DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash – Per Section 5501(a) of the Affordable Care Act, the Primary Care Incentive Payment (PCIP) program authorizes an incentive payment of 10 percent of Medicare's program payments to be paid to qualifying primary care physicians and non-physician practitioners for services rendered from Sunday, January 1, 2011, to Thursday, December 31, 2015. CMS has published 22 Frequently Asked Question (FAQ) items related to the PCIP program. These new FAQs can be found here. Alternatively, these FAQ items can be found by visiting http://questions.CMS.hhs.gov/ and searching for "PCIP" or "Primary Care Incentive Payment."

MLN Matters® Number: MM7681 Revised

Related Change Request (CR) #: CR 7681

Related CR Release Date: February 9, 2012

Effective Date: January 27, 2012

Related CR Transmittal #: R407PI

Implementation Date: January 27, 2012

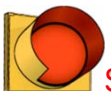
Advanced Diagnostic Imaging (ADI) Accreditation Enrollment Procedures. (Change Request (CR) 7681 Fully Rescinds and Replaces CR 7177)

Note: This article was revised on February 10, 2012, to reflect the revised CR7681 issued on February 9, 2012. In the article, the CR release date, transmittal number, and the Web address for accessing CR7681 were revised. All other information is the same.

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers and/or A/B Medicare Administrative Contractors (A/B MACs)) for Advanced Diagnostic Imaging (ADI) services provided to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 7681 which fully rescinds and replaces CR7177.

Disclaimer

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CAUTION – What You Need to Know

CR7177 established that ADI providers/suppliers would need to provide their ADI accreditation information by completing an Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) application or a CMS-855 application.. CR7681 changes this requirement and allows for the accrediting organizations to provide the listing of who is accredited through a weekly file. Since this change, providers/suppliers no longer need to complete the ADI information in Internet-based PECOS or on a CMS-855 form(s).

GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA - Section 135(a); see http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf on the Internet) amended the Social Security Act (Section 1834(e); see http://www.ssa.gov/OP_Home/ssact/title18/1834.htm on the Internet) and required the Secretary of the U.S. Department of Health and Human Services (HHS) 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 ADI services.

MIPPA specifically defines Advanced Diagnostic Imaging (ADI) procedures as including diagnostic Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and Nuclear Medicine Imaging (NMI) such as Positron Emission Tomography (PET). The law also authorizes the HHS Secretary to specify other diagnostic imaging services in consultation with physician specialty organizations and other stakeholders.

In order to furnish the TC of advanced diagnostic imaging services for Medicare beneficiaries, providers/suppliers must be accredited by January 1, 2012.

The Centers for Medicare & Medicaid Services (CMS) implemented (effective January 1, 2012) the requirement that ADI providers and/or suppliers must be accredited for ADI services specific to each modality for which they will submit claims. Originally, CMS required the providers/suppliers to provide their accreditation information on their respective CMS-855 form, or through the internet-based PECOS.

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Change Request (CR) 7681 establishes a new process that allows for ADI providers and/or suppliers to bypass ADI information collection on the appropriate CMS 855 form or in the internet-based PECOS web application. CR7681 instructs that Medicare contractors will:

- Not require documentation from the ADI provider/supplier for proof of their accreditation; and

- Not require providers/suppliers to complete the ADI section in the internet-based PECOS application nor in the appropriate CMS-855 form.

Instead, Medicare and its contractors will receive this information directly from the accrediting organizations.

Additional Information

The official instruction, CR7681, issued to your carriers and A/B MACs regarding this change may be viewed at http://www.cms.gov/Transmittals/downloads/R407PI.pdf on the CMS website.

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

News Flash - **Flu Season is Here!** While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Healthcare workers, who may spread the flu to high risk patients, should get vaccinated too. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu. Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug.** For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit 2011-2012 Provider Seasonal Flu Resources and Immunizations. For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp.

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