

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4071</b>	<b>Date: June 8, 2018</b>
	<b>Change Request 10735</b>

**SUBJECT: Update of Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 18- Preventive and Screening Services, and Chapter 35 - Independent Diagnostic Testing Facility (IDTF)**

**I. SUMMARY OF CHANGES:** This Change Request (CR) updates the IOM, publication. 100-04, chapter 18 - Preventive and Screening Services, and chapter 35 - Independent Diagnostic Testing Facility (IDTF) to include requirements and payment policies for screening mammography services furnished by IDTFs.

**EFFECTIVE DATE: July 9, 2018**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 9, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	18/Table of Contents
N	18 /20 / 20.3.1.4 / Independent Diagnostic Testing Facility (IDTF) Mammography Payment
R	35/10/10.2/Claims Processing

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

<b>Pub. 100-04</b>	<b>Transmittal: 4071</b>	<b>Date: June 8, 2018</b>	<b>Change Request: 10735</b>
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**SUBJECT: Update of Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 18- Preventive and Screening Services, and Chapter 35 - Independent Diagnostic Testing Facility (IDTF)**

**EFFECTIVE DATE: July 9, 2018**

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**IMPLEMENTATION DATE: July 9, 2018**

**I. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is to update the IOM publication 100-04, chapter 18 and chapter 35. Chapter 18 and chapter 35 will now include claims processing instructions for screening mammographies that are performed by an IDTF.

**B. Policy:** This CR contains no policy changes. Contractors shall note the updates to the manual sections.

**II. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10735.1	Contractors shall be in compliance with the updates to the CMS IOM publication 100-04, chapter 18 - Preventive and Screening Service, section 20.3.1.4- Independent Diagnostic Testing Facility (IDTF) Mammography Payment and chapter 35 - Independent Diagnostic Testing Facility (IDTF), section 10.2 - Claims Processing.	X	X								

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
10735.2	MLN Article: CMS will make available an MLN Matters provider education	X	X			

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Teira Canty, teira.canty@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 18 - Preventive and Screening Services

### Table of Contents *(Rev.4071, Issued: 06-08-18)*

*20.3.1.4- Independent Diagnostic Testing Facility (IDTF) Mammography Payment*

**20.3.1.4- Independent Diagnostic Testing Facility (IDTF) Mammography Payment**  
**(Rev.4071, Issued: 06-08-18, Issued: 07-09-18, Implementation: 07-09-18)**

*If an IDTF furnishes any type of mammography service (Screening or diagnostic), it must have a Food and Drug Administration (FDA) certification to perform such services. An entity that only performs diagnostic mammography service should not be enrolled as an IDTF.*

*Screening mammographies (including those that are self-referred) are payable by Medicare when performed in and by an IDTF entity.*

*For additional information, refer to 100-04 – Medicare Claims Processing Manual, Chapter 35 – Independent Diagnostic Testing Facility, Section 10.2 – Claims Processing.*

# Medicare Claims Processing Manual

## Chapter 35 – Independent Diagnostic Testing Facility (IDTF)

### 10.2 - Claims Processing

*(Rev.4071, Issued: 06-08-18, Issued: 07-09-18, Implementation: 07-09-18)*

#### 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. A/B MACs (B) 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 a physician who does not share a practice with the IDTF, the IDTF must meet certain conditions concerning the anti-markup payment limitation. If a physician working for an IDTF (or a party related to the IDTF through common ownership or control as described in 42 CFR §413.17) does not order the TC or PC of a diagnostic test (excluding clinical diagnostic laboratory tests), it would not be subject to the anti-markup payment limitation. (See Pub. 100-04, chapter 1, §30.2.9)

#### B. Transtelephonic and Electronic Monitoring Services

Transtelephonic and electronic monitoring services (e.g., 24 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 A/B MAC (B) 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 A/B MAC (B) 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 A/B MAC (B)'s discretion. The A/B MAC (B) 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 A/B MACs (B) 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

#### ***D. Independent Diagnostic Testing Facility (IDTF) Mammography Payment***

*If an IDTF furnishes any type of mammography service (Screening or diagnostic), it must have a Food and Drug Administration (FDA) certification to perform such services. An entity that only performs diagnostic mammography service should not be enrolled as an IDTF.*

*Screening mammographies (including those that are self-referred) are payable by Medicare when performed in and by an IDTF entity.*

*For additional information, refer to 100-04 – Medicare Claims Processing Manual, Chapter 18 – Preventive and Screening Services, Section 20 - Mammography Services (Screening and Diagnostic).*