



# NATIONAL PROVIDER ENROLLMENT CONFERENCE

59 Million Patients, 2 Million Providers, **ONE** Mission

## Enrollment of Independent Diagnostic Testing Facilities (IDTF)

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# What is an IDTF

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An IDTF is a facility 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.



# Who must enroll as an IDTF?



- Suppliers who are providing diagnostic tests independently of a physician's office or hospital
- Although physician-owned or hospital-owned offices are not IDTFs, there are certain arrangements where they would meet IDTF enrollment criteria and would be required to enroll as an IDTF. The following example details when physician-owned or hospital-owned practices would be required to enroll as an IDTF:
  - A physician group where a substantial majority of the radiological interpretations are performed at the practice location where the diagnostic tests are performed
  - The group may bill for the PC and TC of the tests performed on their own patients
  - The practice may continue to be enrolled as a physician group practice but must bill as an IDTF for the performance of diagnostic tests on Medicare beneficiaries who are not patients of the practice

# Who is not required to enroll as an IDTF?



- The following guidelines identify radiology practices NOT required to enroll as an IDTF:
  - The practice is owned (directly or indirectly) by radiologists, a hospital, or both.
  - The radiologist owner(s) and any employed or contracted radiologists regularly perform physician services (e.g., test interpretations) at the location where the diagnostic tests are performed.
  - The billing patterns indicate the practice performs mostly professional services (e.g., interpretations), bills for a substantial percentage of all the interpretations of the diagnostic tests performed by the practice, and rarely bills solely the technical component of a diagnostic test.
  - A substantial majority of the radiological interpretations are performed at the practice location where the diagnostic tests are performed.
  - A facility should not be enrolled as an IDTF if it solely performs diagnostic mammography services or if it bills for therapeutic procedures.

# Diagnostic Radiology



- A radiologist or group practice of radiologists is not necessarily required to enroll as an IDTF if the following conditions are met:
  - Practice is owned by radiologists, a hospital, or both
  - Physician services (i.e., test interpretation) are regularly performed by employed or owning radiologists at the same location the diagnostic tests are performed
  - Billing patterns indicate the facility is not primarily a testing facility
  - A substantial majority of the radiological interpretations are performed at the practice location where the diagnostic tests are performed

# Diagnostic Radiology Example



- A physician group practice is opening a radiology department within their building
- The radiology department will perform testing on patients referred by the physicians employed by the group
- The radiology department will also accept outside referrals
- Does the physician group need to enroll the radiology department as an IDTF to submit claims for diagnostic radiological tests?

# IDTF Standards



A complete list of all 17 IDTF performance standards are available in Attachment 2 Independent Diagnostic Testing Facilities of **Form CMS-855B** or section 15.5.19.1(a) of the Medicare Program Integrity Manual.

Standards resulting in delay, denial or revocation of enrollment:

**Standard 2:** Provide complete and accurate information on the enrollment application

- Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the MAC on the Medicare enrollment application within 30 calendar days of the change
- All other changes to the enrollment application must be reported within 90 calendar days.

# IDTF Standards



## **Standard 4:** All diagnostic testing equipment is available at the physical site

- Excludes portable diagnostic testing equipment
- A catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers, must be maintained at the site
- Portable diagnostic testing equipment must be available for inspection within two business days of the CMS inspection request
- Must maintain a current inventory of diagnostic testing equipment, including serial and registration numbers, provide this information to the designated MAC upon request, and notify the MAC of any changes within 90 days.



# IDTF Standards



**Standard 7:** Agree not to directly solicit patients, which include, but are not limited to, a prohibition on telephone, computer, or in-person contacts

- The IDTF must accept only those patients referred for diagnostic testing by an attending 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
- Non-physician practitioners may order tests as set forth in section 410.32(a)(3).

# IDTF Standards



**Standard 9:** Openly post these standards for review by patients and the public

**Standard 12:** Have technical staff on duty with the appropriate credentials to perform tests

- The IDTF must be able to produce the applicable Federal or State licenses or certifications of the individuals performing these services

# Reimbursable Services



- Every IDTF will have a specific and unique list of HCPCS codes for which it can be paid
- Claims will deny if the appropriate HCPCS code is not included on your enrollment
- IDTFs must indicate which procedure codes they intend to bill for on the CMS-855B
- All billable CPT codes are subject to Local Coverage Decisions and Medical Necessity, which your MAC can inform you of
- All procedures performed by the IDTF must be specifically ordered in writing by the physician or practitioner who is treating the beneficiary
  - The order must specify the diagnosis or other basis for the testing- 42 CFR 410.33(d)
- An IDTF shall not be allowed to bill for any CPT or HCPCS codes that are solely therapeutic.

# Reimbursable Services



- Many diagnostic tests are radiological procedures; however not all radiology practices are independent of a physician office or hospital
- Diagnostic tests that are performed under arrangement with a hospital by an entity and are billed under the entity's own billing number, are subject to the IDTF rules
- X-ray services (if portable excluding transportation and setup)
- Transtelephonic and Electronic Monitoring Services (24-hour EKG monitoring, pacemaker monitoring, etc.)
- Diagnostic Mammography as well as other services
- An IDTF may not perform and bill for CLIA tests
- Cardiac catheterization (TC only)

# CMS 855 B ATTACHMENT 2: IDTF



## ATTACHMENT 2: INDEPENDENT DIAGNOSTIC TESTING FACILITIES *(Continued)*

### A. Standards Qualifications

Provide the date this Independent Diagnostic Testing Facility met all current CMS standards *(mm/dd/yyyy)*

### B. CPT-4 and HCPCS Codes

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE <i>(mm/dd/yyyy)</i>			

All codes reported here must be for diagnostic tests that an IDTF is allowed to perform. Diagnostic tests that are clearly surgical in nature, which must be performed in a hospital or ambulatory surgical center, should not be reported. Clinical laboratory and pathology codes should not be reported. This page may be copied for additional codes or equipment.

	CPT-4 OR HCPCS CODE	EQUIPMENT	MODEL NUMBER <i>(Required)</i>
1.			
2.			



# Effective Date of Billing Privileges



- The effective date of billing privileges for a newly enrolled IDTF is the later of the following:
  - The filing date of the Medicare enrollment application that was subsequently approved by the MAC; or
  - The date the IDTF first started furnishing services at its new practice location.
- A newly-enrolled IDTF, therefore, may not receive reimbursement for services furnished before the effective date of billing privileges
- If an IDTF application is rejected and a new application is later submitted, the date of filing is the date the MAC receives the new enrollment application
- NOTE: The filing date of an IDTF Medicare enrollment application is the date that the MAC receives a signed application that it is able to process to approval

# Place of Service and Practice Location



- The practice location indicated on the 855B is not the same as the Place of Service (POS) indicated on claims for IDTF services
- The POS is where the face to face service occurs
- In cases where the face-to-face requirement is obviated, such as those when the professional component (PC) interpretation of a diagnostic test is performed from a distant site, the POS code will be the setting in which the beneficiary received the technical component (TC) of the service
- The practice location for an IDTF is:
  - the physical location(s) where you currently provide health care services
  - OR
  - a location from which HIPAA covered transactions are submitted (this excludes repair facilities and warehouses)

# Multi-State IDTF



An IDTF that operates across State boundaries must:

- Maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it operates
- Operate in compliance with all applicable Federal, State, and local licensure and regulatory requirements with regard to the health and safety of patients.

Note: When the IDTF performs or administers an entire diagnostic test at the beneficiary's location, the beneficiary's location is the POS. When one or more aspects of the diagnostic testing are performed at the IDTF, the IDTF is the POS.

# IDTF Example



- Supplier is enrolling as a Transtelephonic and Electronic Monitoring Services IDTF
- IDTF is located in California but furnishes EKG monitoring for patients in almost all 50 states (monitors are mailed to the patients)
- Monitoring and data collection is completed while patients wear monitors (data is sent back to IDTF for review and clean up)
- The interpretation of that data is completed by a physicians office not affiliated to the IDTF
  - *Should this IDTF enroll as mobile or fixed?*
  - *Where is the place of service?*
  - *Are the staff members working in CA required to be licensed in every state the IDTF is providing monitoring services?*
- **Considerations:**
  - The CA location only reviews the data received to ensure its accuracy
  - Where is the test being administered--the IDTF in CA or the patients' homes?



# Knowledge Check

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# IDTF Example

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- The technical component is being furnished at the IDTF in CA not the patient's homes because the data is transmitted to the IDTF's office location—the equipment being mobile doesn't necessarily make the IDTF mobile
- Thus, the IDTF is fixed, not multi-state, and is not required to be licensed in every state a patient is wearing one of its EKG monitors

# Practice Location



- An IDTF must separately enroll each of its practice locations (with the exception of locations that are used solely as warehouses or repair facilities)
- This means that an enrolling IDTF can have only one practice location on its Form CMS-855B enrollment application
- If an IDTF is adding a practice location to its existing enrollment, it must submit a new complete Form CMS-855B application for that location and have that location undergo a separate site visit
- Each of the IDTF's mobile units must enroll separately
- If a fixed IDTF site also contains a mobile unit, the mobile unit must enroll separately from the fixed location
- Each separately enrolled practice location must meet all applicable IDTF requirements—failure to comply with any of these requirements will result in the revocation of its Medicare billing privileges

# Site Visit Requirements



## Freestanding

All initial and revalidating IDTF applicants shall receive a mandatory site visit prior to the contractor's approval of the application. The general purposes of these reviews are to determine whether:

- The information listed on Attachment 2 of the Form CMS-855B is correct, verifiable, and in accordance with all IDTF regulatory and enrollment requirements.
- To the extent applicable, the IDTF meets the criteria outlined in section 15.19.2.2(B) of this chapter
- The IDTF meets the supplier standards in 42 CFR § 410.33
- An IDTF should be open and operational at the time it submits the CMS-855B application to initially enroll

# Site Visit Requirements

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## Mobile Units

Mobile units are required to list their geographic service areas in section 4 of the Form CMS-855B. Based on the information furnished therein, the NSVC will generally perform the site visit via one of the following methods:

- The mobile unit visits the office of the NSVC (or some other agreed-to location) for inspection
- The NSVC visits the mobile unit's base of operations to inspect the unit
- The NSVC obtains an advance schedule of the locations at which the IDTF will be performing services and conducts the site visit at one of those locations.

# IDTF Sleep Labs



- Some IDTFs provide polysomnography or sleep studies
- Per the IDTF standards, an IDTF must maintain a physical facility on an appropriate site 42 CFR 410.33(g)(3)
- For the purposes of this standard, a hotel or motel is not considered an appropriate site
- Suppliers found to be practicing in a hotel or motel location risk having their application denied or enrollment revoked for non-compliance





# Poll Question

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# Sharing Space



- Effective January 1, 2008, with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF does not:
- Share a practice location with another Medicare-enrolled individual or organization
- Lease or sublease its operations or its practice location to another Medicare-enrolled individual or organization
- Share diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization
- Leasing or Subleasing operations to another organization or individual may result in revocation of billing privileges.

# Supervising Physician

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- The supervising physician must:
- Be licensed to practice in the State(s) where the diagnostic tests he or she supervises will be performed
- Be enrolled in Medicare; however, the physician(s) need not necessarily be Medicare enrolled in the State where the IDTF is enrolled
- Meet the proficiency tests for any tests he or she supervises
- Is not currently excluded or barred
- Not provide general supervision for no more than three IDTF sites

# Supervising Physician

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- An IDTF must have one or more supervising physicians who are responsible for:
- The direct and ongoing oversight of the quality of the testing performed
- The proper operation and calibration of equipment used to perform tests and
- The qualifications of non-physician IDTF personnel who use the equipment

# CMS 855 B ATTACHMENT 2: IDTF



## E. Supervising Physicians

<b>CHECK ONE</b>	<input type="checkbox"/> <b>CHANGE</b>	<input type="checkbox"/> <b>ADD</b>	<input type="checkbox"/> <b>DELETE</b>
<b>DATE</b> (mm/dd/yyyy)			
First Name	Middle Initial	Last Name	Suffix (e.g., Jr., Sr.)
Social Security Number (Required)		Date of Birth (mm/dd/yyyy) (Required)	
Medicare Identification Number (if issued)		NPI	
Telephone Number	Fax Number (if applicable)	E-mail Address (if applicable)	

### TYPE OF SUPERVISION PROVIDED

Check the appropriate box below indicating the type of supervision provided by the physician reported above for the tests performed by the IDTF in accordance with 42 C.F.R. 410.32 (b)(3) (See instructions for definitions).

☐ Personal Supervision    ☐ Direct Supervision    ☐ General Supervision

For each physician performing General Supervision, at least one of the three functions listed here must be checked. However, to meet the General Supervision requirement, in accordance with 42 C.F.R. 410.33(b), the enrolling IDTF must have at least one supervisory physician for each of the three functions. For example, two physicians may be responsible for function 1, a third physician may be responsible for function 2, and a fourth physician may be responsible for function 3. All four supervisory physicians must complete and sign the supervisory physician section of this application. Each physician should only check the function(s) he/she actually performs.

- ☐ Assumes responsibility for the overall direction and control of the quality of testing performed.
- ☐ Assumes responsibility for assuring that the non-physician personnel who actually perform the diagnostic procedures are properly trained and meet required qualifications.
- ☐ Assumes responsibility for the proper maintenance and calibration of the equipment and supplies necessary to perform the diagnostic procedures.



# CMS 855 B ATTACHMENT 2: IDTF



## OTHER SUPERVISION SITES

Does this supervising physician provide supervision at any other IDTF? ☐ YES ☐ NO

If yes, list all other IDTFs for which this physician provides supervision. For more than five, copy this sheet.

	NAME OF FACILITY	ADDRESS	TAX IDENTIFICATION NUMBER	LEVEL OF SUPERVISION
1.				
2.				
3.				
4.				
5.				

# CMS 855 B ATTACHMENT 2: IDTF



## ATTESTATION STATEMENT FOR SUPERVISING PHYSICIANS

All Supervising Physician(s) rendering supervisory services for this IDTF must sign and date this section. All signatures must be original.

1. I hereby acknowledge that I have agreed to provide (IDTF Name) \_\_\_\_\_ with the Supervisory Physician services checked above for all CPT-4 and HCPCS codes reported in this Attachment. (See number 2 below if all reported CPT-4 and HCPCS codes do not apply). I also hereby certify that I have the required proficiency in the performance and interpretation of each type of diagnostic procedure, as reported by CPT-4 or HCPCS code in this Attachment (except for those CPT-4 or HCPCS codes identified in number 2 below). I have read and understand the Penalties for Falsifying Information on this Enrollment Application, as stated in Section 14 of this application. I am aware that falsifying information may result in fines and/or imprisonment. If I undertake supervisory responsibility at any additional IDTFs, I understand that it is my responsibility to notify this IDTF at that time.
2. I am not acting as a Supervising Physician for the following CPT-4 and/or HCPCS codes reported in this Attachment.

CPT-4 OR HCPCS CODE	CPT-4 OR HCPCS CODE	CPT-4 OR HCPCS CODE

3. Signature of Supervising Physician (*First, Middle, Last, Jr., Sr., M.D., D.O., etc.*)

Date (*mm/dd/yyyy*)

# Interpreting Physician



IDTFs are not required to have interpreting physicians. If the IDTF does have such physician, this IDTF interpreting physician must:

- Be licensed to practice in the State(s) where the diagnostic tests he or she supervises will be performed
- 
- Be enrolled in Medicare
- Not be currently excluded or barred
- Be qualified to interpret the types of tests (codes) listed in the enrollment application

# Interpreting Physician



How would an interpreting physician enroll and submit claims if they were located in an enrollment jurisdiction that is different from the jurisdiction the IDTF is located in?

- (A) When the TC and PC are furnished in different MAC jurisdictions the interpreting physician should enroll within the same jurisdiction as the IDTF
- (B) When the TC and PC are furnished in different MAC jurisdictions (and the claim is not subject to anti-markup or reassignment) the interpreting physician should file the claim to his or her applicable Medicare claims processing contractor.
- (C) The IDTF should submit the claims on behalf of the interpreting physician

# CMS 855 B ATTACHMENT 2: IDTF



## C. Interpreting Physician Information

Check here ☐ if this section does not apply because the interpreting physician will bill separate from the IDTF.

### 1<sup>ST</sup> Interpreting Physician Information

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

First Name	Middle Initial	Last Name	Suffix (e.g., Jr., Sr.)
Social Security Number (Required)		Date of Birth (mm/dd/yyyy) (Required)	
Medicare Identification Number (if issued)		NPI	

# Identifying Technicians

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Each non-physician who performs IDTF diagnostic tests must be listed. These persons are often referred to as technicians.

- All technicians must meet the standards of a state license or state certification at the time of the IDTF's enrollment.

# Identifying Technicians



## Certifying Boards

- American Registry for Diagnostic Medical Sonography (ARDMS)
- American Registry of Radiology Technologists (ARRT)
- Nuclear Medicine Technology Certification Board (NMTCB)

Note: If a technician is being added or changed, the updated information must be reported within 30 days via a Form CMS-855B change request. The new technician must have met all of the necessary credentialing requirements at the time any tests were performed.

# CMS 855 B ATTACHMENT 2: IDTF



## D. Personnel (Technicians) Who Perform Tests

Complete this section with information about all non-physician personnel who perform tests for this IDTF. Notarized or certified true copies of the State license or certificate should be attached.

### 1<sup>ST</sup> PERSONNEL (TECHNICIAN) INFORMATION

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			
First Name	Middle Initial	Last Name	Suffix (e.g., Jr., Sr.)
Social Security Number (Required)		Date of Birth (mm/dd/yyyy) (Required)	
Is this technician State licensed or State certified? (see instructions for clarification) <input type="checkbox"/> YES <input type="checkbox"/> NO			
License/Certification Number (if applicable)		License/Certification Issue Date (mm/dd/yyyy) (if applicable)	
Is this technician certified by a national credentialing organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of credentialing organization (if applicable)		Type of Credentials (if applicable)	
Is this technician employed by a hospital?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the name of the hospital here: _____			



# Equipment Registration Requirements

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The IDTF must maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers, provide this information to the designated MAC upon request, and notify the MAC of any changes in equipment within 90 days (Standard 4)



# Knowledge Check

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# IDTF Resources



General coverage and payment policies, ordering of test, diagnostic tests subject to anti-mark-up payment limitation, interpretations performed off premises of IDTF, and therapeutic procedures can be found in Chapter 35 IDTF of the “Medicare Claims Processing Manual,” which is available at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c35.pdf>.

42 CFR 410.33 is available at <http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol2/pdf/CFR-2010-title42-vol2-sec410-33.pdf>.

The “Medicare Program Integrity Manual” contains Chapter 15 Medicare Enrollment, which discusses IDTF enrollment in the Medicare program. It is available at <http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c15.pdf>.

The Medicare Enrollment Application CMS-Form 855B, including Attachment 2, is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855b.pdf>.

MLN Matters® Number MM7631, Revised and Clarified Place of Service (POS) Coding Instructions, is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7631.pdf>.



# Thank You

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