

ATTACHMENT 2

Independent Diagnostic Testing Facility (IDTF)

This attachment is to be completed by all Independent Diagnostic Testing Facilities enrolling in the Medicare program. See instructions to determine if this supplier needs to complete this Attachment to enroll in Medicare as an IDTF.

1. Service Performance

This section is to be completed with information about the types of tests performed by this IDTF, and the equipment used by this IDTF.

CPT - 4 and HCPCS Codes ☐ **Add** ☐ **Delete** **Effective Date:** _____

Furnish all Current Procedural Terminology, Version 4 (CPT-4) codes or HCFA Common Procedure Coding System codes (HCPCS) for which this IDTF intends to bill Medicare. In addition, report all equipment this IDTF will be using and the model number of each piece of equipment.

CPT - 4 or HCPCS Code	Equipment	Model Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____