

**March 18, 2011**

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## New Medicare Requirements for "Advanced" Diagnostic Imaging

By Jed Morrison

Beginning January 1, 2012, physician offices and other independent suppliers that furnish the technical component of advanced diagnostic imaging services must be accredited by a CMS-approved accreditation organization in order to receive payment under the Medicare Physician Fee Schedule.

CMS has designated three entities as nationally accredited organizations: the American College of Radiology, the InterSocietal Accreditation Commission and the Joint Commission Ambulatory Accreditation Program. These three organizations will provide accreditation services for suppliers wishing to qualify and bill for the technical component of advanced diagnostic imaging procedures. Hospitals are exempt from the new rules.

Advanced diagnostic imaging (ADI) procedures include magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging, including positron emission tomography (PET). Standard x-rays, fluoroscopy, and ultrasound are excluded from the requirement.

Any physician's office or independent diagnostic testing facility (IDTF) that historically has provided ADI services must be accredited by January 1, 2012, or future Medicare claims will be denied. CMS estimates that the accreditation process will take up to five months and encourages suppliers to apply for accreditation immediately. Some of the quality standards that will be evaluated include:

- qualifications of non-physician medical personnel;
- qualification and responsibilities of medical directors and supervising physicians;
- equipment performance specifications;
- procedures to ensure personnel and patient safety.

The accreditation process will include: an unannounced site visit, periodic random site visits, review of medical staff credentialing records and equipment maintenance records, review of patient records, review of phantom images, and ongoing data monitoring.

Many questions remain unanswered. For example, must the medical director or supervising physician be a board certified radiologist? Must he be a full-time employee of the supplier? Must he be the one to furnish professional interpretations? What if a radiologist provides interpretations for a specialty group that fails to timely obtain its accreditation: will that radiologist be able to bill for the professional component when the technical component is not payable? Can non-radiology specialty groups even qualify? The legislation authorizes CMS to require "any other standards or procedures the Secretary determines appropriate," but CMS has not yet published substantive rules setting forth the standards. Its failure to do so makes supplier planning virtually impossible.

In addition, suppliers wishing to bill for ADI services must update their Medicare enrollment application (either the Form 855B or 855I) prior to January 1, 2012. That updated enrollment form will include additional information relative to the provision of ADI services.

CMS will hold an "open door forum" on March 22, 2011, from 1:00pm-2:30pm **CDT** to provide suppliers additional information on the new requirements. Interested persons can participate in the forum at 800.837.1935, conference code 44761133.

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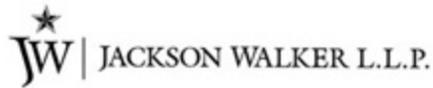
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