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Accreditation of Advanced Diagnostic Imaging Suppliers Must Be Completed by January 1, 2012

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If you are a supplier of advanced diagnostic imaging services (ADI) and have not yet become accredited, you should start that process now. As part of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Congress required that suppliers who furnish the technical component (TC) of ADI be accredited effective January 1, 2012. To implement this requirement, the Centers for Medicare and Medicaid Services (CMS) designated three organizations to perform the accreditation:

- The American College of Radiology;
- The Intersocietal Accreditation Commission; and
- The Joint Commission.

ADI procedures include MRIs, CTs, and nuclear imaging, including positron emission tomography. They do not include x-ray, ultrasound, and fluoroscopy procedures. Suppliers who must be accredited include, but are not limited to, physicians, non-physician practitioners, and independent diagnostic testing facilities (IDTFs). Accreditation is required, however, only for suppliers of ADI paid under the Medicare Physician Fee Schedule; it does not apply to ADI services furnished in the hospital outpatient setting.

No suppliers are exempt. For example, oral surgeons and dentists, if they perform the TC of an MRI, CT or nuclear medicine procedure that has a code requiring ADI accreditation, must themselves be accredited. If your facility uses an accredited

mobile facility, you, as a Medicare supplier billing for the TC of the ADI, must also be accredited because the accreditation requirement attaches to the biller of the services. Radiologists, as interpreting physicians, do not necessarily have to be accredited. They must, however, meet the accrediting organization's published standards for training and residency.

To be accredited, a supplier will have to meet certain quality standards. Those standards address, among other things, the qualifications of medical personnel who are not physicians; the qualifications and responsibilities of medical directors and supervising physicians; procedures to ensure that equipment meets performance specifications; procedures to ensure the safety of personnel furnishing the imaging as well as that of beneficiaries; and the establishment and maintenance of quality assurance and quality control programs to ensure the reliability, clarity, and accuracy of the technical quality of the image.

Accreditation is required for each modality that is supplied. The accreditation is not attached to a particular machine so that, if one purchases another machine within the same modality, it will most likely not require another accreditation decision. Nevertheless, one should notify the accreditation organization after initial accreditation of any changes to one's facility.

Ober|Kaler's Comments

The accreditation standards, again, become effective on January 1, 2012. The process can take some time. It may include unannounced site visits, random site visits, review of phantom images, review of staff credentialing records, review of maintenance records, review of beneficiary complaints and patient records, and review of quality data, among other requirements. Therefore, if you are a supplier that must be accredited and have not yet done so, you should soon begin the accreditation process.