

ology administrators at conferences in China. The first trip to Shanghai was for Pacific Rim countries at a conference to explore the future of digital imaging and the role of radiology administration. That trip was followed a year later by a vendor-sponsored trip to Beijing to speak at a conference of 2000 Chinese radiologists about the way American radiology departments were managed by radiology administrators and the organization that bound them together in a huge collaborative, educational network: AHRA.

"On the Beijing trip, I was speaking about a method of evaluating products that would take bias out of the decisions. Toward the end of the presentation, my interpreter (a prominent Chinese radiology chairman) slammed his hand on the table next to his microphone and shouted out, "That's what we need to do." The audience nodded in agreement. So far it's just been talk, proving again that old cultural ways are hard to change.

"On all four trips to China, I heard the same complaint from Chinese radiologists that along with their positions as physician leaders they were expected to know everything about all aspects of radiology including those duties performed by radiology administrators. They were overwhelmed with the practice of radiology and they knew they were doing a poor job managing resources, staff, and budgets. They were hoping for help to change the culture of healthcare in China.

"My subsequent vacation trips to Vietnam, Cambodia, Laos, Thailand, and Burma generally included a visit to a local hospital and its radiology department. In almost every case, the problems and complaints were the same: there was a lack of experienced radiology management expertise.

## Regulatory Review

# IDTFs: Mobile, Fixed-Based, Portable Unit? How Do You Know and What Does it Mean?

By Adrienne Dresevic, Esq. and Carey F. Kalmowitz, Esq.

On November 22, 2010, the US Department of Health and Human Services (HHS) Departmental Appeals Board (DAB) issued a final decision concerning an independent diagnostic testing facility's (IDTF) billing privileges, which clarifies industry confusion regarding (1) the definition of a mobile IDTF; (2) what constitutes "sharing a practice location;" and (3) leasing/subleasing relationships between fixed-based IDTFs and other Medicare-enrolled individuals or organizations.

By way of brief background, 42 CFR 410.33(g)(15) (henceforth referred to as Subsection 15) provides 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; leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or sharing diagnostic testing equipment used in the initial diagnostic test with

"Can AHRA help? Perhaps we can by getting the message out that as the world's association for radiology administrators, we are prepared and willing to share our expertise. Two ways this could be done is to have member volunteers working through the US State Department in countries that need our expertise. Another way would be working with international imaging equipment manufacturers that would demonstrate how radiology administrators add value to healthcare. This international sort of Partners in Learning would be good for everyone. The AHRA program has worked well in America and it could serve as a model worldwide.

"I am indeed fortunate that my 42 year career in radiology was guided by AHRA."

Thanks Monte, your continued commitment to the AHRA, your leadership within our association and your mentoring friendship is very much appreciated.

Monte's involvement beyond the AHRA's typical sphere of influence likely makes you want to engage, right? But if you can't personally travel, you certainly can support in many other ways, so just ask; we'd like your advocacy and expertise. And don't forget, it is a new year—great time to start your contribution fund for the annual membership pledge. Remember, we seek a high percentage of members giving to our own Education Foundation.

Here's to a great 2011, around the world.

TTFN,  
Roland

another Medicare-enrolled individual or organization.

The initial question of whether an IDTF is fixed or mobile has not been answered in the statutes, regulations, or in the Centers for Medicare and Medicaid Services (CMS) provider manuals. The regulations merely provide that an IDTF, "may be a fixed location, a mobile entity, or an individual nonphysician practitioner." Moreover, there are references to a "mobile IDTF" and a "fixed-base IDTF;" however, there is no definition of a "fixed location" or a "mobile entity." Even though the terms have not been defined, the differences and requirements have very different and significant implications, as a failure to meet the requirements of Subsection 15 is a basis for revoking the IDTF's Medicare billing privileges. Until this recent decision, there was much confusion and ambiguity surrounding these issues.

Mobile

IDTF

The first issue before the DAB was to discern the definition of a mobile IDTF. The DAB first examined the difference between a fixed-based and mobile IDTF stating, “a mobile or fixed-base IDTF depends on the manner in which it [is] delivering IDTF service . . .” Notably, the DAB relied on CMS’ preamble comments to 42 CFR 410.33 in the November 27, 2007 Federal Register, in which a commenter asked for clarification on the difference between the IDTF models. CMS responded that a “fixed base IDTF performs all of its diagnostic testing at the practice location found on the Medicare enrollment application (CMS-855), whereas a mobile IDTF travels and performs its diagnostic tests at locations other than a single practice location.” Thus, while CMS’ comment provides that a fixed IDTF only performs at a single location, what still remained unclear was the definition of “mobile.” Simply put, did “mobile” mean the equipment was mobile or that the entire IDTF itself was mobile? The DAB determined it was both in concluding that there are two types of mobile IDTFs: portable units and mobile facilities/units.

Relying on the CMS-855B, the DAB distinguished the two types of mobile IDTFs. A portable unit mobile IDTF involves the transportation of equipment to different fixed locations for diagnostic testing. A mobile facility/unit is one that is a converted, equipped, and licensed mobile home, trailer, or other large vehicle that travels to a location for the treatment of patients inside the vehicle. The CMS-855B provides that the most common types of mobile facilities/portable units are IDTFs, portable x-ray suppliers, portable mammography, and mobile clinics. Thus, mobile IDTFs include both portable units and mobile units/facilities.

#### Sharing Practice Locations

The next issue before the DAB was to determine whether sharing common areas, hallways, and reception areas constitutes sharing of practice locations, which would be a violation of Subsection 15(i) for fixed-based IDTFs. CMS’ commentary in the

November 27, 2007 Federal Register was significant in influencing the DAB’s decision. Most notably, CMS responded to a commenter, “We do not believe that it is appropriate to co-locate a multi-specialty clinic in the same practice location as an IDTF. Specifically, while we are not prohibiting the sharing common of hallways, parking, or common areas, we believe that a multi-specialty clinic cannot occupy or be co-located within the same practice location. For example, a multi-specialty clinic and an IDTF could not enroll or remain enrolled using the same suite number within the same office building.” The DAB used this guidance in distinguishing clinical and non-clinical space. Sharing common space, such as reception and waiting areas, is permissible as it is not clinical space and thus does not constitute “sharing practice locations.” However, it must be emphasized that fixed-based IDTFs sharing of clinical space, such as sharing the same suite in an office building or sharing diagnostic testing equipment, with another Medicare-enrolled individual or organization continues to be prohibited.

#### Leasing From Another Medicare-Enrolled Individual or Organization

The final issue the DAB examined was whether a fixed-based IDTF may lease from a Medicare-enrolled individual or organization. Concluding that Subsection 15(ii) was clear, the DAB reiterated the regulation language that a fixed-based IDTF leasing or subleasing its operations or practice location from a Medicare-enrolled individual or organization is permitted as the regulatory prohibition is against a fixed-based IDTF leasing or subleasing to a Medicare-enrolled individual or organization.

Specifically, this most recent DAB decision provides great guidance to providers and suppliers that are structuring or restructuring their leasing arrangements to comply with the Medicare requirements. The failure to comply with the requirements could result in the revocation of the IDTF’s Medicare billing privileges.

## Commentary

# Peter’s Principles on Personal Development Module 4: Achieving World Class Performance

By Jay Mazurowski, CRA, FAHRA

*Many successful people work hard to research, develop and hone the skills and talents necessary to catapult them to greatness, while others innately understand many of the principles required to realize their vision. In either case, success is only achieved through planning, action (learning), and persistence. Peter’s principles on personal development is a four-part series, which parallels a young boy’s journey to the Broadway stage to the same personal development skills employed by millions of successful business leaders.*

If we look at great leaders throughout history, we can find examples of those who seem to have been born to lead and just as many examples of those who were made, or learned to become great. But in either case, there’s no evidence of high-

level performance without experience or practice.

Countless psychological studies have investigated the differences between expert or “world class” performers and average performers. Whether it’s in music, medicine, athletics, or business, perhaps the most significant characteristic that separates these top performing individuals from their less talented peers is the amount of “deliberate practice” they are willing to endure.

As K. Anders Ericsson, a cognitive psychologist at Florida State University, wrote in his influential article “The Role of Deliberate Practice in the Acquisition of Expert Performance,” “The differences between expert performers and normal adults