

CMS Mandates Accreditation for Imaging Providers

According to a recent CMS notice, providers of advanced diagnostic imaging services who bill for the technical component must become accredited by January 1, 2012, to continue to bill Medicare. The three approved accreditation organizations are the American College of Radiology, The Joint Commission (TJC), and the Intersocietal Accreditation Commission.

“Advanced diagnostic imaging services” include computed tomography, nuclear medicine, positron emission tomography, and magnetic resonance images. X-rays, ultrasound, fluoroscopy, and diagnostic and screening mammography are not included.

The accreditation process will likely evaluate:

1. Standards for qualifications of non-physician medical personnel who furnish the technical component of the services.
2. Qualifications and responsibilities of medical directors and supervising physicians, such as training in advanced diagnostic imaging services in a residency program, expertise obtained through experience, or continuing medical education courses.
3. Procedures to ensure the safety of persons who furnish the technical component of advanced diagnostic imaging services and individuals to whom such services are furnished.
4. Procedures to ensure the reliability, clarity, and accuracy of the technical quality of diagnostic images produced by the supplier.
5. Procedures to assist the beneficiary in obtaining the beneficiary's imaging records on request.
6. Procedures to notify CMS of any changes to the modalities subsequent to the organization's accreditation decision.

Accreditation can take six months or more, so providers subject to the accreditation requirement should begin planning now. For more information, contact Kevin Burgess, Jaclyn Semple, or Jon Cascino at Watkinson Laird Rubenstein Baldwin & Burgess, P.C., at (541) 484-2277 in Eugene, (541) 673-5528 in Roseburg, or (541) 923-8767 in Redmond.

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