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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 775 | Date: September 24, 2010 |
| | Change Request 7108 |

SUBJECT: Revised Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services.

I. SUMMARY OF CHANGES: Contractors shall use the revised letter and updated code list for the mailings as directed by Change Request 6912. Advanced Diagnostic Imaging (ADI) suppliers furnishing the technical component of ADI, and who receive reimbursement for these services under the physician fee schedule must be accredited by one of CMS' designated accreditation organizations by January 1, 2012.

EFFECTIVE DATE: October 25, 2010
IMPLEMENTATION DATE: October 25, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| N/A | |

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions

regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

| | | | |
|-------------|------------------|--------------------------|----------------------|
| Pub. 100-20 | Transmittal: 775 | Date: September 24, 2010 | Change Request: 7108 |
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SUBJECT: Revised Mailing to All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services

Effective Date: October 25, 2010

Implementation Date: October 25, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) and its Medicare carriers and Medicare Administrative Contractors (A/B MACs) provide general outreach to physicians, non-physician practitioners and other provider and supplier types about their enrollment and reporting responsibilities. The attached letter will inform enrolled physicians, non-physician practitioners and independent diagnostic testing facilities (IDTFs) about the need to become accredited to continue to furnish advanced diagnostic imaging services to Medicare beneficiaries on or after January 1, 2012. Additional codes have been added for the mailings beginning in October 2010 as an addendum to Change Request (CR) 6912.

B. Policy: 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 technical component (TC) of advanced diagnostic imaging services. 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 authorizes the Secretary to specify other diagnostic imaging services in consultation with physician specialty organizations and other stakeholders. 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.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|---|---|---|---|---|---|---------------------------|---|---|---|-------|
| | | A | D | F | C | R | Shared-System Maintainers | | | | OTHER |
| | | / | M | I | A | H | F | M | V | C | |
| | | B | E | | R | H | I | S | S | S | W |
| | | M | M | | I | | | | | | |
| | | A | A | | E | | | | | | |
| | | C | C | | R | | | | | | |
| 7108.1 | Contractors shall send the attached letter with the | X | | | X | | | | | | |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|---|---|-------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B | D M E | F I | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | attachment that contains additional CPT advanced diagnostic imaging codes as directed in CR 6912. | | | | | | | | | | |
| 7108.2 | Contractors shall notify their CMS project officer after each mailing by the 15 th of the subsequent month of the number of letters sent with each mailing and identify the number of letters sent by supplier type. | X | | | X | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|-------------|---|-------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B | D M E | F I | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | None. | | | | | | | | | | |

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| N/A | |

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): August Nemec OFM/DPSE (410) 786-0612

Post-Implementation Contact(s): August Nemec OFM/DPSE (410) 786-0612

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENT 1: Supplier Billed Advanced Medical Imaging CPT codes for Section 135 (a) of the MIPPA to Receive Accreditation Requirement Notification Letter

ATTACHMENT 2: Letter to be Sent to all Enrolled Suppliers (Individuals, Groups and IDTFs)

ATTACHMENT 1

Supplier Billed Advanced Medical Imaging CPT codes for Section 135 (a) of the MIPPA to Receive Accreditation Requirement Notification Letter

70336 70540 71250 72125 73200 74150
70450 70542 71260 72126 73201 74160
70460 70543 71270 72127 73202 74170
70470 70544 71275 72128 73206 74175
70480 70545 71550 72129 73218 74181
70481 70546 71551 72130 73219 74182
70482 70547 71552 72131 73220 74183
70486 70548 71555 72132 73221 74185
70487 70549 72133 73222
70488 70551 72141 73223
70490 70552 72142 73225
70491 70553 72146 73700
70492 70554 72147 73701
70496 70555 72148 73702
70498 70557 72149 73706
70558 72156 73718
70559 72157 73719
72158 73720
72159 73721
72191 73722
72192 73723
72193 73725
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75557 77011 78000 78811
75559 76380 77012 78001 78812
75561 77021 78003 78813
75563 77058 78006 78814
76390 77059 78007 78815
76497 77078 78010 78816
76498 77079 78011
78015 78016 78018 78020 78070 78075 78099
77084 78610
78103 78481 78630
78104 78483 78635
78185 78491 78645
78190 78492 78647
78195 78494 78650
78199 78496
78202 78499

78205 78584
78206 78585
78215 78586
78216 78587
78220 78588
78223 78591
78230 78593
78231 78594
78232 78596
78258 78599
78261 78699
78299 78701
78305
78306 78707
78315 78708
78320 78709
78350 78710
78351
78399 78761
78451 78799
78452 78801
78453 78802
78454 78803
78456 78804
78457 78805
78458 78806
78459 78807
78808
78601
78466 78605
78468 78606
78469 78607
78472 78608
78473 78609
78610
78999

ATTACHMENT 2

Letter to be sent to all enrolled suppliers (individuals, groups and IDTFs) that have billed for advanced diagnostic imaging services within the past six months. 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.

[DATE]

[Supplier Name and Address]

Dear Physician/Non-Physician Practitioner/IDTF owner:

In accordance with Section 135(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), 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 must be accredited by January 1, 2012 in order to continue to furnish these services to Medicare beneficiaries.

Our records indicate that you have furnished 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. This letter requests that you take the necessary action to become accredited by the January 1, 2012 deadline. Since we expect it can take up to nine months from the time you initiate the accreditation process to completion, we urge you to begin the accreditation process for advanced diagnostic imaging services as soon as possible.

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 already subject to quality oversight by the Food and Drug Administration under the Mammography Quality Standards Act.

The Centers for Medicare & Medicaid Services (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. The accrediting organization that issues your accreditation will notify Medicare once your accreditation is complete and approved.

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

American College of Radiology (ACR)

1891 Preston White Drive

Reston, VA 20191-4326

1-800-770-0145

www.acr.org

Intersocietal Accreditation Commission (IAC)
6021 University Boulevard, Suite 500
Ellicott City, MD 21043
800-838-2110
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

If you have questions about this letter, contact [carrier or A/B MAC phone number/contact person].

Sincerely,
[Name of carrier or A/B MAC]