



**News Flash** – The revised, Guided Pathways to Medicare Resources (1st Quarter 2010), are now available from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network. Guided Pathways leads Medicare Fee-For-Service providers through a variety of resources organized by topic. Quickly explore these three easy-to-navigate online guides to learn important Medicare policy and requirements. Guided Pathways information is available at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided\\_Pathways.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html) on the CMS website.

MLN Matters® Number: MM6912 **Revised**

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## **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 of Advanced Diagnostic Imaging Services**

Note: This article was updated on December 6, 2012, to reflect current Web addresses. This MLN Matters® Article was revised on April 19, 2012, to add a reference to MM7681 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7681.pdf>) to alert ADI providers and suppliers that they no longer need to complete the ADI information on Internet-based PECOS or CMS-855 forms. Medicare will receive this information directly from the accrediting organizations. All other information is unchanged.

### **Provider Types Affected**

This MLN Matters® Article is intended for enrolled physicians, non-physician practitioners, including single and multi-specialty clinics, and IDTFs who have billed the Medicare program for the technical component of advanced diagnostic testing services within the preceding six month period and who continue to have Medicare billing privileges with Medicare contractors (carriers and Part A/B Medicare Administrative Contractors (A/B MACs)).

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Provider Action Needed

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### STOP – Impact to You

If you have billed the Medicare program for the technical component of advanced diagnostic testing services within the preceding six month period and continue to have Medicare billing privileges with Medicare contractors, you will receive a letter from your Medicare contractor advising you of the need to become accredited by January 1, 2012, in order to continue to provide these services and bill Medicare.



### CAUTION – What You Need to Know

You must be accredited by one of the three Centers for Medicare & Medicaid Services (CMS) approved national accreditation organizations by January 1, 2012, in order to be eligible to continue to furnish the technical component of advanced diagnostic testing services to Medicare beneficiaries and submit claims for those services to your Medicare contractor.



### GO – What You Need to Do

Look for the instructional letter from your Medicare contractor. Your contractor will be mailing the letter quarterly beginning with July 2010 through July 2011. If necessary, follow the instructions in the letter to become accredited by January 1, 2012, in order to continue billing for the technical component of advanced diagnostic imaging services. Make sure that your office staffs are aware of these new accreditation requirements and begin the accreditation process as soon as possible to protect your Medicare billing rights for these services.

## Background

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Section 135(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) amended section 1834(e) of the Social Security Act and required the Secretary, Health and Human Services, to designate organizations to accredit suppliers, including but not limited to physicians, non-physician practitioners and Independent Diagnostic Testing Facilities, that furnish the technical component (TC) of advanced diagnostic imaging services.

### Definition of advanced diagnostic imaging procedures

MIPPA specifically defines advanced diagnostic imaging procedures as including:

- Diagnostic magnetic resonance imaging (MRI),
- Computed tomography (CT), and
- Nuclear medicine imaging, such as positron emission tomography (PET).

The law also authorized the Secretary to specify other diagnostic imaging services in consultation with physician specialty organizations and other stakeholders.

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CR 6912 directs Medicare contractors to inform enrolled physicians, non-physician practitioners and independent diagnostic testing facilities (IDTFs) by letter about the need to become accredited in order to continue to furnish the technical component of advanced diagnostic imaging services to Medicare beneficiaries on or after January 1, 2012. Medicare contractors will send the letter once each quarter for 5 times beginning with July 2010 through July 2011. 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.

The letter will advise you that Medicare records indicate that you have furnished the technical component 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 you are not accredited by one of the organizations shown below by January 1, 2012, you will not be eligible to bill the Medicare program for advanced diagnostic imaging services. Please note that the accreditation will apply only to the suppliers of the technical component (TC) of advanced diagnostic imaging services and not to the professional component.

CMS urges you 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 you initiate the accreditation process to completion, you should begin the accreditation process for advanced diagnostic imaging services as soon as possible, but not later than March 2011.

### **Exclusions**

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**

CMS approved three national accreditation organizations -- the American College of Radiology, the Intersocietal Accreditation Commission, and The Joint Commission -- to provide accreditation services for suppliers of the TC of advanced diagnostic imaging procedures. **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.

To obtain additional information about the accreditation process, please contact the accreditation organizations shown below.

**American College of Radiology (ACR)**  
1891 Preston White Drive

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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](http://www.jointcommission.org/AdvImaging2012)

## Additional Information

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**Note:** Providers must have been accredited by January 1, 2012, in order to be reimbursed for these services that are performed after that date. For more information, review MM7176 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7176.pdf>) on the CMS website.

If you have questions, please contact your Medicare carrier and/or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction, CR 6912, issued to your Medicare carrier and/or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7270TN.pdf> on the CMS website.

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