INDEPENDENT DIAGNOSTIC TESTING FACILITIES—SITE INVESTIGATION 42 CFR § 410.33

Date Ordered:				
Date of First Visit:	Time:		_	
Date of Second Visit:	Time:		_	
1. REASON FOR VISIT				
○ Initial/Change ○ Revalidation ○ Hearing & Ap	opeal O Ad Hoc			
2. FACILITY INFORMATION				
○ Fixed ○ Mobile ○ Indirect				
Facility Name	Nationa	Provider Ide	ntifier (NPI)	
Name of Authorized Representative(s) or Interviewee(s)	Name of Authorized Represent	rativo(s) or Int	enviouso(s)	
Name of Authorized Representative(s) of interviewee(s)	value of Authorized Represent	acive(s) or inc	ei viewee(s)	
Name of Authorized Representative(s) or Interviewee(s)	Name of Authorized Represent	ative(s) or Int	erviewee(s)	
Practice Location (Physical Street Address)				
City State	Zip Code	Bus	iness Telephor	e Number
3. FACILITY INSPECTION	l l			
3. FACILITY INSPECTION				
A. PERFORMANCE STANDARD 410.33(g)(3)				
Performance Standard 410.33(g)(3) requires IDTFs to m (PHOTOGRAPH REQUIRED)	aintain a physical facility	on an app	propriate sit	e.
☐ Office Suite-Mall ☐ Office Suite-Office Building ☐ Private Residence ☐ Other.Please describe:		□ Wareh	iouse	
1. Is the IDTF located on an appropriate site?		O Yes	O No	O N/A
If No or N/A, describe:				
2. Is the IDTF handicap accessible?		O Yes	O No	O N/A
If No or N/A, describe:				
3. Were there patients in the facility during the inspection?			O No	O N/A
If No or N/A, describe:				
4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?			○ No	O N/A
If No or N/A, describe:				
If this IDTF is a mobile facility, does the mobile unit for hand washing, adequate patient privacy accome office location for the storage of business and med	modations, and a home	○ Yes	O No	O N/A
If No or N/A, describe:				

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Performance Standard 410.33(g)(4) requires IDTFs to have all applicable diagnosthe physical site (excluding portable diagnostic testing equipment).	stic testing	equipmen	t available at
1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?	○ Yes	○ No	O N/A
If No or N/A, describe:			
2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?	○ Yes	○ No	○ N/A
If No or N/A, describe:			
3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?	O Yes	○ No	O N/A
If No or N/A, describe:			
4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?	O Yes	O No	O N/A
If No or N/A, describe:			
C. PERFORMANCE STANDARD 410.33(g)(5)			
Performance Standard 410.33(g)(5) requires IDTFs to maintain a primary business.	ss phone u	nder the na	ame of the
Is the business telephone located at the IDTF or within the home office for the mobile IDTF?	O Yes	O No	O N/A
If No or N/A, describe:			
2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?	O Yes	O No	O N/A
If No or N/A, describe:			
D. PERFORMANCE STANDARD 410.33(g)(6)			
Performance Standard 410.33(g)(6) requires IDTFs to have comprehensive liab \$300,000 per facility.	ility insura	nce in the	amount
1. Did the IDTF provide proof of insurance upon request?	O Yes	O No	O N/A
If No or N/A, describe:			
E. PERFORMANCE STANDARD 410.33(g)(7)			
Performance Standard 410.33(g)(7) states that IDTFs must agree not to directly not limited to, a prohibition on telephone, computer, or in-person contacts.	solicit patie	ents; this inc	cludes, but is
How does the IDTF solicit new business? Describe:			

B. PERFORMANCE STANDARD 410.33(g)(4)

1.	Does the supplier have a written complaint resolution procedure established?	O Yes	O No	O N/A
	If No or N/A, describe:			
G.	PERFORMANCE STANDARD 410.33(g)(9)			
	formance Standard 410.33(g)(9). The IDTF must openly post the standards of tients and the public.	outlined in §	§ 410.33(g)	for review by
1.	Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?	O Yes	O No	O N/A
	If No or N/A, describe:			
Н	PERFORMANCE STANDARD 410.33(g)(11)			
Per per	formance Standard 410.33(g)(11) requires IDTFs to have their diagnostic equipment instructions and in compliance with applicable intenance and calibration standards.			
1.	Does the IDTF have proof that diagnostic equipment has been, self or manually, calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?	O Yes	○ No	O N/A
	If No or N/A, describe (required):			
2.	Did the IDTF provide a copy of the maintenance log upon request?	○ Yes	O No	O N/A
	If No or N/A, describe:			
I. P	ERFORMANCE STANDARD 410.33(g)(12)			
Per	formance Standard 410.33(g)(12) requires IDTFs to have technical staff on deperform the tests.	uty with th	e appropria	ate credentia
1.	Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?	○ Yes	O No	O N/A
	If No or N/A, describe:			
2.	Can technical staff identify the supervising physician(s)?	○ Yes	O No	O N/A
	If Yes , list name(s) of supervising physician(s) that was provided by the technician.			
	If No or N/A, describe:			
3.	Is the supervising physician(s) identified by the technical staff on site?	O Yes	O No	O N/A
	If No or N/A, describe:			
4.	Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?	○ Yes	O No	O N/A
	If No or N/A, describe:			
5.	Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?	○ Yes	O No	O N/A
	If No or N/A, describe:			

Performance Standard 410.33(g)(13) requires IDTFs to have proper medical record storage and be able to retrieve medical precords upon request within 2 business days? 1. Can the IDTF retrieve medical records within 2 business days? 2. Does the IDTF have proper medical records storage? 3. How or N/A, describe: 3. How are the records stored? 3. How are the records stored? 4. On-site Delectronically Storage Facility Other: K. PERFORMANCE STANDARD 410.33(g)(14) Performance Standard 410.33(g)(14) requires IDTFs to permit CMS or it's Contractors to conduct unannounced on-site inspections to confirm the IDTFs compliance. 1. Is the IDTF accessible during regular business hours? Yes No O N/A If No or N/A, describe: 2. Does the facility maintain posted hours of operation? a. If Yes, list hours of operation below: Monday Tuesday Wednesday Thursday Friday Saturday Sunday b. If No or N/A, describe: L. PERFORMANCE STANDARD 410.33(g)(15) Performance Standard 410.33(g)(15) states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following: - Sharing a practice location with another Medicare-enrolled individual or organization; or sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization; or Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization; or Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization; or Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization; or Sharing diagnostic esting equipment? O Yes O No O N/A If Yes, describe: O Yes O No O N/A	J. P	ERFORMANCE	STANDARD 4	10.33(g)(13)						
If No or N/A, describe:						er medical reco	ord storage	and be al	ole to retriev	e
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	-						O Yes	O No	O N/A	
If Yes , describe:										

a.	Was the inspector able to complete the site visit?	O Yes	O No	O N/A
	If No or N/A, describe:			
b.	Additional Comments			
	Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?	O Yes	O No	O N/A
	If Yes , describe:			
	Photographs Required			
	Refer to the contractor's statement of work.			
	Inspector's Information and Signature			
	I prepared this document, which is the report of my inspection of the enrollment in the Medicare program. This report is a true and accurate and transpired on the date(s) reported herein that this site visit was perfectly as a witness at a hearing about the content of this report. The my personal knowledge or is information provided to me in my official perjury that this information is true and correct to the best of my knowledge.	e account of the erformed. I am c he foregoing inf al capacity. I deci	events that apable and ormation is lare under p	t occurred I willing based on
	Executed this , 20			
	Signature of Declarant			
	Printed Name			

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