

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 369	Date: March 11, 2011
	Change Request 7177

SUBJECT: Advanced Diagnostic Imaging Accreditation Enrollment Procedures

I. SUMMARY OF CHANGES: The CMS approved several accreditation organizations (AOs) to provide accreditation services for suppliers of the technical component (TC) of advanced diagnostic imaging procedures. The accreditation will apply only to the suppliers of the images themselves, and not to the physician's interpretation of the image. This accreditation only applies 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. Therefore, this change request will set the systems parameters for this accreditation requirement. A provider submitting claims for the TC must be accredited by January 1, 2012, to be reimbursed for the claim if the service is performed on or after that date.

EFFECTIVE DATE: June 12, 2011

IMPLEMENTATION DATE: June 12, 2011

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
R	15/15. 5/Advanced Diagnostic Imaging

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:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 369	Date: March 11 2011	Change Request: 7177
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SUBJECT: Advanced Diagnostic Imaging Accreditation Enrollment Procedures

EFFECTIVE DATE: June 12, 2011

IMPLEMENTATION DATE: June 12, 2011

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) approved three national accreditation organizations (AOs) – the American College of Radiology, the Intersocietal Accreditation Commission, and The Joint Commission - to provide accreditation services for suppliers of the technical component (TC) of advanced diagnostic imaging procedures. The accreditation will apply only to the suppliers of the images themselves, and not to the physician's interpretation of the image. This accreditation only applies 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. Therefore, this change request (CR) will set the systems parameters for this accreditation requirement. A provider submitting claims for the TC must be accredited by January 1, 2012, to be reimbursed for the claim if the service is performed on or after that date.

Each of these designated AOs submits monthly reports to CMS that list the suppliers of 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 physicians and non-physician practitioners described above must do the following:

Complete Internet-based PECOS or the appropriate CMS-855 and the attachment for Advanced Diagnostic Imaging (ADI), by completing the following sections listed below and mail the completed form to the designated Medicare enrollment contractor.

Contractors shall accept applications from providers and suppliers who are accredited for the new ADI accreditation supplier type (95). The Medicare enrollment contractors shall verify the information sent on the application meets the current enrollment requirements. The Medicare enrollment contractors shall verify the ADI supplier is listed as one of the accredited individuals/organizations found at www.cms.hhs.gov/Medicareprovidersupenroll and consistent with accreditation information found in section 2 of the CMS-855, and if the application is approved, will enter the information into the Provider Enrollment, Chain and Ownership System (PECOS).

Contractors shall hold all application, paper or internet-based, if received prior to the implementation date of the CR.

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 TC of advanced diagnostic imaging services.

The 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.

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

The effective date of previously named regulation is January 1, 2012.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	R H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7177.1	Contractors shall accept applications from providers and suppliers who are accredited for the new ADI accreditation supplier type (95).	X			X						
7177.2	Contractors shall verify the information sent on the application and the list on the website, if the application is approved, will enter the information into the PECOS.	X			X						
7177.3	Contractors shall use the date of filing as the effective date for ADI accreditation in PECOS and MCS.	X			X						
7177.4	Contractors shall verify attachment 2 of the CMS-855 by using the CMS approved list of CPT codes for which accreditation is necessary.	X			X						
7177.5	Contractors shall not have the discretion to change the list of ADI codes to supersede CMS' direction.	X			X						
7177.6	Contractors shall populate all PECOS effective dates with the date of accreditation listed on receipt of the CMS 855.	X			X						
7177.7	Contractors shall hold all application, paper or internet-based, if received prior to the implementation date of the CR.	X			X						
7177.8	Railroad is exempt from the requirements of this CR									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7177.9	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>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 billing and administering the Medicare program correctly.</p>	X			X						

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): August Nemece August.Nemec@cms.hhs.gov or Sandra Bastinelli Sandra.Bastinelli@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: 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.

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.

15.5- Advanced Diagnostic Imaging

(Rev.369, Issued: 03-11-11, Effective: 06-12-11, Implementation: 06-12-11)

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The Centers for Medicare & Medicaid Services (CMS) approved three national accreditation organizations (AOs) – the American College of Radiology, the Intersocietal Accreditation Commission, and The Joint Commission - to provide accreditation services for suppliers of the technical component (TC) of advanced diagnostic imaging procedures. The accreditation will apply only to the suppliers of the images themselves, and not to the physician's interpretation of the image. This accreditation only applies 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. A provider submitting claims for the TC must be accredited by January 1, 2012 to be reimbursed for the claim if the service is performed on or after that date. Each of these designated AOs submits monthly reports to CMS that list the suppliers of 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.

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