

# Complying with the January 1, 2012 CMS Requirements

## WHAT YOUR FACILITY NEEDS TO KNOW ABOUT MIPPA

In July 2008, the [Medicare Improvements for Patients and Providers Act \(MIPPA\)](#) was approved by Congress and enacted into law. The bill requires that by January 1, 2012, all nonhospital suppliers of the technical component of advanced diagnostic imaging services, inclusive of Nuclear Medicine, MR, CT and PET, must obtain accreditation as a condition for reimbursement. At this time, the MIPPA requirements only apply to freestanding imaging facilities. The IAC is here to help you through the process as quickly as possible. Please contact the IAC today at 800-838-2110 or via e-mail using the [online staff directory](#) if you have any questions regarding the MIPPA deadline. **Dental practices and/or dental specialty practices performing diagnostic and/or treatment planning maxillofacial CT examinations using a cone beam CT system and billing Medicare are impacted by this CMS requirement.** The IAC has provided the following list of FAQs as a service to facilities affected by MIPPA:

### WHAT IF OUR FACILITY DID NOT SUBMIT OUR APPLICATION IN TIME OR HAS NOT YET SUBMITTED AN APPLICATION TO THE IAC?

Even though the MIPPA deadline has passed, the IAC is here to help you gain accreditation and to be in compliance with CMS as soon as possible. The IAC staff is continuing to oversee the processing and review of submitted applications and delay material as expeditiously as possible. The [IAC review process](#) typically takes 12-16 weeks for complete applications and an additional 2-4 weeks for delay materials. IAC is currently working as quickly as possible to make certain you are in compliance with CMS. In addition, the IAC has also implemented an expedited review process for facilities apply for accreditation. To learn more about the expedited review option, please review the current IAC Program Policies & Procedures at [www.intersocietal.org/iac/legal/policies.htm](http://www.intersocietal.org/iac/legal/policies.htm).

### WHAT HAPPENS IF OUR FACILITY MISSES THE JANUARY 1, 2012 DEADLINE?

If your facility has not been granted accreditation by one of the accrediting organizations as of 1/1/12, your facility will not receive Medicare reimbursement until the facility is accredited.

### HOW DO WE NOTIFY CMS WHEN OUR FACILITY IS GRANTED ACCREDITATION TO ENSURE WE RECEIVE REIMBURSEMENT AFTER 1/1/12?

Once your facility has been granted accreditation by one of the IAC programs – Nuclear/PET, MRI and/or CT/Dental - **the IAC will notify CMS.** The designated accrediting organizations will notify CMS of facilities' accreditation through a process of regular data file transfers prior to 1/1/12 and continuing thereafter.

The IAC has sent several communications (both first-class mailings and e-mailed communications) to participating facilities to provide notification of the identification data needed, as mandated by CMS, and the instructions for entering this data through IAC Online Accreditation. If you have not done so, it is critical that you access your facility's IAC Online Accreditation account as soon as possible to enter and/or verify and update the National Provider Identifier (NPI) data and Medicare enrollment numbers. CMS as well as other private insurers will verify the accreditation status of a supplier only through data file transfers containing this information. Failure to enter accurate identification data will result in nonpayment of Medicare claims after 1/1/2012. To view the full instructions on updating the NPI data and Medicare enrollment numbers, please visit [www.intersocietal.org/iac/npi\\_instructions.htm](http://www.intersocietal.org/iac/npi_instructions.htm).

### DIRECTORY OF ACCREDITED FACILITIES

Check the directory of IAC Accredited Facilities to see details of your facility's accreditation status or access the IAC Accredited Facility Locator. [View the directory»](#)