

Do you need to meet the CMS regulation for advanced imaging services?



The Law

Suppliers furnishing the technical component (TC) of advanced imaging services must be accredited by a CMS-designated accrediting organization for Medicare Part B payments to be made under the Physician Fee Schedule.

Who must be accredited?

- Suppliers furnishing the technical component of these advanced diagnostic imaging services: MRI, CT, PET and nuclear medicine AND
- Procedures are supplied to Medicare beneficiaries on an outpatient basis, AND
- Procedures are billed to Medicare under the physician fee schedule.

NOTE: This regulation excludes hospital-based suppliers of advanced imaging services who bill the technical component of Medicare Part B services under the hospital Outpatient Prospective Payment System (OPPS) or Inpatient Prospective Payment System (IPPS).

Who can accredit these providers?

CMS named The Joint Commission a designated accreditation organization for advanced imaging services.

What quality standards will need to be met?

Standards are not exclusive to, but would focus on, the following attributes:

- Qualifications of medical personnel and medical directors;
- Quality assurance and quality control programs to ensure the safety, reliability, clarity and accuracy of diagnostic imaging.

In order to meet CMS' requirements for advanced imaging, The Joint Commission has added three new elements of performance (EPs) to the Environment of Care (EC) chapter.

Where can I get more information?

Email ahcquality@jointcommission.org or call 630-792-5286.