Medicare Claims Processing Manual
Chapter 35 – Independent Diagnostic Testing Facility (IDTF)

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(Rev. 1504, 05-16-08)

Transmittals for Chapter 35

10 - General Coverage and Payment Policies
(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

Effective for diagnostic procedures performed on or after March 15, 1999, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, a nurse practitioner, or a clinical nurse specialist when he or she performs a test he or she is authorized by the State to perform, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location or a mobile entity. It is independent of a physician's office or hospital.

Refer to the Medicare Program Integrity Manual, Pub. 100-08, chapter 10, for information concerning provider enrollment and instructions regarding entities that must enroll as and bill for diagnostic procedures as an independent diagnostic testing facility (IDTF).

10.1 - The Term "Independent Diagnostic Testing Facility (IDTF)"
(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

Consistent with 42 CFR 410. 33(a)(1), an IDTF is one that is independent both of an attending or consulting physician's office and of a hospital. However, IDTF general coverage and payment policy rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

10.2 - Claims Processing
(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

A - Billing Issues

Nothing in this document or in the Medicare Enrollment Application, (CMS-855B) or the Internet-based Provider Enrollment, Chain and Ownership System shall be construed or interpreted to authorize billing by an IDTF, physician, physician group practice, or any other entity that would otherwise violate the physician self-referral prohibition set forth in §1877 of the Social Security Act and related regulations. Carriers must deny claims submitted in violation of §1877 and demand refunds of any payments that have been made in violation of §1877.

Consistent with 42 CFR 410.32(a), the supervisory physician for the IDTF, whether or not for a mobile unit, may not order tests to be performed by the IDTF, unless the supervisory physician is the patient's treating physician and is not otherwise prohibited from referring to the IDTF. The supervisory physician is the patient's treating physician if he or she furnishes a consultation or treats the patient for a specific medical problem and uses the test results in the management of the patient's medical problem.

If an IDTF wants to bill for an interpretation performed by an independent practitioner off the premises of the IDTF, the IDTF must meet the conditions shown in IOM Pub. 100-04, §30.2.9.1 concerning purchased interpretations.

B - Transtelephonic and Electronic Monitoring Services

Transtelephonic and electronic monitoring services (e.g. twenty four hour ambulatory EKG monitoring, pacemaker monitoring and cardiac event detection) may perform some of their services without actually seeing the patient. Most but not all of these billing codes are, 93012 ,93014, 93040, 93224, 93225, 93226, 93232, 93230, 93231, 93233, 93236, 93270, 93271, 93731, 93733, 93736, 95953, 95956, These monitoring service entities should be classified as IDTFs and must meet all IDTF requirements. We currently do not have specific certification standards for their technicians; technician credentialing requirements for them are at carrier discretion. They do require a supervisory physician who performs General Supervision. Final enrollment of a transtelephonic or electronic monitoring service as an IDTF requires a site visit.

For any entity that lists and will bill codes 93012, 93014, 93268, 93270, 93271, 93272, the carrier must make a written determination that the entity actually has a person available on a 24 hour basis to answer telephone inquiries. Use of an answering service in lieu of the actual person is not acceptable. The person performing the attended monitoring should be listed in Section 3 of Attachment 2 of Form CMS-855B. The qualifications of the person are at the carrier's discretion. The carrier shall check that the person is available by attempting to contact the applicant during non-standard business hours. In Particular, at least one of the contact calls should be made between midnight and 6:00 AM. If the applicant does not meet the availability standard they should receive a denial.

C - Slide Preparation Facilities and Radiation Therapy Centers

Slide Preparation Facilities and Radiation Therapy Centers are not IDTFs. Slide preparation facilities are entities that provide slide preparation services and other kinds of services that are payable through the technical component of the surgical pathology service. These entities do not provide the professional component of surgical pathology services or other kinds of laboratory tests. The services that they provide are recognized by carriers for payment, as codes in the surgical pathology code range (88300) to (88399) with a technical component value under the physician fee schedule. The services provided by these entities are usually ordered by and reviewed by a dermatologist. Slide preparation facilities generally only have one or two people performing this service.

All enrolled Slide Preparation Facilities must enroll separately with their Medicare contractor. Radiation Therapy Centers provide therapeutic services and therefore are not IDTFs. Radiation Therapy Centers must enroll separately with their Medicare contractor.

20 - Ordering of Test

(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

All procedures performed by the IDTF must be specifically ordered in writing by the physician or practitioner who is treating the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. (Nonphysician practitioners may order tests as set forth in CFR 410.32(a)(3).)

The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests to be performed by the IDTF, unless the IDTF's supervising physician is in fact the beneficiary's treating physician. That is, the physician in question had a relationship with the beneficiary prior to the performance of the testing and is treating the beneficiary for a specific medical problem. The IDTF may not add any procedures based on internal protocols without a written order from the treating physician.

30 - Purchased Diagnostic Test

(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

A person or supplier that provides diagnostic tests may submit the claim, and (if assignment is accepted) receive the Part B payment, for diagnostic test interpretations which that person or entity purchases from an independent physician or medical group if:

- *The tests are initiated by a physician or medical group which is independent of the person or entity providing the tests and of the physician or medical group providing the interpretations;*

- *The physician or medical group providing the interpretations does not see the patient; and*

- *The purchaser (or employee, partner, or owner of the purchaser) performs the technical component of the test. The interpreting physician must be enrolled in the Medicare program. No formal reassignment is necessary.*

The purchaser must keep on file the name, the provider identification number and address of the interpreting physician. The rules permitting claims by a facility or clinic for services of an independent contractor physician on the physical premises of the facility or clinic are set forth in §§30.2.7 and 30.2.8.3.

***NOTE:** This change does not negate the requirement that when an entity either purchases an interpretation or a test, they themselves must perform the other component in order to be paid for the purchased component. This also does not negate the requirement that the purchased price of the TC must be reported.*

Effective for claims with dates of service on or after January 25, 2005, carriers must accept and process claims for purchased diagnostic interpretations billed by suppliers (including laboratories, physicians, and independent diagnostic testing facilities [IDTFs]) enrolled in the carrier's jurisdiction, for services furnished anywhere in the United States. Effective April 1, 2005, carriers must price claims for purchased interpretations based on the ZIP Code of the location where the service was rendered when submitted by a laboratory or IDTF, using a CMS-supplied abstract file of the MPFS containing the HCPCS codes that are payable under the MPFS as either a purchased test or interpretation for the calendar year. (See IOM Publication 100-04, chapter 23, §30.6, and Addendum for record layouts and instructions for downloading the Abstract File for Purchased Diagnostic Tests/Interpretations.) Until further notice, carriers must pay the local rate for purchased interpretation claims when submitted by a physician.

***NOTE:** As with all services payable under the MPFS, the ZIP Code is used to determine the appropriate payment locality and corresponding fee for the purchased test/interpretation. When a ZIP Code crosses county lines, CMS uses the dominant locality to determine the corresponding fee.*

30.1 - National Provider Identification (NPI) Reported on Claims

(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

Effective for dates of service May 23, 2008 and later, IDTF's must submit the NPI assigned to the ordering physician in box 17B of the CMS-1500 form and in the appropriate loop of the ANSI X 12N 837P electronic claim format.

40 - Interpretations Performed Off the Premises of the IDTF

(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

If an IDTF wants to bill for an interpretation performed by an independent practitioner off the premises of the IDTF, the IDTF must meet the conditions shown in IOM Pub. 100-04, §30.2.9.1.

50 - Therapeutic Procedures

(Rev. 1506; Issued: 05-16-08; Effective/Implementation Date: 06-16-08)

An IDTF shall not be allowed to bill for any CPT or HCPCS codes that are solely therapeutic.

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
R1504CP	05/15/2008	New Chapter for Independent Diagnostic Testing Facilities (IDTF)	06/16/2008	5815