News Flash – The Medicare Learning Network® has released a new CD-ROM titled “The Interactive Guide to the Medicare Learning Network.” This CD-ROM allows for a two-way flow of information between Fee-For-Service (FFS) providers and the Medicare Learning Network (MLN). Providers and other healthcare professionals can link directly from the products described on the CD-ROM to the MLN web pages and the MLN Catalog of Products. Once there, users can then confidently download and print copies of the most up-to-date and accurate MLN products. To order the CD-ROM through the MLN Product Ordering System, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html on the CMS website.

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Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements

Note: This article was revised on July 31, 2012, to reflect current Web addresses. Previously, it 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 Special Edition Article is intended for physicians, non-physician practitioners, and Independent Diagnostic Testing Facilities (IDTF) who are suppliers of imaging services and submitting claims for the Technical Component (TC) of Advanced Diagnostic Imaging (ADI) procedures to Medicare contractors (carriers and A/B Medicare Administrative Contractors (MACs)) are affected by this article.
What You Need to Know

STOP – Impact to You
This article provides suppliers who furnish the Technical Component (TC) of ADI services assistance in meeting the accreditation requirements established in Section 135 (a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

CAUTION – What You Need to Know
In order to furnish the TC of ADI services for Medicare beneficiaries, you must be accredited by January 1, 2012, to submit claims with a Date of Service (DOS) on or after January 1, 2012.

GO – What You Need to Do
See the Background and Additional Information Sections of this article for further details regarding these requirements.

Background

What are the requirements for ADI accreditation?
The MIPPA required the Secretary of the Department of Health and Human Services to designate organizations to accredit suppliers that furnish the TC of ADI services.

- ADI procedures include Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and nuclear medicine imaging, including positron emission tomography.
- The MIPPA expressly excludes X-ray, ultrasound, and fluoroscopy procedures.
- Suppliers of imaging services include, but are not limited to, physicians, non-physician practitioners, and IDTFs.

Who do the requirements affect?
The accreditation requirements apply only to the suppliers of the images themselves (TC) and not the physician’s interpretation (professional component) of the image.

- The accreditation requirement applies to all suppliers of the Technical Component who submit claims to Medicare.
- The accreditation requirement applies only to those suppliers of ADI paid under the Medicare Physician Fee Schedule (MPFS).
- The accreditation requirements do not apply to ADI services furnished in a hospital outpatient setting.
**When are the requirements mandatory?**

In order to furnish the TC of ADI services for Medicare beneficiaries, you must be accredited by January 1, 2012, to submit claims with a DOS on or after January 1, 2012.

**How do I comply with the requirements?**

You should apply for accreditation now if you are not already accredited. Visit the “Advanced Diagnostic Imaging Accreditation Enrollment Procedures,” available at [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html) on the Centers for Medicare & Medicaid Services (CMS) website, and review each of the three designated accreditation organizations. Then,

- Call or e-mail each of the accreditation organizations to determine the one that best fits your business needs. The accreditation organizations each have their own published standards.
- Follow all of the application requirements so that your application is not delayed. It may take up to 5 months to be accredited.

**Who are the three national accreditation organizations approved by CMS?**

The approved accreditation organizations are:

- The American College of Radiology;
- The Intersocietal Accreditation Commission; and
- The Joint Commission.

**What are the quality standards that I must meet?**

There are many quality standards, for which you must be in compliance, and you will need to show that compliance to the accreditation organization. The quality standards at a minimum address:

- Qualifications of medical personnel who are not physicians;
- Qualifications and responsibilities of medical directors and supervising physicians;
- Procedures to ensure that equipment used meets performance specifications;
- Procedures to ensure the safety of personnel who furnish the imaging;
- Procedures to ensure the safety of beneficiaries; and
- Establishment and maintenance of a quality assurance and quality control program to ensure the reliability, clarity, and accuracy of the technical quality of the image.

**What does the accreditation process consist of?**

First, you are expected to complete the entire application prior to the accreditation organization commencing the review process. The length of the approval process depends on the completeness and readiness of the supplier.
• Make certain that you understand how to comply with each of the accreditation organizations quality standards.

• If you are non-compliant with any of the standards, you may be required to complete a corrective action plan, which will need to be approved and possibly require another site visit.

Make certain to review all of your ADI procedures to determine if you will need to be accredited.

• Accreditation is given at the facility for each modality that is supplied.

• The accreditation is not attached to the machine. If you purchase another machine within the same modality, you may not require another accreditation decision.

• You must notify the accreditation organization after the initial accreditation decision of any changes to your facility.

The accreditation process may include:
• An un-announced site visit;
• Random site visits;
• Review of phantom images;
• Review of staff credentialing records;
• Review of maintenance records;
• Review of beneficiary complaints;
• Review of patient records;
• Review of quality data;
• Ongoing data monitoring; and
• Triennial surveys.

What else do I need to know?
Here are some helpful facts about the ADI Accreditation:

• Hospitals are exempt from this requirement, since hospitals generally are not paid under the MPFS.

• The accreditation requirement does not apply to the radiologists, per se. However, the interpreting physicians must meet the accreditation organization’s published standards for training and residency.

• If you are accredited before January 1, 2012, by one of the designated accreditation organizations, you are considered to have met the accreditation requirement. However,
  o You must apply for reaccreditation if your accreditation is due to expire before this date, and
  o You must remain in good standing.

• The accreditation organization will transmit all necessary data to CMS on an ongoing basis. Your Medicare billing contractor will receive these data from CMS. Due to this file being received at
CMS from the accrediting organizations, it is not necessary for the providers to supply the ADI information on their respective 855 form(s) or in the PECOS enrollment system.

- The Current Procedural Terminology (CPT) codes that are affected by this requirement are published on the CMS website.
- No suppliers are exempt.
  - Oral surgeons and dentists must be accredited if they perform the Technical Component of MRI, CT, or Nuclear Medicine for the Technical Component of the codes that require ADI accreditation.
  - If your facility uses an accredited mobile facility, you, as a Medicare supplier billing for the TC of ADI, must also be accredited. The accreditation requirement is attached to the biller of the services.

**What does it cost to be accredited?**
The accreditation costs vary by accreditation organization. The average cost for one location and one modality is approximately $3,500 every 3 years.

**When will claims for Medicare services be affected?**
Medicare contractors will begin denying claims for services on or after January 1, 2012, for modalities that are not accredited.

- Denial code N290 will be used ("Missing/incomplete/invalid rendering provider primary identifier.")
- Contractors will deny codes submitted for the Technical Component if the code is not listed as “accredited.”

**Additional Information**


To obtain additional information about the accreditation process, please contact the Accreditation Organizations listed on the Medicare Provider-Supplier Enrollment page, Advanced Diagnostic Imaging Accreditation, available at http://www.cms.gov/Medicare/Provider-Enrollment-and-
If you have any questions, please contact your carrier 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/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html) on the CMS website.