is open.

Andrew Winakor: Great. Thank you. I was curious if you can just maybe elaborate a little bit on the component that talks about the, I guess, credential verification of the technical professionals? Absolutely, I think that would include the physician, radiologist who might be interpreting services. Does that also include technical personnel, meaning technicians, radiologic technicians and ultrasound technicians, and/or nurses who are - may also be involved in provision of the diagnostic imaging service?

Sandra Bastinelli: Yes, anyone that is included in the provision of the diagnostic testing services, yes. So, unless that nurse technician has administrative duty roles.

Andrew Winakor: OK, so since ordinarily technicians, historically our technologists are not people who undergo credentialing, it would be our obligation to verify their licensure and accreditation directly with both the state and the bodies that are certifying their accreditation, correct?

Sandra Bastinelli: For those states, but I know there's not that many states that have licensure. But for those states that don't have certification in other - certainly nurses will have licensing boards that vary to verify, but for the technologists, right. I do know that's very - it's a little bit for your states easier or more difficult, I don't know which. But their requirements are minimal in some states. So, to the extent then you need to - if it's not a licensure and certification, then it would be their education.

Andrew Winakor: OK, thank you.

Sandra Bastinelli: You're welcome.

Operator: Your next question comes from the line of Virginia Hunsinger. Your line is open.

Virginia Hunsinger: Hi. I have a question regarding the accreditation process when you are adding new equipment or upgrading your equipment, and I know that you answered the question for someone that was upgrading their equipment in February. We currently are accredited, and our expiration date is not until 2013. However, we are entering - potentially entering into a contract to purchase new equipment to upgrade our magnet in September, and we're concerned that we might hit that deadline date or go past that deadline date to get the new equipment accredited. Can you speak to that?

Sandra Bastinelli: You should be fine. Work with your accreditor, and they'll work with you so that there's no change or no interruption in your ability to bill for that new magnet.

Virginia Hunsinger: OK, thank you.

Sandra Bastinelli: You're welcome.

Question and Answer Session Concluded

Operator: Your next question comes from the line of Susan Smith. Your line is open.

Susan Smith: Hi. This is Susan Smith with Penn Red Imaging. I have two quick questions. I'm sure this is going to come up, but if you do not have the accreditation, can a patient sign a waiver to receive that service anyway and pay for it? Hello?

Sandra Bastinelli: Yes, I'm here. I am not the expert in that area for – or generally for Fee-For-Services. Which you're explaining is Advanced Beneficiary Notice, and that's ...

Susan Smith: Correct.

Sandra Bastinelli: ... Right, that really is not a waiver of liability. The ABN, the purpose of that is telling the beneficiary that something is not going to be paid, may not be paid, because of reasonableness or medical necessity. And because you're not accredited, which means you don't meet enrollment requirements, that's not a medical necessity issue nor a - you know, an issue that's a benefit, policy benefit.

Susan Smith: OK.

Sandra Bastinelli: So, I - offhandedly, I'd have to say no, that one would not be allowed. I really do appreciate you bringing that up, however. I'd be more than happy to get our Medicare policy folks to give me a ruling opinion on that, and I'd be happy to share it with you. If you want to send it via e-mail, I can - I can do that, and then I can share it with the group by way of our listserv.

Susan Smith: Great. That would be perfect. I think something in writing would be great. That will prevent a lot of physicians, a lot of other types of practice managers from trying to collect from patients.

One other quick question. How can we - is there way for us to confirm the accuracy of the information the ACR is submitting to CMS on our behalf?

Sandra Bastinelli: Sure. Well, there's two ways. Certainly you can ask them. You can do that, and then in the near future, in the next couple of months, or you can ask me.

Susan Smith: OK. Just send you an e-mail?

Sandra Bastinelli: Yes, right now, I have no information. That ...

Susan Smith: OK.

Sandra Bastinelli: ...has not come from the accreditors yet because we have not asked for it yet. We have not asked for it yet because we are still undergoing changes since we changed midstream of our contractors making all the changes, and then we decided that it was too burdensome. So, that's why the delay here, and we are anxiously awaiting word from our contractor that everything's good to go so that our accreditors can send this information. So, we don't have that yet, but you can certainly check back in the next couple of months with me, and I'll be happy to share it with you.

We do not have a public list, nor do we have any plans right now to have a public list, and the reason for that is it is not stagnant. It changes or could change day by day, meaning that we could be given - it's only a point in time that the list could be updated, and you could be making changes or the accreditor could be making decisions that have yet to be appearing on the list.

Susan Smith: Sure.

Sandra Bastinelli: So, for anyone in public to say, oh, well, they're doing such and so and they're not accredited or whatever the case may be. So, it would never be updated. It's a little bit more difficult than some of our other programs that are little bit more, how should I say, but stable.

Susan Smith: OK, I appreciate that. Thank you.

Sandra Bastinelli: You're welcome.

Elan Schnitzer: Hi, Sarah?

Operator: Yes?

Elan Schnitzer: Hi. This is Elan at - with the Provider Communications Group. I was just going to offer that I think that, based on the timing, we're going to be only be able to take one more call if there's anyone in queue at this point.

Operator: OK, your last question comes from the line of Jane Luke. Your line is open.

Jane Luke: It's me again. I apologize. When you made the statement about technicians, and of course, I mean interpreting physicians, medical directors, all of the credentials you know would need to be verified in the example of an on-site visit. I just wanted to verify two things. Do we need to have their credentials on-site for the inspector, or is it a matter of you know, we're a very large group that we have all of that in our HR and credentialing department? So, that's the first question, do the credentials, copies of those need to be on-site for an inspection?

Number two, we have multiple technicians that travel to multiple locations. So, for example, if we had four that were, you know, because we do multiple modalities and all of these locations, if we had four that maybe was at one location one day, but I have them also listed as being at location A, B and C, is that a problem? And further to that, should I just credential all of the technicians of all the locations they could possibly be at? Does that make sense?

Sandra Bastinelli: It makes absolute sense. As it relates to credentialing, first of all, the three organizations ask for that information differently. Only one organization goes on-site on an unannounced visit upfront, meaning prior to anything being done

other than an application. So, you'll have to ask each accreditor how they want to handle, and they will - they will tell you how they're going to handle their credentialing and what they're going to be asking for. If the accreditor goes on-site, they will tell you what they need ahead of time. You won't have to scramble.

Jane Luke: OK.

Sandra Bastinelli: In the case that you have, in your case, if you had someone coming, an accreditor coming on-site, if you chose one that did that, then what generally - or could happen is two things, depending on your legal department and what they allow. Sometimes the HR comes to you so the accreditor can look through or be guided through the credentialing process and look at the credentials, either online or on paper. Most everyone has an online system that they can spit out a spreadsheet on each of the professional staff, the technical staff, technical/professional staff. So, that's one way of doing it.

The other way of doing it certainly is the on-site reviewer would go to - to the hospital, if in this case, that's another facility in another town, they would have to know that up front. But these are things that you would know about ahead of time, even though you know the - you don't know the day that the surveyor's coming, you know, if it's an on-site visit, unannounced, you still know what you need to have ready. And you and I both know that if you're going to get accredited in the next four months, you're obviously going to be ready for a survey. So, those things would be available. But if the reviewer knows that ahead of time, that is because you have told them.

Jane Luke: Right. And that's what we've experienced so far, for example, with the - with the ACR. I just didn't want to do anything, you know, non-compliant related as far as saying, well, you know this technician can be at these multiple sites. And then you know even with ACR or CMS or anyone, I just wanted to make sure that - I'd rather have too much information out there that not enough, is what I'm - what I'm getting at.

Sandra Bastinelli: If you've been OK with the ACR so far, you're OK after January 1, 2012. If ACR changes any of their policies related to their credentialing, they will let you know ahead of time. You know ...

Jane Luke: Thank you very much.

Sandra Bastinelli: a large window whenever they change any quality standards and - or any processes related to a quality standard. So, you would know way even before you would want to know.

Jane Luke: OK. Thank you very much.

Sandra Bastinelli: You're welcome.

Jane Luke: OK, thank you.

Elan Schnitzer: At this time, I'd like to thank everyone again for listening in on today's call. Again, you're encouraged visit the program's website, which is on the CMS website, obviously, for all the latest news, information and educational materials, including presenter notes and transcript and podcasts of today's call. Those will be posted in the next few days or week or so.

Again, that website, which I mentioned at the opening of the call, and Sandra also mentioned earlier, is www.cms.gov/medicareprovidersupenroll.

Thanks again for joining us. Enjoy the rest of your day.

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