Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-048		
Subject:	Independent Diagnostic Testing Facility (IDTF)		
Effective Date:	July 15, 2019	**End Date:**	
Issue Date:	May 29, 2023	**Revised Date:**	May 2023
Date Reviewed:	May 2023		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☐	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

An Independent Diagnostic Testing Facility (IDTF) is an independent facility of a physician's office or hospital. An IDTF can be a mobile entity or a fixed location, mobile units are required to list their geographic service area zip code.

REIMBURSEMENT GUIDELINES:

The IDTF must operate its business following all Federal and State Licensure requirements. IDTF's are not restricted to only billing the technical component of diagnostic services or interpretation service. Interpretation services should be performed by a licensed practitioner. If the IDTF purchases an interpretation or a test they must perform both components in order to be reimbursed for the purchased components.

Procedures performed by an IDTF must be ordered in writing by the treating physician. Supervising physician may not order the test to be performed by the IDTF, unless it is the treating physician of the member. Prior-authorization may be required for IDTF services. Medical necessity must be included in the progress notes for the diagnostic service. Date span services defined as multiple units are not acceptable for reimbursement. Each service must be billed on a separate line.

The NPI assigned to the ordering provider must be submitted on the claim.

Modifier TC must be appended when appropriate for the technical component on diagnostic procedures. Modifier 26 must be used when the provider only completed the interpretation (professional services) component of the service. The global code is only used when the IDTF completed both components of a billed code (technical and professional).

The physician and the facility should only be paid for the component each performed, not duplicated, and subject to the Plan's purchased service policy.

- An IDTF cannot perform or bill for Clinical Laboratory Improvement Act test (CLIA).
- For Diagnostic Mammography Services the IDTF must have a Food and Drug Administration (FDA) certification to perform the services.
- Mobile IDTFs that provide X-ray services are not eligible to bill for the transportation (R0070) and setup (Q0092) of the portable X-ray.
- Trans telephonic Electronic Monitoring Services must have an actual person available 24hours a day, answering services are not acceptable

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

IDTF eligibility criteria for Plan credentialing can be found on the online application. In addition, IDTFs must follow all additional guidelines as specified in the Plan contract.

DEFINITIONS:

Modifier	Definition
26	Professional component
TC	Technical component

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-015: Professional and Technical Components for Applicable Services
- RP-035: Correct Coding Guidelines
- RP-045: Purchased Services

REFERENCES:

- Requirements for Ordering and Following Orders for Diagnostic Tests. (n.d.). *CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.6.* Retrieved from: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf

- CMS Guidance for IDTFs. (n.d.). *CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 35.* Retrieved from:

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POLICY UPDATE HISTORY INFORMATION:

7 / 2019	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Administrative policy review with no changes in policy direction

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HISTORY VERSION

Bulletin Number:	RP-048		
Subject:	Independent Diagnostic Testing Facility (IDTF)		
Effective Date:	July 15, 2019	**End Date:**	
Issue Date:	January 3, 2022	**Revised Date:**	January 2022
Date Reviewed:	October 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA** ☒	**WV** ☒	**DE** ☒	**NY** ☒
Applicable Medicare Advantage Market	**PA** ☒	**WV** ☒	**DE** ☒	**NY** ☒
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POLICY UPDATE HISTORY INFORMATION:

7 / 2019	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

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HISTORY VERSION

Bulletin Number:	RP-048		
Subject:	Independent Diagnostic Testing Facility (IDTF)		
Effective Date:	July 15, 2019	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	July 2021
Date Reviewed:	July 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☐	**NY**	☒
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POLICY UPDATE HISTORY INFORMATION:

7 / 2019	Implementation
11 / 2021	Added NY region applicable to the policy

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Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-048		
Subject:	Independent Diagnostic Testing Facility (IDTF)		
Effective Date:	July 15, 2019	**End Date:**	
Issue Date:	June 17, 2019	**Revised Date:**	
Date Reviewed:	May 2019		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA** ☒	**WV** ☒	**DE** ☒
Applicable Medicare Advantage Market	**PA** ☒	**WV** ☒	
Applicable Claim Type	**UB** ☒	**1500** ☒	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability. This policy supersedes and replaces any prior Plan guidance, including bulletins, in direct conflict with the guidance provided in this Reimbursement Policy.

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HISTORY

POLICY UPDATE HISTORY INFORMATION:

07 / 2019	Implementation

HISTORY