



Provider Inquiry Assistance

Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For the Technical Component (TC) of Advanced Diagnostic Imaging Services – JA6912

Related CR Release Date: July 9, 2010

Date Job Aid Revised: July 16, 2010

Effective Date: August 2, 2010

Implementation Date: August 13, 2010

Key Words MM6912, CR6912, R727OTN, TC, Diagnostic, Imaging

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected Enrolled physicians, non-physician practitioners, including single and multi-specialty clinics, and IDTFs who have billed the Medicare program for the TC of advanced diagnostic testing services within the preceding six month period and who continue to have Medicare billing privileges with Medicare Carriers and A/B MACs



Change Request (CR) 6912 directs Medicare contractors to inform enrolled physicians, non-physician practitioners and IDTFs by letter about the need to become accredited in order to continue to furnish the TC of advanced diagnostic imaging services to Medicare beneficiaries on or after January 1, 2012.

Letter From Medicare Contractors

Provider Needs to Know...

- Providers, who have billed the Medicare program for the TC of advanced diagnostic testing services within the preceding six month period and continue to have Medicare billing privileges with Medicare contractors, will receive a letter from their Medicare contractor advising them of the need to become accredited by January 1, 2012, in order to continue to provide these services and bill Medicare.
 - Medicare contractors will be mailing the letter quarterly, beginning with July 2010 through July 2011.
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- When more than one physician or non-physician practitioner is operating within a group, such as a single specialty or multispecialty clinic, only the group will receive the letter, not each of the individual physicians or non-physician practitioners working for the group.
 - If necessary, the provider should follow the instructions in the letter to become accredited by January 1, 2012, in order to continue billing for the TC of advanced diagnostic imaging services.

Contents of the Letter

- The letter will advise providers that Medicare records indicate that they have furnished the TC of advanced diagnostic imaging procedures, such as diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging, such as positron emission tomography (PET), within the last six months.
- If they are not accredited by one of the Centers for Medicare & Medicaid Services (CMS) Approved National Accreditation Organizations (shown below) by January 1, 2012, they will not be eligible to bill the Medicare program for advanced diagnostic imaging services.
- The accreditation will apply only to the suppliers of the TC of advanced diagnostic imaging services and not to the professional component.

The Need for Providers to Become Accredited as Soon as Possible

- Providers are urged to take the necessary action to become accredited by the January 1, 2012, deadline.
- Since CMS expects that it may take as much as nine months from the time they initiate the accreditation process to completion, they should begin the accreditation process for advanced diagnostic imaging services as soon as possible, but not later than March 2011.

Exclusions From the Accreditation Requirement

- The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) expressly excludes from the accreditation requirement x-ray, ultrasound, and fluoroscopy procedures.
- The law also excludes from the CMS accreditation requirement diagnostic and screening mammography, which are subject to quality oversight by the Food and Drug Administration under the Mammography Quality Standards Act.

CMS Approved National Accreditation Organizations

- The three CMS approved national accreditation organizations to provide accreditation services for suppliers of the TC of advanced diagnostic imaging procedures are as follows:
 - The American College of Radiology,
 - The Intersocietal Accreditation Commission, and
 - The Joint Commission.
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- The accreditation will apply only to the suppliers of the images themselves, and not to the physician interpreting the image.
- All accreditation organizations have quality standards that address the safety of the equipment as well as the safety of the patients and staff.

Background

- Section 135(a) of MIPAA amended Section 1834(e) of the Social Security Act and required the Secretary of Health and Human Services, to designate organizations to accredit suppliers, including but not limited to physicians, non-physician practitioners and IDTFs, that furnish the TC of advanced diagnostic imaging services.

Definition of advanced diagnostic imaging procedures

- MIPPA specifically defines advanced diagnostic imaging procedures as including:
 - Diagnostic MRI,
 - CT, and
 - Nuclear medicine imaging, such as positron emission tomography.
- The law also authorized the Secretary to specify other diagnostic imaging services in consultation with physician specialty organizations and other stakeholders.

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLNMMattersArticles/downloads/MM6912.pdf> on the CMS website.

The official instruction (CR6912) regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R727OTN.pdf> on the CMS website.

Additional information about the accreditation process, may be obtained by contacting:

American College of Radiology (ACR)

1891 Preston White Drive
Reston, VA 20191-4326
1-800-770-0145

<http://www.acr.org>

Intersocietal Accreditation Commission (IAC)

6021 University Boulevard, Suite 500
Ellicott City, MD 21043
1-800-838-2110

<http://www.intersocietal.org>

The Joint Commission (TJC)
Ambulatory Care Accreditation Program
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-630-792-5286
www.jointcommission.org/AdvImaging2012
