

OMB Approval No. 0938-0685

**Ambulatory Surgical Centers (ASCs)** - An ASC cannot bill for separate diagnostic tests they perform during the ASC's scheduled hours of operation (see 42 CFR 416.2). When a provider or supplier that owns an ASC performs diagnostic tests in the same physical facility as the ASC, but during a time period when the ASC is not in operation, it must submit claims for those diagnostic tests and bill Medicare as an IDTF. Therefore, in this situation, a separate enrollment application is required by the provider or supplier to bill Medicare as an IDTF.

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## SECTION 1: SERVICE PERFORMANCE

**CPT - 4 and HCPCS Codes** - For initial enrollment, check the "Add" box and report all CPT-4 and HCPCS codes this IDTF will bill Medicare for. Otherwise:

- Indicate whether you are adding or deleting a code and provide the effective date of the addition or deletion. Provided that this is the only change the IDTF is reporting, complete the appropriate section and sign and date the certification statement. Otherwise:
  - Furnish the CPT - 4 or HCPCS code for which this IDTF intends to bill Medicare,
  - The name and type of equipment used to perform the reported procedure, and
  - The model number of the reported equipment.

The IDTF should report all Current Procedural Technology, Version 4 (CPT-4) codes, HCFA Common Procedural Coding System Codes (HCPCS), and types of equipment (including the model number), for which it will perform tests, supervise, interpret, and/or bill. All codes reported must be for diagnostic tests that an IDTF is allowed to perform. Specifically, diagnostic tests that are clearly surgical in nature, which must be performed in a hospital or ambulatory surgical center, should not be reported.