

Part B Insider (Multispecialty) Coding Alert

Medicare Payment: Medicare Officials Urge Advanced Imaging Providers Toward Accreditation

Plus: CMS won't say for sure whether your claims will actually face rejection if you aren't in PECOS by July 6.

If your office is providing MRIs or other advanced imaging services, you should start now in your attempt to get accredited, said CMS's **Sandra Bastinelli, MS, RN**, during a May 25 CMS Open Door Forum.

"If you have any advanced imaging in your office, and that would be MRI, CAT scanners, PETs, or doing any nuclear medicine," and you're actually performing the imaging and are billing the technical components of those advanced diagnostic imaging services, you have to be accredited by Jan. 1, 2012, Bastinelli said. Although it may sound far away, she reminded practices that they only have a year and a half to prepare.

"CMS has already designated three accrediting organizations that you can go to," Bastinelli advised. One is the American College of Radiology, the second is the Intersocietal Accreditation Commission, and the third is the Joint Commission, she noted. This does not apply if your physician is only performing the interpretation -- your practice must be considered the supplier of the image to fall under these requirements.

Keep in mind: X-ray, fluoroscopy, and ultrasound are specifically excluded from this requirement, so if those are the only imaging services your office provides, you won't require accreditation, according to information on the CMS Web site at www.cms.gov/MedicareProviderSupEnrol/03_AdvancedDiagnosticImagingAccreditation.asp#TopOfPage. The site also includes information on how to seek accreditation if you require it.

CMS Works Around Question on PECOS July Compliance Date

As we reported last week, CMS will require practices to be in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) or the payer's computer system by July 6. However, when a caller to the May 25 Open Door Forum asked what would happen if her practice is not able to get into the system by then, CMS officials were not firm in stating that the claims would be denied. Instead, the reps dodged the question of whether the practice would face denials and pointed toward July 6 as the effective date of the rule.

"The effective date is July 6, which should be when the requirements are met, but we'll have to get back to you on some of those things," responded CMS's **Pat Peyton** during the call. "Once we go to the claims rejection phase, if those claims don't meet the requirements specified ... then they would be rejected." However, when the caller asked again whether July 6 is the rejection date, Peyton responded, "No, I'm telling you that's the effective date of the requirement," but noted that CMS will get "additional information to you on the date as soon as we can."

Don't Look for Claim Adjustments Just Yet

When it came to the subject of instituting claim adjustments based on changes to the Medicare Physician Fee Schedule, CMS staffers were mum.

"We're still looking at that very issue," said CMS's **Stewart Streimer** during the May 25 call. "There are a number of complicating factors associated with that, so we don't have a date yet but we are working on it," he noted.

"In addition to the Medicare contractors, we also have to be considerate to the impact on secondary insurers in terms of their abilities, and we just haven't come to closure yet in terms of what we're going to do and when we're going to do it," Streimer said.

