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CMS Releases Preliminary Reporting and Claims Processing Instructions for the Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Program in the Educational and Operations Testing Period

Background

Starting January 1, 2020, referring providers who intend to order advanced diagnostic imaging services (ADIS) – CT, MRI, nuclear medicine exams and PET – that will be performed in outpatient settings will have to consult a qualified Clinical Decision Support Mechanism (CDSM) first. In turn, proof of the consult and the CDSM’s determination of whether an order does or doesn’t adhere to Appropriate Use Criteria (AUC) or if there isn’t an AUC applicable (such as for a particular clinical condition), etc., will have to be included on the furnishing radiologists’ and facilities’ claims to Medicare. Beginning January 1, 2021, Medicare will not pay for the furnishing providers’ services if the required information isn’t included on their claims.

Note: If you missed our first white paper on this topic, *Big Changes Coming for Radiologists in Regards to the Appropriate Use Mandate*, please [click here](#) and take a moment to review the white paper for additional information about the Program and special considerations to keep in mind while coordinating implementation.

[Let’s start with a quick run-down of the Program conditions.](#)

- The ordering clinician or a delegated clinical staff member will perform the consult
- The consult is required when the advanced diagnostic imaging service will be performed in any of the following outpatient settings:
 - Physician Office
 - Hospital Outpatient – including Emergency Departments
 - Ambulatory Surgical Centers
 - Independent Diagnostic Testing Facilities
- The furnishing providers – the facility and the radiologist – will both have to include the AUC/CDSM information on their claims to Medicare to be paid for their services
- Certain exceptions to consulting a CDSM apply, including:
 - The ordering clinician has a significant hardship, such as insufficient internet access or CDSM vendor issues
 - The patient has an emergency medical condition such that the absence of immediate medical attention places him or her in jeopardy
 - The applicable imaging service would be for an inpatient
- Ultimately, the Program will result in prior authorization requirements for ordering professionals that are identified as having outlier patterns, but before that begins there will be notice and comment rulemaking about the methodology that will be developed to identify outliers



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- The Educational and Operations Testing Period will last one year: January 1, 2020, through December 31, 2020, during which payment of claims is not affected
- Full Program implementation is expected January 1, 2021, at which time claims will have to reflect the CDSM consult (or appropriate exception) in order to be paid

[Now, let’s look at the instructions for how the AUC-related information will be reported on your claims to Medicare.](#)

Beginning with the testing period start of January 1, 2020, Medicare’s claims processing system will be prepared to accept claims containing:

- 1) The designated HCPCS modifier describing the level of adherence to AUC, or an exception to the requirement;
- 2) The G code identifying the qualified CDSM consulted

The following HCPCS modifiers have been established for placement on the same line as the CPT code for the advanced imaging service	
MA	Ordering professional is not required to consult a CDSM due to service being rendered to a patient with a suspected or confirmed emergency medical condition
MB	Ordering professional is not required to consult a CDSM due to the significant hardship exception of insufficient internet access
MC	Ordering professional is not required to consult a CDSM due to the significant hardship exception of electronic health record or CDSM vendor issues
MD	Order professional is not required to consult a CDSM due to the significant hardship exception of extreme and uncontrollable circumstances
ME	The order for this service adheres to the appropriate use criteria in the CDSM consulted by the ordering professional
MF	The order for this service does not adhere to the appropriate use criteria in the qualified CDSM consulted by the ordering physician
MG	The order for this service does not have appropriate use criteria in the CDSM consulted by the ordering professional
MH	Unknown if ordering professional consulted a CDSM for this service as related information was not provided to the furnishing professional or provider
QQ	Ordering professional consulted a qualified CDSM for this service and the related data was provided to the furnishing professional (Note: this modifier is for use in the voluntary reporting period prior to January 1, 2020)



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Claims that report HCPCS modifier ME, MF or MG on the advanced diagnostic imaging CPT code claim line should additionally contain a G code (on a separate claim line) to reflect which qualified CDSM was consulted (Note: multiple G codes on a single claim is acceptable)	
G1000	CDSM Applied Pathways, as defined by the Medicare AUC Program
G1001	CDSM eviCore, as defined by the Medicare AUC Program
G1002	CDSM MedCurrent, as defined by the Medicare AUC Program
G1003	CDSM Medicalis, as defined by the Medicare AUC Program
G1004	CDSM National Decision Support Company, as defined by the Medicare AUC Program
G1005	CDSM National Imaging Associates, defined by the Medicare AUC Program
G1006	CDSM Test Appropriate, as defined by the Medicare AUC Program
G1007	CDSM AIM Specialty Health, as defined by the Medicare AUC Program
G1008	CDSM Cranberry Peak, as defined by the Medicare AUC Program
G1009	CDSM Sage Health Management Solutions, as defined by the Medicare AUC Program
G1010	CDSM Stanson, as defined by the Medicare AUC Program
G1011	CDSM, qualified tool not otherwise specified, as defined by the Medicare AUC Program

A reminder about the timeline:

- ❖ July 2018 – December 2019: Voluntary Reporting Period – Payments not Affected
- ❖ January 1, 2020 – December 31, 2020: Educational and Operations Testing Period – Payments not Affected
- ❖ January 1, 2021: Testing Period over/Full implementation – Payments Affected

APS' AUC Work Group will provide further information about this initiative as released by Medicare and will continue working with our clients and their facilities to integrate this requirement into the needed data transmission and workflow processes to begin the testing phase in January.

Please contact Karen Harmon at kmharmon@apsmedbill.com with any questions.

For the full CMS MedLearn Matters article (MLN number MM 11268) [click here](#).