

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 407	Date: February 9, 2012
	Change Request 7681

NOTE: Transmittal 402, dated January 13, 2012, is being rescinded and replaced by Transmittal 407, dated February 9, 2012, to correctly identify the appropriate chapter of the Medicare Program Integrity Manual being revised by this CR from Chapter 8 to Chapter 15 in Section II: Changes in Manual Instructions” of the Transmittal. All other information will remain the same.

SUBJECT: Advanced Diagnostic Imaging (ADI) Accreditation Enrollment Procedures (This CR Fully Rescinds and Replaces CR 7177.)

I. SUMMARY OF CHANGES: The purpose of this CR is to apply a change to reflect that providers/suppliers no longer need to complete the ADI information in PECOS or on a CMS-855 form(s). Specifically, CR 7177 established that ADI providers/suppliers would need to complete an Internet-based PECOS application or a CMS-855 application in order to show accreditation for ADI service. However, CMS has decided to change this path to allow for the accrediting organizations to provide the listing of who is accredited through a weekly file.

EFFECTIVE DATE: January 27, 2012

IMPLEMENTATION January 27, 2012

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	15.5/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: 407	Date: February 9, 2012	Change Request: 7681
-------------	------------------	------------------------	----------------------

NOTE: Transmittal 402, dated January 13, 2012, is being rescinded and replaced by Transmittal 407, dated February 9, 2012, to correctly identify the appropriate chapter of the Medicare Program Integrity Manual being revised by this CR from Chapter 8 to Chapter 15 in Section II: Changes in Manual Instructions” of the Transmittal. All other information will remain the same.

SUBJECT: Advanced Diagnostic Imaging (ADI) Accreditation Enrollment Procedures (This CR Fully Rescinds and Replaces CR 7177.)

Effective Date: January 27, 2012

Implementation Date: January 27, 2012

I. GENERAL INFORMATION

A. Background: 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 if enrolling through internet-based PECOS, the ADI information was entered in the appropriate section. The intent of this Change Request (CR) is to establish 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.

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.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)						
		A	D	F	C	R	Shared-System Maintainers	OTHER
		/	M	I	A	H		
		B	E		R	H		

		M A C	M A C		R I E R	I	F I S S	M C S	V M S	C W F	
7681.1	Contractors shall require no documentation from the ADI Provider/Supplier for proof of their accreditation.	X			X						
7681.2	Contractors shall not require Providers and/or Suppliers to complete the ADI section in the internet-based PECOS application nor in the appropriate CMS-855 form. NOTE: If a provider chooses to enter the information, on their, CMS-855 form, the contractor is not required to populate the ADI section in PECOS AI. The information the contractor enters in will be replaced by the weekly Accrediting Organizations file.	X			X						
7681.3	PECOS shall receive, from the accrediting organizations, a weekly file load that contains accredited providers/suppliers that will populate PECOS. NOTE: This shall create reports related to ADI within PECOS.										PECOS
7681.3.1	When a provider's/supplier's claims are denied for non-accreditation and the provider/supplier contacts the MAC concerning the denied claims, the contractor shall confirm the provider's accreditation by reviewing the Detailed Updates for ADI Load Report or the ADI Error Report. NOTE: These reports are viewable by choosing ADI reports in the Report Type field under the Reports tab.	X			X						
7681.3.2	If a contractor finds that a provider/supplier is being denied incorrectly for non- accreditation, the contractor shall email Tiffany.Stouder1@cms.hhs.gov providing the name, NPI and address of the provider/supplier. CMS will then work to get the record corrected accordingly.	X			X						
7681.3.3	If a contractor finds that a provider/supplier is listed as approved and their information should have been passed to claims, but wasn't, the contractor shall email Tiffany.Stouder1@cms.hhs.gov providing the name, NPI and address of the provider/supplier. CMS will then work to get the record corrected accordingly.	X			X						

III. PROVIDER EDUCATION TABLE

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 H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7681.4	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. 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 the contractors next 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.	X			X						

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

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

V. CONTACTS

Pre-Implementation Contact(s): Tiffany Stouder (410.786.1854) Tiffany.Stouder1@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.407, Issued: 02-09-12, Effective: 01-27-12, Implementation: 01-27-12)

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. 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.

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.

Newly enrolling physicians and non-physician practitioners described above are not required to complete the ADI portion of the Internet-based PECOS or the CMS-855. All ADI fields in both the Internet-based PECOS and CMS-855 form(s) are optional. Contractors shall accept applications from providers and suppliers who are accredited for the new ADI accreditation. The Medicare enrollment contractors are not required to verify the ADI information sent on the application and are not required to enter any ADI information into PECOS. The contractors shall not be required to verify the information sent on the accrediting organizations file. The contractor shall verify all other information to ensure the application meets the current enrollment requirements. A weekly file will be submitted by accrediting organizations to CMS for those providers who are accredited. This file will be loaded into PECOS to validate each provider's accreditation.