

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 10/01/09</b>
<b>Section: Laboratory</b>	<b>Section: 37.02</b> <b>Pages: 1</b> <b>Cross Reference:</b>	
<b>Subject: Independent Diagnostic Testing Facilities and Other Independent Mobile Diagnostic Units</b>		

The Division of Medicaid does not allow reimbursement to Independent Diagnostic Testing Facilities (IDTF) or other independent mobile diagnostic units, including portable x-ray providers, for services provided to beneficiaries with Medicaid only. Outpatient testing and diagnostic services will be reimbursed as ordered by the beneficiary's physician and billed by an approved Medicaid provider, limited to physician, physician clinics, Federally Qualified Health Centers, Rural Health Clinics, and county health department clinics.

An IDTF is defined by the Centers for Medicare and Medicaid Services (CMS) as "a fixed location, a mobile entity, or an individual non-physician practitioner. It is independent of a physician's office or hospital" (42 CFR §410.33). These providers perform diagnostic tests such as ultrasounds, echocardiograms, pulmonary function tests, neurological and neuromuscular tests, x-rays, cardiac monitoring, and nuclear medicine. Prior to 1998, this type of provider was classified as an Independent Physiological Laboratory (IPL). In 1998, CMS eliminated the IPL category, and providers that were classified as an IPL could be reclassified as an IDTF if they met new qualifications established by CMS.

As a matter of health service policy, it is the experience of DOM that diagnostic services are best directed and managed by a patient's physician, hospital, or clinic. The physician, hospital, or clinic is thus responsible for assuring the medical necessity of the tests and maintaining test results in the patient's unified health record.

A physician may contract with an IDTF or other independent mobile diagnostic unit to provide technical services and, assuming that there are no Stark II or other anti-kickback statute violations, may file a claim for (1) only the technical component (TC) or (2) the complete procedure if the physician also interprets the procedure.

The physician contracting with an IDTF or other independent mobile diagnostic unit may not be employed by or own any part of the IDTF or other independent mobile diagnostic unit.

When a physician bills for the technical component (TC) for services by an IDTF or other independent mobile diagnostic unit, the physician must check "Yes" in item #20 of the CMS 1500 claim form and also enter the charge amount for the contracted services. The name of the company with whom the physician contracted must be recorded in the physician's records and be available upon request.

IDTFs and other independent mobile diagnostic units may not pay a fee to physicians for billing the technical charges.

For beneficiaries who are both Medicare and Medicaid eligible, DOM's fiscal agent will process "crossover claims" under the provider's Mississippi Medicaid Provider number.