



Independent Diagnostic Testing Facility



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What's Changed?

Note: No substantive content updates.

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Definition

An independent diagnostic testing facility (IDTF) is a facility independent of both an attending or consulting physician's office and a hospital. However, IDTF general [coverage and payment policy](#) rules apply when an IDTF supplies diagnostic procedures in a physician's office.

Medicare Administrative Contractors (MACs) pay for diagnostic procedures under the Physician Fee Schedule (PFS) when an IDTF performs them. An IDTF may be a fixed location or a mobile entity but must be independent of a physician's office or hospital.

Except for hospital-based and mobile IDTFs, a fixed-base IDTF doesn't:

1. Share a practice location with another Medicare-enrolled person or organization
2. Lease or sublease its operations or its practice location to another Medicare-enrolled person or organization
3. Share diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled person or organization

Medicare Enrollment Requirements

An IDTF should be open and operational when it submits the [Medicare Enrollment Application-Clinics/ Group Practices and Other Suppliers \(CMS-855B\)](#) to initially enroll in Medicare.

One Enrollment per Practice Location

An IDTF must separately enroll each of its practice locations except for locations they use solely as warehouses or repair facilities. This means:

- An enrolling IDTF can have only 1 practice location on its Form CMS-855B.
- If an IDTF is adding a practice location to its existing enrollment, it must submit a new complete application and undergo a separate site visit for that location. The MAC gets the application and starts processing it; then CMS or its agent will conduct an unannounced site visit.
- Each IDTF mobile unit must enroll separately. If a fixed IDTF site has a mobile unit, the mobile unit must enroll separately from the fixed location.

Note: An IDTF must report changes in ownership, location, general supervision, or final adverse actions to MACs within 30 calendar days. An IDTF must report all other changes to the enrollment application within 90 days. By signing the certification statement, the IDTF agrees to abide by all Medicare rules for its supplier type, including the 30-day rule in [42 CFR 410.33\(g\)\(2\)](#).

Each separately enrolled practice location of the IDTF must meet all applicable IDTF requirements. Medicare will deny the application or revoke billing privileges from any location that fails to comply with any of these enrollment requirements.

Effective Date of Billing Privileges

The filing date of an IDTF Medicare enrollment application is the date the MAC gets a signed application it can process for approval per [42 CFR 410.33\(i\)](#). The effective date of billing privileges for a newly enrolled IDTF is the later of these:

- The filing date of the MAC-approved Medicare enrollment application.
- The date the IDTF first started providing services at its new practice location. A newly enrolled IDTF won't get payment for services it provides before the effective date of billing privileges.

Note: If the MAC rejects an IDTF application and the IDTF sends a new application, the date of filing is the date the MAC gets the new enrollment application.

Leasing & Staffing

A mobile IDTF doesn't include entities that lease or contract with a Medicare-enrolled provider or supplier to provide:

- Diagnostic testing equipment
- Non-physician personnel described in [42 CFR 410.33\(c\)](#)
- Diagnostic testing equipment and non-physician personnel described in 42 CFR 410.33(c)

The provider or supplier is responsible for providing the appropriate level of physician supervision for the diagnostic testing.

Multi-State IDTFs

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 regarding patient health and safety

We define place of service (POS) on the claim form as the point of the actual delivery of service. When the IDTF performs or administers an entire diagnostic test at the patient's location, the patient's location is the POS. When an IDTF performs 1 or more aspects of the diagnostic testing at the IDTF, the IDTF is the POS. See [POS Issues](#) for more information about coding for POS.

IDTF Physician & Technician Requirements

Supervising Physician

An IDTF must have 1 or more supervising physicians responsible for the:

- Direct and ongoing oversight of the quality of the testing performed
- Proper operation and calibration of equipment used to perform tests
- Qualifications of non-physician IDTF personnel who use the equipment

Supervising physicians don't have to be responsible for all functions. One supervising physician can be responsible for operating and calibrating equipment, while other supervising physicians can be responsible for test supervision and the qualifications of non-physician personnel. The basic requirement, however, is that the IDTF must meet all supervisory physician functions at each location, regardless of the number of physicians involved. Mobile IDTF units can use different supervisory physicians at different locations, and they may have a different physician supervise the test at each location.

Supervising physicians must:

- Have a license to practice in the state where the diagnostic tests they supervise take place
- Be enrolled in Medicare (but they don't need to be Medicare-enrolled in the same state as the IDTF's enrollment)
- Not currently be excluded or barred by the Office of Inspector General (OIG) from participating in any Federal Executive Branch (FEB) procurement or non-procurement programs
- Be qualified to supervise the types of tests (codes) the IDTF listed in the enrollment application
- Provide general supervision for no more than 3 IDTF sites, which applies to both fixed sites and mobile units where 3 concurrent operations can perform tests

If the supervising physician is enrolling in Medicare and doesn't intend to perform medical services outside of their role as a supervising physician, the:

- MAC will still send the physician an approval letter, assuming successful enrollment, and issue a Provider Transaction Access Number (PTAN)
- Physician will list the IDTF's address as a practice location
- Space-sharing prohibition in [42 CFR 410.33\(g\)](#) doesn't apply in this scenario

Each supervising physician listed must complete a separate [attestation](#) statement.

If you add or change a supervising physician, you must report the change on Form CMS-855B. A new supervising physician must meet all the necessary credentialing requirements when performing any tests. If the IDTF reports removing a supervising physician but doesn't report a replacement, the MAC may proceed with non-compliance revocation.

Interpreting Physician

IDTFs don't need to have interpreting physicians. If the IDTF has such physicians, the IDTF interpreting physician must:

- Have a license to practice in the state where the diagnostic tests they interpret take place
- Be enrolled in Medicare
- Not currently be excluded or barred by the OIG from participating in any FEB procurement or non-procurement programs
- Be qualified to interpret the types of tests (codes) the IDTF listed in the enrollment application

If you add or change an interpreting physician, you must report the change on Form CMS-855B.

A new interpreting physician must meet all the necessary credentialing requirements when performing any tests. When an IDTF employs or contracts with an interpreting physician, a Form CMS-855I reassignment application doesn't need to accompany the Form CMS-855B.

Technician

An IDTF technician must:

- Meet the certification and license standards of the state in which they perform tests at the time of the IDTF enrollment and at the time they perform any tests
- Be qualified to perform the types of tests (codes) the IDTF listed in the enrollment application

If you add or change a technician, you must report the change on Form CMS-855B. A new technician must meet all the necessary credentialing requirements when performing tests.

Performance Standards for IDTFs

As part of its enrollment application, an IDTF must complete Attachment 2 of CMS-855B for the IDTF performance standards, which are in 42 CFR 410.33(g). In completing the enrollment application, including Attachment 2, the IDTF certifies that it meets the performance standards and all other requirements consistent with 42 CFR 410.33(g).



IDTF Requirements

The IDTF must certify in its enrollment application that it meets these standards and related requirements:

1. Operate its business in compliance with all applicable federal and state licensure and regulatory requirements for the health and safety of patients.
2. Provide complete and accurate information on its enrollment application. Report changes in ownership, changes of location, changes in general supervision, and adverse legal actions to the MAC on the Medicare enrollment application within 30 calendar days of the change. Report all other changes to the enrollment application to the MAC within 90 calendar days.
3. Maintain a physical facility on an appropriate site. For this standard, we don't consider a post office box, commercial mailbox, hotel, or motel to be an appropriate site. The physical location must have an address, including the suite identifier, which the U.S. Postal Service (USPS) recognizes.
 - The physical facility, including mobile units, must contain space for equipment appropriate to the services the IDTF designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF or IDTF home office, not within the actual mobile unit
 - IDTF suppliers that provide services remotely and don't see patients at their practice location are exempt from providing hand washing and adequate patient privacy accommodations
4. Have all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. You must maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers, at the physical site. Also, portable diagnostic testing equipment must be available for inspection within 2 business days of a CMS inspection request. 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.
5. Maintains a primary business phone under the name of the designated business. The primary business phone must be located at the designated site of the business or within the home office of the mobile IDTF units. The telephone or toll-free telephone numbers must be available in a local directory and through directory assistance. IDTFs can't use call forwarding or an answering service as their primary method of getting calls from patients during posted operating hours.
6. Have a comprehensive liability insurance policy of at least \$300K per location that covers both the place of business and all customers and employees of the IDTF. A non-relative-owned company must carry the policy. Failure to always maintain required insurance will result in revoking the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. Also, the IDTF must:
 - Make sure the insurance policy always remains in force and provides coverage of at least \$300K per incident
 - Notify the CMS-designated MAC in writing of any policy changes or cancellations

7. Agree not to directly solicit patients, which includes, but isn't limited to, prohibiting telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician who provided a consultation or treated a patient for a specific medical problem and who used the results in managing the patient's specific medical problem. Non-physician practitioners (NPPs) may order tests as set forth in [42 CFR 410.32\(a\)\(3\)](#).
8. Answer, document, and maintain documentation of a patient's written clinical complaint at the physical site of the IDTF (for mobile IDTFs, store this documentation at their home office). This includes, but isn't limited to:
 - The patient's name, address, telephone number, and MBI
 - The date you got the complaint, the name of the person getting the complaint, and a summary of actions you took to resolve the complaint
 - The name of the person making the decision not to investigate and the reason for not investigating
9. Post these standards openly for review by patients and the public.
10. Disclose to the government any person having ownership, financial, or controlling interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.
11. Maintain and calibrate your testing equipment per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.
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 for the people performing these services.
13. Have proper medical record storage and be able to retrieve medical records upon request from CMS or the MAC within 2 business days.
14. Permit us, including our agents, or your designated MAC to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF must be accessible during regular business hours to us and patients and must maintain a visible sign posting the normal business hours of the IDTF.
15. 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, or share diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization. This pertains to fixed-base IDTFs only.
16. Enroll in Medicare for any diagnostic testing services that it provides to a Medicare patient, regardless of whether you perform the service in a mobile or fixed-based location.
17. Bill for all mobile diagnostic services you provide to a Medicare patient unless the mobile diagnostic service is part of a service you provide under arrangement as described in section 1861(w)(1) of the [Social Security Act](#).

Indirect IDTFs

Some health care entities have diagnostic tests that don't require patient interaction, which we call "[indirect IDTFs](#)." Certain IDTFs perform diagnostic services via computer modeling and analytics or other forms of testing not involving direct patient interaction. A technician who undertakes computer analysis offsite or at another location where the patient isn't present often does the service. The physician then reviews the image to decide the appropriate course of action. Though not exclusively, these entities generally have 2 overriding characteristics:

- The test doesn't involve direct patient interaction
- The test involves off-site computer modeling and analytics

Exemptions

To account for such technological advances in diagnostic testing, IDTFs that have no patient interaction, treatment, or testing whatsoever at their practice location are wholly **exempt** from these requirements in 42 CFR 410.33(g):

- The IDTF must have a comprehensive liability insurance policy of at least \$300K
- The IDTF must answer, document, and maintain documentation of a patient's written clinical complaint at the physical site of the IDTF
- The IDTF must openly post the standards outlined in [42 CFR 410.33\(g\)\(9\)](#) for review by patients and the public

Also, any personnel performing tests at an indirect IDTF must meet all applicable state and licensing requirements, and the IDTF must maintain this documentation.

Billing Issues for IDTFs

Consistent with 42 CFR 410.32(a), the IDTF supervising physician can't order IDTF-performed tests unless the supervising physician is the patient's treating physician and isn't otherwise prohibited from referring to the IDTF. The supervising physician is the patient's treating physician if they:

- Provide a consultation or treat the patient for a specific medical problem
- Use the test results in managing the patient's medical problem

If an IDTF wants to bill for an interpretation performed by a physician who doesn't share a practice with the IDTF, the IDTF must meet certain conditions concerning the [anti-markup payment limitation](#). If the IDTF bills a diagnostic test performed by a physician (or other supplier) who doesn't share a practice with the billing IDTF and someone other than a physician working for the IDTF or a party related to the IDTF through common ownership or control as described in [42 CFR 413.17](#) ordered the test, it wouldn't be subject to the anti-markup payment limitation. See [42 CFR 414.50](#) and the [Medicare Claims Processing Manual, Chapter 1](#), section 30.2.9 for more information.

Section 1877 of the [Social Security Act](#), commonly known as the physician self-referral law or “Stark” law, prohibits physicians from making referrals for certain designated health services to entities with which the physician or an immediate family member has a prohibited financial relationship unless an exception applies and its requirements are satisfied. Designated health services include, but aren’t limited to:

- Radiology and other imaging services
- Clinical laboratory tests

A prohibited financial relationship includes a direct or indirect ownership interest or a compensation relationship. Claims for services provided based on a referral prohibited by section 1877 are likewise prohibited and not payable.

Transtelephonic & Electronic Monitoring Services

Facilities with transtelephonic and electronic monitoring services (for example, 24-hour ambulatory electrocardiogram monitoring, pacemaker monitoring, and cardiac event detection):

- May perform some services without seeing the patient
- Should be classified as IDTFs
- Must meet all IDTF requirements

Note: See [indirect IDTF exemptions](#) if you perform all your services without seeing the patient.

Most, but not all, of the current CPT codes for these services are 93012, 93014, 93040, 93224, 93225, 93226, 93230, 93231, 93232, 93233, 93236, 93270, 93271, 93731, 93733, 93736, 95953, and 95956. We don’t currently have specific certification standards for IDTF technicians. Technician credentialing requirements for IDTFs are at the MAC’s discretion. They do require a supervising 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 CPT codes 93012, 93014, 93268, 93270, 93271, or 93272, the MAC must make a written decision that the entity has a person available on a 24-hour basis to answer telephone inquiries. Using an answering service instead of the actual person isn’t acceptable. List the person performing the attended monitoring in section D of Attachment 2 of Form CMS-855B. The qualifications of the person are at the MAC’s discretion. The MAC will check that the person is available by attempting to contact the applicant during non-standard business hours. In particular, at least 1 of the contact calls will be between midnight and 6 am. If the applicant doesn’t meet the availability standard, the MAC will deny their enrollment.

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Global Billing

We accept global billing when the same entity performs both the technical component (TC) and modifier 26 and that entity provides both the TC and modifier 26 within the same PFS payment locality. You may provide the TC and modifier 26 in different locations if you supply them within the same PFS payment locality.

Note: As with all services payable under the PFS, we use the ZIP Code to decide the appropriate payment locality and corresponding fee used to price the service that's subject to the anti-markup payment limitation. When a ZIP Code crosses county lines, we use the dominant locality to decide the corresponding fee.

If you bill with the global diagnostic test code, report the name, address, and NPI of the location where you provided the TC in Items 32 and 32a (or the 837P electronic claim equivalent).

For more information on global billing, see the [Medicare Claims Processing Manual, Chapter 35](#), section 10.2.1.

Separate TC & Professional Component Billing

When you bill the TC and modifier 26 separately (not billed globally), report the name, address, and NPI of the location where you performed each component. If the billing provider has an enrolled practice location at the address where the service took place, the billing provider or supplier may report their own name, address, and NPI in Items 32 and 32a or the 837P electronic claim equivalent.

The NPI in Item 32a must correspond to the entity identified in Item 32, no matter if it's the group, hospital, IDTF, or individual physician. The only exception for Medicare claims is when a provider performs a service out of jurisdiction and is subject to the anti-markup or a reference lab service. See the [Medicare Claims Processing Manual, Chapter 16](#), section 40.1 for instructions on reference lab services.

Ordering Tests

All IDTF-performed procedures must be specifically ordered in writing by the physician or practitioner who's treating the patient (that is, the physician who's supplying a consultation or treating a patient for a specific medical problem and who uses the results in managing the patient's specific medical problem). NPPs may order tests as set forth in 42 CFR 410.32(a)(3).

The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF can't order IDTF-performed tests unless the IDTF's supervising physician is the patient's treating physician. That means the physician in question had a relationship with the patient before the testing and is treating the patient for a specific medical problem. The IDTF can't add any procedures based on internal protocols without a written order from the treating physician.

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Diagnostic Tests Subject to the Anti-Markup Payment Limitation

In most instances, physicians working for an IDTF don't order diagnostic tests because the patient's treating physician typically orders such tests. If the diagnostic test billed by the IDTF is ordered by someone other than a physician (or other supplier) working for the IDTF (or a physician related to the IDTF through common ownership or control), the test isn't subject to the anti-markup payment limitation. However, if a physician or other supplier working for an IDTF, or a physician financially related to the IDTF through common ownership or control, orders a diagnostic test payable under the PFS, the anti-markup payment limitation may apply depending on whether the performing physician or other supplier meets the sharing practice requirements. For further information, see the Medicare Claims Processing Manual, Chapter 1, section 30.2.9.

Therapeutic Procedures

We don't allow an IDTF to bill for any CPT or HCPCS codes that are solely therapeutic.

POS Issues

For all services we pay under the PFS, with 2 exceptions, use the POS code for the setting in which the patient got the face-to-face service. Because we require a face-to-face encounter with a physician or other provider for nearly all services we pay for under the PFS and anesthesia services, this rule will apply to the overwhelming majority of PFS services.

Where we don't require a face-to-face visit, like when a physician or other provider provides the professional component (PC) interpretation of a diagnostic test from a distant site, the POS code the physician or other provider uses will be the setting in which the patient got the TC of the service.

Example: A patient gets magnetic resonance imaging (MRI) at an outpatient hospital near their home. The hospital submits a claim that would correspond to the TC portion of the MRI. The physician supplies the PC portion of the patient's MRI from their office location, so the physician's claim uses POS code 22 for the PC to show the patient had the face-to-face portion of the MRI, the TC, at the outpatient hospital.

Review [Change Request 7631](#) and our [FAQs](#) for additional clarification on how to bill the correct POS code.

Skilled Nursing Facility Residents Requiring Transportation for IDTF Service

We cover round trip, medically necessary ambulance transports from a skilled nursing facility (SNF) to the nearest supplier of medically necessary services not available at the SNF where the patient is the resident (including an IDTF) under Medicare Part B. This applies to patients in a SNF stay that Medicare Part A doesn't cover but who have Part B benefits.

We subject ambulance trips to IDTFs for medically necessary services for SNF residents receiving Part A benefits to SNF consolidated billing.

See the [Medicare Benefit Policy Manual, Chapter 10](#), section 10.3.3 and the [Medicare Claims Processing Manual, Chapter 15](#), section 30.2.2 for additional information.

IDTF Mammography Services

If an IDTF supplies any type of mammography service, screening or diagnostic, it must have an FDA certification to perform such services. However, if you only perform diagnostic mammography services, you shouldn't enroll as an IDTF. Medicare pays for screening mammography, including those that are self-referred, when an IDTF performs them at the IDTF facility.

IDTFs & Opioid Treatment Programs

The [Opioid Treatment Programs \(OTPs\) Medicare Enrollment](#) page details information on how IDTFs can enroll as Medicare providers within the OTP initiative, including examples of Form CMS-855B.

To be eligible to enroll as an OTP service provider with Medicare, your program must have current, valid, and full certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) and meet all of SAMHSA's criteria, including, but not limited to:

- DEA registration
- State licensure
- Accreditation

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