

Independent Diagnostic Testing Facilities (IDTFs) Can Expect Quarterly Letters From Medicare A/B MACs About January 2012 Accreditation Requirement

For more information on the Medicare accreditation requirement for entities billing the technical component for advanced diagnostic imaging (CT, MRI, PET/Nuclear Medicine) effective January 1, 2012, read my post [here](#).

Medicare Learning Network (MLN) just released MM6912, effective August 2, 2010: Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For The Technical Component of Advanced Diagnostic Imaging Services

What exactly is an IDTF?

Some suppliers that perform diagnostic tests, other than clinical laboratory or pathology tests, are required to enroll with Medicare as an Independent Diagnostic Testing Facility (IDTF). Not all suppliers that perform these diagnostic tests are required to enroll as an IDTF. Generally, entities can bill for the technical component of the diagnostic tests without an IDTF enrollment if it has the following characteristics:

- A physician practice that is owned, directly or indirectly, by one or more physicians or by a hospital
- A facility that primarily bills for physician services and not for diagnostic tests
- A facility that furnishes diagnostic tests primarily to patients whose medical conditions are being treated or managed on an ongoing basis by one or more physicians in the practice
- The diagnostic tests are performed and interpreted at the same location where the practice physicians also treat patients for their medical conditions
- If a substantial portion of the facility's business involves the performance of diagnostic tests, the diagnostic testing services may be a sufficient separate business to require enrollment as an IDTF. In that case, the physician or physician group practice can continue to be enrolled as a physician or physician group practice but are also required to enroll as an IDTF. The physician or group can bill for professional fees and the diagnostic tests they perform on their patients using their billing number. Therefore, the practice must bill as an IDTF for diagnostic tests furnished to Medicare beneficiaries who are not regular patients of the physician or group practice.

Who will receive a mailing?

Enrolled physicians, non-physician practitioners, including single and multi- specialty clinics, and IDTFs who have billed the Medicare program for the **technical component of advanced diagnostic testing services** within the preceding six month period and who continue to have Medicare billing privileges with Medicare contractors (carriers and Part A/B Medicare Administrative Contractors (A/B MACs)) are affected.



If you have billed the Medicare program for the technical component of advanced diagnostic testing services within the preceding six month period and continue to have Medicare billing privileges with Medicare contractors, you will receive a letter from your Medicare contractor advising you of the need to become accredited by January 1, 2012, in order to continue to provide these services and bill Medicare.

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, not each of the individual physicians or non-physician practitioners working for the group.

What will the mailing say?

You must be accredited by one of the three Centers for Medicare & Medicaid Services (CMS) approved national accreditation organizations by January 1, 2012, in order to be eligible to continue to furnish the technical component of advanced diagnostic testing services to Medicare beneficiaries and submit claims for those services to your Medicare contractor.

Your contractor will be mailing the letter quarterly beginning with July 2010 through July 2011. If necessary, **follow the instructions in the letter to become accredited by January 1, 2012, in order to continue billing for the technical component of advance diagnostic imaging services.** Make sure that your office staffs are aware of these new accreditation requirements and begin the accreditation process as soon as possible to protect your Medicare billing rights for these

services.

Why do IDTFs have to become accredited now?

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, Health and Human Services, 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.

What qualifies as an advanced diagnostic imaging procedure?

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).

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.

How long does it take to become accredited?

Since CMS expects that it may take as much as nine months from the time you initiate the accreditation process to completion, you should begin the accreditation process for advanced diagnostic imaging services as soon as possible, but not later than March 2011.

Who are the accrediting organizations?

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.

If you have questions, contact your Medicare carrier and/or A/B MAC at their toll-free number, which may be found **here** (zip file.)



Image

via

Wikipedia

The letter will look like this:

[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.

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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.



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Flickr

American College of Radiology (ACR)

1891 Preston White Drive
Reston, VA 20191-4326
1-800-770-0145

Intersocietal Accreditation Commission (IAC)

6021 University Boulevard, Suite 500

Ellicott City, MD 21043
1-800-838-2110

The Joint Commission (TJC)
Ambulatory Care Accreditation Program
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-630-792-5286

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]

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	7371972158	73720	
72159	73721			
72191	73722			
72192	73723			
72193	73725			
72194				
72195				
72196				
72197				
72198				
72200				
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				
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