The Centers for Medicare and Medicaid Services (CMS) has named The Joint Commission a national designating authority for advanced imaging services, providing an estimated 7,000 health care organizations that utilize advanced diagnostic imaging with a way to meet a new Medicare accreditation requirement. CMS’ designation announcement appears in the January 26, 2010, Federal Register.

“The Joint Commission has been a long-standing accreditor for imaging services,” says Michael Kulczycki, executive director of the ambulatory care accreditation program at The Joint Commission. “We are pleased to be part of this federal effort to further improve care for Medicare beneficiaries.” While The Joint Commission has accredited imaging services since 1975, and currently accredits nearly 100 providers representing more than 800 sites of care, this is the first time CMS has designated an accreditor of advanced diagnostic imaging centers, which must now be accredited to qualify for Medicare reimbursement payments.

CMS requires accreditation standards that are as stringent as the legislation requires, particularly as those standards relate to imaging quality, the qualifications of imaging professionals, and patient safety. The Joint Commission’s standards for advanced diagnostic imaging focus on the following issues:

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

The April 2010 issue of Perspectives will include newly approved ambulatory care requirements for advanced imaging services.

Who Must Be Accredited?

Under a new rule that is part of the Medicare Improvements for Patients and Providers Act of 2008, Medicare suppliers that bill for the technical component of advanced diagnostic imaging modalities under the physician fee schedule must become accredited by a CMS-designated accrediting organization, such as The Joint Commission, by January 1, 2012. CMS considers advanced imaging services to be magnetic resonance imaging (MRI), computerized tomography (CT), positron emission tomography (PET), and nuclear medicine imaging services for Medicare beneficiaries on an outpatient basis. (CMS can expand the list to other modalities as it sees fit.)

This requirement does not apply to advanced diagnostic imaging services provided by hospital inpatient or outpatient centers billing under the inpatient or outpatient prospective payment system. Rather, it does apply when the following circumstances exist:

- Suppliers bill Medicare for the technical component of advanced diagnostic imaging services, that is, MRI, CT, PET, and nuclear medicine procedures
- Such procedures are supplied to Medicare beneficiaries on an outpatient basis
- Such procedures are billed to Medicare under the physician fee schedule

According to a 2005 Medicare Payment Advisory Commission (MedPAC) report, diagnostic imaging services paid under Medicare’s physician fee schedule grew more rapidly than any other type of physician service between 1999 and 2003, and at approximately double the rate of all other physician services.

Providers that have a current accreditation status as of January 1, 2012, will not need to be reaccredited until the term of accreditation expires. For more information, please visit http://www.jointcommission.org/AdvImaging2012.