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MLN Matters® Number: MM7176 **Revised**

Related Change Request (CR) #: 7176

Related CR Release Date: February 4, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: 8580TN

Implementation Date: July 5, 2011

Accreditation for Physicians and Non-Physician Practitioners Supplying the Technical Component (TC) of Advanced Diagnostic Imaging (ADI) Services

Note: This article was revised on August 8, 2011, to add a reference to MLN Matters® article SE1122 (<http://www.cms.gov/MLNMattersArticles/downloads/SE1122.pdf>), which provides suppliers who furnish the TC of ADI services assistance in meeting the accreditation requirements.

Provider Types Affected

This article is for physicians and non-physician practitioners who bill Medicare Administrative Contractors (MACs), and/or carriers for the TC of ADI services for Medicare beneficiaries. (Railroad Retirement Board is exempt from these requirements)

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7176 to alert providers, submitting claims for the TC of ADI, that they must be accredited by January 1, 2012 by one of the three organizations listed below in order to be reimbursed for services performed on or after that date. This requirement affects claims with a date of service on or after January 1, 2012.

Disclaimer

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Background

CMS approved three national accreditation organizations (AOs) to provide accreditation services for suppliers of the TC of ADI procedures. The accreditation will apply only to the suppliers of the images themselves, and not to the physician's interpretation of the image, and only to those who are paid under the Physician Fee Schedule. All accreditation organizations have quality standards that address the safety of the equipment as well as the safety of the patients and staff. This CR7176 will set the systems parameters for this accreditation requirement.

Each of these designated AOs submits monthly reports to CMS that list the suppliers who have been or are accredited, as well as the beginning and end date of the accreditation and the respective modalities for which they receive accreditation. The designated AOs are:

1. The American College of Radiology;
2. The Intersocietal Accreditation Commission; and
3. The Joint Commission.

ADI submitted claims will only be paid if the code is listed on the provider's/supplier's eligibility file in the claims system.

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 to designate organizations to accredit suppliers, including but not limited to physicians, non-physician practitioners and Independent Diagnostic Testing Facilities, that furnish the TC of advanced diagnostic imaging services.

MIPPA specifically defines ADI procedures as including diagnostic magnetic resonance imaging, computed tomography, and nuclear medicine imaging such as positron emission tomography. The law also authorizes the Secretary to specify other diagnostic imaging services in consultation with physician specialty organizations and other stakeholders.

Key Points of CR7176

- In order to furnish the TC of ADI services for Medicare beneficiaries, suppliers must be accredited by January 1, 2012.
- Provider's claims for the TC for ADI services will be denied:
 - If the provider is not enrolled or accredited by a designated CMS accreditation organization (Denial code N290: "Missing/incomplete/invalid rendering provider primary identifier."); or

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- If the code submitted is not listed on the provider's eligibility file (claim adjustment reason code 185: "The rendering provider is not eligible to perform the service billed.>").

Additional Information

The official instruction, CR7176 issued to your carrier, A/B MAC, and carrier regarding this change may be viewed at <http://www.cms.gov/transmittals/downloads/R858OTN.pdf> on the CMS website.

If you have any questions, please contact your carrier, A/B MAC, or carrier at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash – Get Your Flu Vaccine - Not the Flu. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year's vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high risk patients, should get vaccinated too. **Remember** – the influenza vaccine plus its administration are covered Part B benefits. Note that the influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf and <http://www.cms.gov/AdultImmunizations> on the Centers for Medicare & Medicaid Services (CMS) website.

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