Independent Diagnostic Testing Facility (IDTF) Requirements

Presented by Medicare Part B
Provider Outreach and Education
April 2016
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Agenda

• IDTF Overview
• Enrollment
  • Physician Supervision
  • Technician Requirements
• Performance Standards
• General Billing
• Resources
## Helpful Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CLIA</td>
<td>Clinical Lab Improvement Amendments</td>
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<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
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<tr>
<td>CR</td>
<td>Change Request</td>
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<tr>
<td>IOM</td>
<td>Internet Only Manual</td>
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<tr>
<td>MAC</td>
<td>Medicare Administrative Contractor</td>
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<tr>
<td>NPP</td>
<td>Non Physician Practitioner</td>
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<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
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Objective

• To provide education for Independent Diagnostic Testing Facilities (IDTFs) and their staff.
• This involves enrollment, coverage, billing and documentation guidelines.
IDTF Overview
IDTF Overview

• IDTF is a facility independent, both of a physician’s office and hospital; either
  – Mobile
  – Fixed location
• IDTF general coverage and payment policy rules apply when furnishing diagnostic procedures
  – IDTF only bills diagnostic tests
• See 42 Code of Federal Regulations (CFR) 410. 33(a)(1)
IDTF Overview

- Diagnostic tests independent of physician’s office or hospital
- Individual non-physician personnel under MD supervision
- Physician/practitioner treating patient must order diagnostic tests furnished by IDTF
- May be owned by single entity—need separate enrollment
- Types of diagnostic services IDTF performs determined by:
  - Technician credentials
  - Proficiency of supervising physician
- Cannot bill for consultations, office visits, surgeries or injections not used in performance of diagnostic tests
- Technicians must be licensed/certified; may be contracted
Enrollment
CMS-855B Enrollment Form

- IDTF open/operational at the time CMS-855B application submitted to initially enroll
- Must separately enroll each practice location
- Enrolling IDTF can have only one practice location on CMS-855B application
- If adding practice location to existing enrollment, must submit new complete CMS-855B for that location
  - Separate site visit is conducted
Fixed-Based IDTFs Do 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.
Mobile Units

• Mobile units required to list geographic service areas
• Supervisory IDTF physician (either direct/personal supervision) should be aware of prohibition concerning physician self-referral for testing
• Adding CPT or HCPCS codes:
  – 1, 2B1, 3, 13 and 15 if authorized official
  – Attachment 2(B)
• Interpreting Physician:
  – 1, 2B1, 3, 13 and 15 if authorized official
  – Attachment 2(C)
• Personnel (technicians) who perform tests:
  – 1, 2B1, 3, 13 and 15 if authorized official
  – Attachment 2(D)
• Supervising Physician(s):
  – 1, 2B1, 3, 13 and 15 if authorized official
  – Attachment 2(E)
• Above would fill out 16 (if delegated official) instead of 15
Multi-State IDTFs

• If operating across state boundaries:
  – Maintain supervising physician/technician licenses/certificates in documentation
    • Every state involved
  – When entire diagnostic test at beneficiary’s location = POS 12
  – If one of more of the diagnostic tests performed at the IDTF = POS 11
• Per 42CFR410.33(e)(1)
Supervising Physician

1. IDTFs must report at least one General supervising physicians responsible for:
   a. Direct and ongoing oversight of testing quality
   b. Proper operation and calibration of equipment to perform tests
   c. Qualifications of non-physician IDTF personnel who use equipment

2. At least one supervising physician performs supervision 42CFR410.32(b)(3)
Supervising Physician

3. Licensed to practice in the State(s) where diagnostic tests performed that s/he supervises
4. Enrolled in Medicare – not necessarily same state
5. Meet proficiency training for any tests s/he supervises; including equipment operation
6. Is not currently excluded or barred
7. Provide general supervision for no more than three (3) IDTF sites
   • May personally/direct supervise many IDTFs
8. NPPs (e.g. NP/PA) doesn’t have credentials to become supervising physician
Supervision Levels

• Personal Supervision
  – Physician must be in attendance in the room during procedure

• Direct Supervision
  – Physician must be present in the office suite and immediately available to provide assistance and direction throughout the procedure

• General Supervision
  – Physician’s overall direction and control and physician’s presence not required during the procedure
Interpreting Physician

• IDTF interpreting physician must
• Licensed to practice in the State(s) where diagnostic tests s/he supervises performed
• Enrolled in Medicare
• Not currently excluded or barred
• Qualified to interpret types of tests (codes) listed in enrollment application
• Interp. Physician does not need CMS-855R
• IOM 100-08, Chapter 15, Section 15.5.19.3
Technician Standards

• If these requirements are not met, then technician cannot assist Medicare patients
  – Is this technician State licensed or State certified? *(see instructions for clarification)*
  – Is this technician certified by a national credentialing organization?
  – Is this technician employed by a hospital?
  – Qualified to perform application types of tests
Technicians Not Allowed

• Not certified or licensed = not allowed
• Do not hire under one licensed/certified technician; just to
  – “Score’ testing results of non-qualified technician
• Remember: Every technician must be licensed/certified accredited to the tests performed
Ordering/Referring

• Order may be delivered via:
  – Written document signed by treating physician/practitioner; hand-delivered, mailed or faxed to the testing facility
  – Telephone call by treating physician/practitioner or his/her office to testing facility and/or electronic mail
    • Document phone call in respective medical records copies
• Non-Medicare providers enroll with CMS-855O
• May conditionally request additional diagnostic test if result of initial diagnostic test yields to certain value
  – E.g., if test X is negative, then perform test Y
• Physician order does not require signature, but must clearly document in medical record his/her intent what test to perform
Equipment

- During enrollment process (and any updates), Noridian needs all equipment individually stated
- Name, type, model number and serial #
- Notate each piece of equipment
  - E.g. 3 CPAP machines
    - CPAP #1
    - CPAP #2
    - CPAP #3
Enrollment Effective Date

• Effective date of billing privileges for newly enrolled IDTF-whichever is later:
  – 1) Filing date of Medicare enrollment application subsequently approved by Noridian or
  – 2) Date IDTF first started furnishing services at new practice location

• IDTF changes in ownership, location, general supervision and final adverse actions must be reported to the contractor within **30 calendar days** of the change. All other changes to the enrollment application must be reported within **90 days**.

• IOM 100-08, Chapter 15, Section 15.5.19
Enrollment Needs Attached

• IRS form (CP 575) confirming Tax Identification Number with Legal Business Name
• State licenses/certification for non-physician personnel
• Form CMS-460, Medicare Participating Physician/Supplier Agreement completed
• Comprehensive liability insurance policy copies
• Electronic Funds Transfer (EFT) CMS-588
  – Voided check or bank letter confirming information
  – If applicable, copy of FDA certification
Enrollment Needs Attached

- Licensed by Department of Public Health
- Current business license
  - Each fixed location
- Technician’s current license/certificate
  - Every time new technician hired
- Mobile Unit needs vehicle registration
- Current State Board of Health License(s); each location
- If applicable, final copies of reinstatement, resolutions, etc.)
Reflect Codes in Enrollment

<table>
<thead>
<tr>
<th>CPT-4 OR HCPCS CODE</th>
<th>EQUIPMENT</th>
<th>MODEL NUMBER (Required)</th>
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<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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- Types of IDTF tests include x-rays, CT/PET scans, MRI, diagnostic ultrasound/mammography, cardio EKG/ECG, sleep studies, EMG, vestibular function tests (92541-92548), special ophthalmology
Cardiac Catheterization Facilities

• Set up either physician-directed clinic or IDTF
  – IDTF may not bill for interpretation of cardiac catheterization procedures
  – Cardiac catheterization procedures must be split billed (e.g., TC/26) - not diagnostic tests

• Physician must bill for professional component of cardiac catheterization services rendered

• Facility must bill technical component (TC) for facility fee reimbursement
Not Considered IDTF

• Slide Preparation Facilities
  – Surgical pathology technical component services
• Radiation Therapy Centers
  – Enroll separately providing therapeutic services
• Diagnostic Mammography
  – Must have FDA certification
• Screening Mammography
  – If only mammography tests performed, do not enroll as IDTF, but as Mammography Screening Center
• Clinical Labs
  – May own both CLIA lab and IDTF – separately enrolled
• Portable X-rays
  – Mobile IDTFs providing not classified as Portable x-ray
  – Cannot bill R0070 (transportation) and Q0092 (set up)
• IOM 100-04, Chapter 35, Sections 10-50
Enrollment Fees

• Any IDTF that initially enrolls, add a practice location or revalidates
  – Must include an Enrollment fee
  – 2016 $ 554.00

• Submit fee to
  – https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
  – Do not send to Noridian
  – No paper checks accepted
Site Inspections

• National Site Visit Contractor (NSVC)
  – MSM Security and subcontractors authorized by CMS to conduct provider site visits
    • Computer Evidence Specialists, LLC (CES) and Health Integrity, LLC (HI)
  – Possess photo ID and letter of authorization

• To verify inspector credentialed to complete site visit verification
  – Call 855 220 1071 (M – F)
Enrollment Revalidation

- Cycle 2
- Go to https://data.cms.gov/revalidation
- Noridian sends email 2-3 months in advance
- Utilize the search tool
  - If a Due Date is listed
    - Submit the Revalidation before the due date (last day of month)
    - Submit application via Internet-based PECOS
  - If TBD is listed, a Due Date is coming
    - Do Not submit a Revalidation application
- Questions?
  - Contact the Enrollment Contact Center
  - First round due 5/31/16
Q1) Can IDTF providers appeal claims if denial states “not certified to render service on that date”?
   A1) Before sending an Appeal, need to fix “provider information” with Enrollment first.

Q2) May providers send more than one application at a time?
   A2) No, wait for the other application completion.

Q3) Could an IDTF send another application while awaiting another processing?
   A3) No. Give online PECOS processing 45 days and paper submissions 60 days.
IDTF Performance Standards
## IDTF Performance Standards

<table>
<thead>
<tr>
<th>16 Requirements:</th>
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<tr>
<td>1. Operate its business in compliance with all applicable Federal/State licensure and regulatory requirements for health and safety of patients</td>
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<tr>
<td>2. Provide complete/accurate information on its enrollment application. Changes in ownership, location, general supervision and adverse legal actions must be reported to the MAC on enrollment application <strong>within 30 calendar days</strong> of the change. All other changes reported within 90 calendar days.</td>
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3. Maintain physical facility on appropriate site
   • Physical location must have address, including “suite” recognized by the United States Postal Service (USPS)
   • Not considered appropriate site: post office box, commercial mail box, hotel or motel
   • Physical facility, including mobile units, must contain space for equipment (designated on enrollment application), facilities for hand washing, adequate patient privacy and storage of both business records/current medical records in office
     • IDTF home office, not within actual mobile unit
   • Remote IDTF services who do not see beneficiaries at their practice location are exempt from hand washing/patient privacy accommodations
4. Have all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. A catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers, must be maintained at the physical site. In addition, portable diagnostic testing equipment must be available for inspection within two business days of the Centers for Medicare & Medicaid Services (CMS) inspection request.

- Maintain current inventory of diagnostic testing equipment, including serial/registration numbers, provide information to designated MAC upon request
5. Maintain 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 number or toll free numbers must be available in a local directory and through directory assistance.
6. Have comprehensive liability insurance policy of at least $300,000 per location that covers both the place of business and all customers and employees of IDTF. The policy must be carried by a non-relative owned company. Failure to maintain required insurance at all times will result in revocation of 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. In addition, the IDTF must:

(i) Ensure that the insurance policy must remain in force at all times and provide coverage of at least $300,000 per incident; and
(ii) Notify the CMS designated contractor in writing of any policy changes or cancellations.
7. Agree not to directly solicit patients via telephone, computer or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is treating a beneficiary for specific medical problem; using results for beneficiary’s specific medical problem. Non physicians may order tests set forth in CFR §410.32(a)(3).

8. Answer, document and maintain documentation of beneficiary’s written clinical complaint at physical site of IDTF (mobile IDTFs documentation stored at their home office).
   - Name, address, telephone # and beneficiary’s HIC#;
   - Date complaint received; name of person receiving complaint and summary of actions taken to resolve complaint; and
   - If investigation not conducted, name of person making decision/reason
9. Openly post these standards for review by patients and the public.

10. Disclose to the government any person having ownership, financial, or control interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.

11. Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.
IDTF Performance 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 of the individuals performing these services.

13. Have proper medical record storage and be able to retrieve medical records upon request from CMS or its fee-for-service contractor within 2 business days.

14. Permits CMS, its agents or fee-for-service contractors, to conduct unannounced, on-site inspections to confirm IDTF’s compliance with these standards. IDTF must be accessible during regular business hours to CMS and must maintain a visible sign posting normal IDTF business hours.
15. With the exception of hospital-based and mobile IDTFs, a fixed base IDTF does not include the following:
(i) Sharing a practice location with another Medicare-enrolled individual or organization.
(ii) Leasing or subleasing its operations or its practice location to another Medicare enrolled individual or organization.
(iii) Sharing diagnostic testing equipment using in initial diagnostic test with another Medicare-enrolled entity.

16. Enrolls in Medicare for any diagnostic testing services that it furnishes to a Medicare beneficiary, regardless of whether the service is furnished in a mobile or fixed base location.
General Billing
Medicare Billing Overview

• Noridian Education has topic specific PDFs alphabetized on provider website

• JE
  – https://med.noridianmedicare.com/web/jeb/education/event-materials

• JF
  – https://med.noridianmedicare.com/web/jfb/education/event-materials

• Polysomnography/Sleep Studies, Radiology (x-rays, CT, MRI, PET scans, ultrasounds)
Medicare Billing Overview

• POS = 11 (Fixed Based)
• POS = 15 (Mobile)
  – Per CR 7631
• IDTF do not bill therapeutic CPT/HCPCS
• Effective date of billing privilege; either:
  – Filing date application received by Noridian
  – Date started furnishing services
Technical/Professional

• If all reassignment/enrollment requirements met:
  – IDTF may receive payment for professional component services with normal processing rules
• Codes? Check fee Indicator list / Descriptors
  – JF
  – JE
Diagnostic Tests Anti-Markup

• If IDTF physician orders tests, anti-markup payment limitation may apply
• Billing physician must report name, address and performing physician NPI in Item 32A for anti-markup and reference laboratory claims
  – Effective 10/1/15
  – Even if performing physician enrolled in different jurisdiction
• IOM 100-04, Chapter 1, §10.1.1, §30.2.9
Transtelephonic/Electronic Monitoring

• Transtelephonic and electronic monitoring services
  – E.g. 24-hour ambulatory EKG monitoring, pacemaker monitoring and cardiac event detection
    • May perform some services without actually seeing patient
• Current codes 93012, 93014, 93040, 93224, 93225, 93226, 93230, 93231, 93232, 93233, 93236, 93270, 93271, 93731, 93733, 93736, 95953, and 95956
  – Monitoring service entities classified as IDTFs and meet all IDTF requirements
  – CMS requires supervisory physician who performs General Supervision
• Final enrollment of IDTF services requires site visit
Transtelephonic/Electronic Monitoring

- Must have written determination that entity has person available on 24-hour basis to answer telephone inquiries
- Use of answering service is not acceptable
- List attended monitoring person
  - Section 3 of Attachment 2 of CMS-855B
-Qualifications at MAC’s discretion and checks by attempting to contact applicant during non-standard business hours
  - At least one contact call should be made between midnight and 6:00 AM
  - If applicant does not meet availability standard, receive enrollment denial
OIG Report- Sleep Studies

• OIG Report (OEI-05-12-00340):
• All polysomnography services consist of two components: administration of test (TC) and provider’s test interpretation (PC-professional component)
• Bill components separately when each performed by different providers
  – If billing both components together (or global), no financial advantage to bill separately
• Do not double-bill professional component
  – OIG found percentage of claims for global services that had a corresponding claim for professional component
CMS Home Page www.cms.gov

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CMS Educational Materials

- MLN products
  - Downloadable or free of charge/free shipping
- Brochures, fact sheets, MLN dedicated Web pages
- General Information http://www.cms.gov/MLNGenInfo
- Products http://www.cms.gov/MLNProducts
• Sleep disorder clinics—high use of sleep-testing procedures
• CPT 95810 and 95811
  – High utilization
  – Repeated tests may not be reasonable and necessary
  – OAS; W-00-10-35521; W-00-12-35521; W-00-13-35521; W-00-14-35521; W-00-15-35521; various reviews; expected issue date: FY 2016)
Noridian Website  https://med.noridianmedicare.com/web/jfb
Noridian Main Menu

1. Scroll to end for Rolling banner
2. CMS references, tools and other contacts
CMS Resources

- CMS Guidance for IDTFs
  - Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 35
- Ordering Diagnostic Tests
  - IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.6
- IDTF Enrollment - IOM 100-08, Chapter 15
- Section 15.5.19 – IDTF Standards
- PECOS application:
  - https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1
Noridian Web Survey

- Web Satisfaction Survey
  - Need to hear from Chiropractic communities!
  - Please provide constructive/complimentary feedback about Noridian website to continue improvement
Thank you!
CEU Reminder

• Attend entire workshop to earn CEU(s)
• Take short polling survey
  – Pops up after closing out of webinar
• CEU emailed 3 days after presentation
  – Earn 1.0 CEU today
  – No password/index number needed for AAPC
• PDF presentation emailed again with CEU
• Q/A posted after 30 business days