

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

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

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

HCPCS Modifiers

- 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
InveniQA's Semantic Answers in Medicine™	G1014
Reliant Medical Group CDSM	G1015
Speed of Care CDSM	G1016
HealthHelp's Clinical Decision Support Mechanism	G1017

*Free Tool Available

Qualified CDSM and Related Codes

Mechanism Name	Code
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
Persivia Clinical Decision Support	G1023
Radrite*	G1024
OmniScient ®	G1011
Optum CDSM	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
- 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. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		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			CPT/HCPCS	MODIFIER								
								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"/> <input type="checkbox"/>				<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
- [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)

Thank You!

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

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