



# Appropriate Use Criteria for Advanced Diagnostic Imaging

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# Today's Presenters

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# Objectives

- Familiarize providers with new program to increase rate of appropriate advanced diagnostic imaging services

# Agenda

- Understanding terms
- Advanced imaging services CR11268
- Clinical decision support mechanism (CDSM)

# Appropriate Use Criteria

- AUC means criteria only developed or endorsed by national professional medical specialty societies or other provider-led entities, to assist ordering professionals and furnishing professionals in making the most appropriate treatment decision for a specific clinical condition for an individual

# Ordering and Furnishing

- Ordering professional
  - Physician or practitioner that orders an applicable imaging service
- Furnishing professional
  - Physician or practitioner who furnishes an applicable diagnostic imaging service
- AUC applies to both professional and technical component
  - Including global

# Who Can Order and Refer

- Physicians and certain types of nonphysician practitioners
  - Doctor of medicine or osteopathy
  - Dental medicine/surgery
  - Podiatric medicine
  - Doctor of optometry and optometrists
  - Physician assistants
  - Clinical nurse specialists
  - Nurse practitioners
  - Clinical psychologists
  - Interns, residents and fellows
  - Certified nurse midwives
  - Clinical social workers

# Advanced Diagnostic Imaging

- New program to increase rate of appropriate advanced diagnostic imaging
  - Computed tomography
  - Positron emission tomography
  - Nuclear medicine
  - Magnetic resonance imaging
- When advanced imaging service is ordered, ordering professional will consult with qualified CDSM

# Clinical Decision Support Mechanism

- CDSM an interactive, electronic tool used by clinicians that communicates AUC information to user and assists in making most appropriate treatment decision for patient's specific clinical condition during patient workup
- CDSM will provide ordering professional with score determination of whether that order
  - adheres to AUC
  - does not adhere to AUC
  - if there is no AUC applicable
    - e.g., no AUC is available to address patient's clinical condition in CDSM

# Current Priority Clinical Areas

- Proposed Priority Clinical Areas
  - Clinical conditions, diseases, or symptom complexes and associated imaging services CMS identifies through annual rulemaking and in consultation with stakeholders
    - Coronary artery disease (suspected or diagnosed)
    - Suspected pulmonary embolism
    - Headache (traumatic and non-traumatic)
    - Hip pain
    - Low back pain
    - Shoulder pain (to include suspected rotator cuff injury)
    - Cancer of the lung (primary or metastatic, suspected or diagnosed)
    - Cervical or neck pain

# Consulting CDSM

- CDSM must take place for imaging service ordered by professional
- Applicable setting where imaging furnished
  - Physician offices
  - Hospital
  - Outpatient departments, including emergency departments
  - Ambulatory surgical centers
  - Independent diagnostic testing facilities

# Implementation CY 2023

- Take advantage of testing period
  - Educational and operations testing period for AUC Program has been extended beyond CY 2021
    - Even though claims will not be denied during this educational and operations testing period, inclusion is encouraged
  - No payment consequences associated with AUC program during educational and operations testing period
  - NGS encourages stakeholders to use this period to learn, test and prepare for AUC program
  - Payment penalty phase will begin on later of 1/1/2023 or January 1 that follows declared end of public health emergency for COVID-19

# Exceptions to Consulting CDSMs

- The ordering professional having a significant hardship
  - Insufficient internet access
  - EHR or CDSM vendor issues
  - Extreme and uncontrollable circumstances
- Situations in which the patient has an emergency medical condition
- An applicable imaging service ordered for an inpatient and for which payment is made under Part A

# HCPCS Modifiers

- MA: Ordering professional is not required to consult a clinical decision support mechanism 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 clinical decision support mechanism due to the **significant hardship exception of insufficient internet access**

# HCPCS Modifiers

- MC: Ordering professional is not required to consult a clinical decision support mechanism due to the **significant hardship exception of electronic health record or clinical decision support mechanism vendor issues**
- MD: Ordering professional is not required to consult a clinical decision support mechanism due to the **significant hardship exception of extreme and uncontrollable circumstances**

# HCPCS Modifiers

- ME: The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
- MF: The order for this service does not adhere to the appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional
  - **Note:** Use when the CDSM provides the ordering professional with a determination that the order does not adhere to AUC
- MG: The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
  - **Note:** Use when the CDSM provides the ordering professional with a determination that there is no AUC available to address the patient's clinical condition

# HCPCS Modifiers

- **MH: Unknown if ordering professional consulted** a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider
- **QQ: Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional (effective date 7/1/2018)**

# Clinical Decision Support Mechanism defined by the Medicare Appropriate Use Criteria Program

- G1001: eviCore
- G1002: MedCurrent
- G1003: Medicalis
- G1004: National Decision Support Company
- G1005: National Imaging Associates
- G1006: Test Appropriate
- G1007: AIM Specialty Health
- G1008: Cranberry Peak

# Clinical Decision Support Mechanism defined by the Medicare Appropriate Use Criteria Program

- G1009: Sage Health Management Solutions
- G1010: Stanson
- G1011: Qualified tool not otherwise specified
- G1012: AgileMD
- G1013: Evidencecare Imagingcare
- G1014: Inveniq Semantic Answers in Medicine
- G1015: Reliant Medical Group
- G1016: Speed of Care

# Clinical Decision Support Mechanism defined by the Medicare Appropriate Use Criteria Program

- G1017: HealthHelp
- G1018: INFINX
- G1019: LogicNets
- G1020: Curbside clinical augmented workflow
- G1021: Ehealthline
- G1022: Intermountain
- G1023: Persivia
- G1024: Radrite

# Magnetic Resonance Imaging/ Magnetic Resonance Angiography/ Magnetic Resonance Spectroscopy

- 70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76390, 76498, 77046, 77047, 77048, 77049

# Computerized Tomography

- 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74712, 74713, 75571, 75572, 75573, 75574, 75635, 76380, 76497

# Nuclear Medicine

- 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185, 78191, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78267, 78268, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428, 78429, 78430, 78431, 78432, 78433, 78434, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78835, 78999

# C Codes

- C8900, C8901, C8902, C8903, C8905, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936

# Part B Claim Example

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS      MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY												
								70488	ME					NPI			
								G1010						NPI			
														NPI			
														NPI			
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														NPI			
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
						<input type="checkbox"/> SSN <input type="checkbox"/> EIN				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$			

# Questions Regarding the AUC Program

- Questions regarding this program may be submitted to the CMS Imaging AUC resource box: [ImagingAUC@cms.hhs.gov](mailto:ImagingAUC@cms.hhs.gov)
- [Federal Register AUC](#)

# References

- MLN® Fact Sheet: [Appropriate Use Criteria for Advanced Diagnostic Imaging](#)
- MLN Matters® [MM10481: Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ](#)
- MLN Matters® [MM11268 Revised: Appropriate Use Criteria \(AUC\) for Advanced Diagnostic Imaging - Educational and Operations Testing Period - Claims Processing Requirements](#)

# References

- Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ (CR10481, Transmittal 2040)
- Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging - Educational and Operations Testing Period - Claims Processing Requirements (CR11268, Transmittal 2323)

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

