

# Appropriate Use Criteria for Advanced Diagnostic Imaging

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## Objective

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



Today's Presenters: Carleen Parker and Lori Langevin

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Understanding Appropriate Use  
Criteria Terms

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Advanced Imaging Services  
CR11268

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Clinical Decision Support  
Mechanism

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# 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
  - Doctors of medicine or osteopathy
  - 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

# Clinical Decision Support Mechanism

- 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
- CDSM must take place for imaging service ordered by professional

# 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

# Applicable Settings

- Applicable settings where the imaging service is furnished (not the setting where the imaging service is ordered)
  - Physician's office
  - Hospital outpatient department (including the emergency department)
  - Ambulatory surgical center
  - Independent diagnostic testing facility

# Applicable Payment Systems

- Applicable payment systems include
  - Physician Fee Schedule
  - Hospital Outpatient Prospective Payment System
  - ASC
- MLN Matters® [MM11268 Revised: Appropriate Use Criteria \(AUC\) for Advanced Diagnostic Imaging – Educational and Operations Testing Period – Claims Processing Requirements](#)

# Implementation CY 2023

- Take advantage of testing period
  - Even though claims will not be denied during this educational and operations testing period, inclusion is encouraged
  - [Appropriate Use Criteria Program Notice](#): “The payment penalty phase will not begin 1/1/2023 even if the PHE for COVID-19 ends in 2022. Until further notice, the educational and operations testing period will continue. CMS is unable to forecast when the payment penalty phase will begin.”
- NGS encourages stakeholders to use this period to learn, test and prepare for AUC program

# Exceptions to Consulting CDSMs

- Ordering professional having 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
- 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
- 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)



# Qualified CDSM and Related Codes

Mechanism Name	Code
MedCurrent OrderWise®	G1002
Medicalis Clinical Decision Support Mechanism	G1003
National Decision Support Company CareSelect™*	G1004
AIM Specialty Health ProviderPortal™*	G1007
Cranberry Peak ezCDS	G1008
Stanson Health's Stanson CDS	G1010
AgileMD's Clinical Decision Support Mechanism	G1012
EvidenceCare's ImagingCare	G1013



# Qualified CDSM and Related Codes

Mechanism Name	Code
InveniQA's Semantic Answers in Medicine™	G1014
Reliant Medical Group CDSM	G1015
Speed of Care CDSM	G1016
INFINX CDSM	G1018
LogicNets AUC Solution	G1019
Curbside Clinical Augmented Workflow	G1020
E*HealthLine Clinical Decision Support Mechanism	G1021
Intermountain Clinical Decision Support Mechanism	G1022



# Qualified CDSM and Related Codes

Mechanism Name	Code
Persivia Clinical Decision Support	G1023
Radrite*	G1024
OmniScient <sup>®</sup>	G1011
*Free Tool Available	

# Applicants Seeking CDSM Qualification

- Applications must document current adherence to qualified CDSM requirements under 42 CFR 414.94(g)(1)
- Send applications: [ImagingAUC@cms.hhs.gov](mailto:ImagingAUC@cms.hhs.gov)
- CMS will post qualified CDSMs to website
- All qualified CDSMs must reapply every five years

# 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

# Nuclear Medicine

- 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

# HCPCS 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.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.		
From			To			PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY												
								70488	ME					NPI			
								G1010						NPI			
														NPI			
														NPI			
														NPI			
														NPI			
														NPI			
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
						<input type="checkbox"/> YES <input type="checkbox"/> NO				\$		\$					

# Questions Regarding 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](#)
- CMS: [Appropriate Use Criteria Program](#)

# MLN Matters® References

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

# Transmittal 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 \(CR11268, Transmittal 2323\)](#)

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.





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[youtube.com/ngsmedicare](https://youtube.com/ngsmedicare)