| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 727** | **Date: July 9, 2010** |
| | **Change Request 6912** |

**Transmittal 725, dated July 2, 2010 is rescinded and replaced by Transmittal 727, dated July 9, 2010. The implementation date and July 2010 reporting requirements are being changed in order to give contractors sufficient time to mail the notification letters to the affected providers. Additionally, Code 72200 is being removed from the list of CPT codes because it is a standard x-ray code and is not a code used for advanced diagnostic imaging services. All other information remains the same.**

**SUBJECT: 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:** 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.

**EFFECTIVE DATE: August 2, 2010**
**IMPLEMENTATION DATE: August 13, 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: 727 | Date: July 9, 2010 | Change Request: 6912 |
|---|---|---|---|

**Transmittal 725, dated July 2, 2010 is rescinded and replaced by Transmittal 727, dated July 9, 2010. The implementation date and July 2010 reporting requirements are being changed in order to give contractors sufficient time to mail the notification letters to the affected providers. Additionally, Code 72200 is being removed from the list of CPT codes because it is a standard x-ray code and is not a code used for advanced diagnostic imaging services. All other information remains the same.**

**SUBJECT: 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**: **August 2, 2010**

**Implementation Date: August 13, 2010**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & 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.

**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/B | DME | FI | CAR | RHH | Shared-System Maintainers | OTHER |

| | | MAC | MAC | | RIER | I | FISS | MCS | VMS | CWF | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6912.1 | Contractors shall send the attached letter 5 times to enrolled physicians, non-physician practitioners, including single and multi-specialty clinics, and IDTFs who have billed the Medicare program for advanced diagnostic testing services (see attached related CPT Codes) within the preceding six month period and continues to have Medicare billing privileges with the contractor. | X | | | X | | | | | | |
| 6912.1.1 | The mailings shall occur in August and October of 2010 and January, April and July of 2011. | X | | | X | | | | | | |
| 6912.1.2 | 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 shall receive the letter, not each of the individual physicians or non-physician practitioners working for the group. | X | | | X | | | | | | |
| 6912.1.3 | If any additional suppliers not listed above submit claims for advanced diagnostic testing during this initiative, the contractor shall include that supplier in the next quarterly mailing. | X | | | X | | | | | | |
| 6912.2 | Contractors shall not mail the attached letter to any supplier with an inactive Medicare billing status. | X | | | X | | | | | | |
| 6912.3 | Contractors shall use the Pay To or Practice Location address found in the Multi-Carrier System (MCS) when mailing this letter to a physician, non-physician practitioner or IDTF with approved PECOS enrollment record. | X | | | X | | | | | | |
| 6912.3.1 | Contractors shall retrieve and use the Pay To or Practice Location address found in the Multi-Carrier System for suppliers described above furnishing advance diagnostic testing services that do not have an enrollment record in PECOS. | X | | | X | | | | | | |
| 6912.3.2 | To simplify operations, the contractor shall extract all addresses for these mailings from the MCS. | X | | | X | | | | | | |
| 6912.4 | Contractors shall reproduce the attached letter on their own Medicare letterhead and mail in standard envelopes. | X | | | X | | | | | | |
| 6912.4.1 | Contractors shall complete the letter with the appropriate date, name, address, contact and signature prior to mailing. | X | | | X | | | | | | |
| 6912.5 | Contractors shall not take any action for returned letters outside of placing them in the provider file. | X | | | X | | | | | | |
| 6912.6 | Contractors shall complete the first mailing by August 13, 2010 and each subsequent mailing within 10 days of the calendar quarter through July 2011. | X | | | X | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | FISS | MCS | VMS | CWF | |
| 6912.7 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after this CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in maintaining Medicare provider enrollment data correctly. | X | | | X | | | | | | |

## 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.

**ATTACHMENTS (2)**

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 | |
| | | | 72194 | | |
| | | | 72195 | | |
| | | | 72196 | | |
| | | | 72197 | | |
| | | | 72198 | | |

| | | | | |
|---|---|---|---|---|
| 75557 | 76360 | 77011 | 78000 | 78811 |
| 75559 | 76376 | 77012 | 78001 | 78812 |
| 75561 | 76377 | 77021 | 78003 | 78813 |
| 75563 | 76380 | 77058 | 78006 | 78814 |
| | 76390 | 77059 | 78007 | 78815 |
| | 76497 | 77078 | 78010 | 78816 |
| | 76498 | 77079 | 78011 | 78891 |
| | | | 78015 | |
| | | | 78016 | |
| | | | 78018 | |
| | | | 78020 | |
| | | | 78070 | |
| | | | 78075 | |
| | | | 78099 | |

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.

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[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]