



# Medicare's AUC Program and Date of Service on Professional Claims

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# What the heck is AUC?

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- Beginning in 2020, an ordering provider of Part B advanced diagnostic imaging must consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM).
- The information (the CDSM consulted and the result) must be provided to the furnishing professionals and facilities,
- Because they must report AUC consultation information on their Medicare claims.
- Participating in the AUC program is mandatory as of January 1, 2020

# Background

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- The Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b), established a new program to increase the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries. Examples of such advanced imaging services include:
  - computed tomography (CT)
  - positron emission tomography (PET)
  - nuclear medicine, and
  - magnetic resonance imaging (MRI)

# Background

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- Under this program, at the time a practitioner orders an advanced diagnostic imaging service for a Medicare beneficiary, he/she, or clinical staff acting under his/her direction, will be required to consult a qualified Clinical Decision Support Mechanism (CDSM).
- CDSMs are electronic portals through which appropriate use criteria (AUC) is accessed.
  - The CDSM provides a determination of whether the order adheres to AUC, or if the AUC consulted was not applicable (e.g., no AUC is available to address the patient's clinical condition).
- A consultation must take place at the time of the order for imaging services that will be furnished in one of the below settings and paid for under one of the below payment systems.
- PAMA requires that the program result in prior authorization for ordering professionals that are identified as having outlier ordering patterns
  - Information on outlier methodology and prior authorization is not yet available.
  - Prior to prior authorization beginning there will be notice and comment rulemaking to develop the methodology.

The Protecting Access to Medicare Act (PAMA) of 2014 established the AUC program to increase the use of AUC for advanced diagnostic imaging services provided to Medicare patients.

Purpose: the purpose of the AUC program is to enable you\* to order the most appropriate test for your patient. The Centers for Medicare & Medicaid Services (CMS) will use data collected from the program to identify outlier ordering professionals who will become subject to prior authorization.

*\*You = physicians, other practitioners, and facilities ordering advanced diagnostic imaging and/or furnishing Part B advanced diagnostic imaging services to Medicare beneficiaries and billing MACs.*



# Definitions

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- **Advanced Diagnostic Imaging Services:** MRI, CT, nuclear medicine (including PET)
- **AUC:** criteria developed or endorsed by national professional medical specialty societies or other provider-led entities (PLEs), so that ordering and furnishing professionals can make the most patient-appropriate treatment decision for the specific clinical condition. To the extent possible, criteria must be evidence based.
- **CDSM:** an interactive, electronic tool for clinicians that gives the user AUC information. The information can be used to make the most patient-appropriate treatment decision for the specific clinical condition. Tools may be modules within or available through EHR technology, private sector mechanisms independent from certified EHR technology, or those established by CMS.

# Definitions

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- **Furnishing Professional:** a physician (as defined in Section 1861(r) of the Act) or a practitioner described in Section 1842(b)(18)(C) of the Act who furnishes an applicable imaging service.
- **Ordering Professional:** a physician (as defined in Section 1861(r) of the Act) or a practitioner described in Section 1842(b)(18)(C) of the Act who orders an applicable imaging service.
- **Priority Clinical Areas:** clinical conditions, diseases, or symptom complexes and associated imaging services CMS identifies through annual rulemaking and in consultation with stakeholders. These areas may be used in the determination of outlier ordering professionals.

# Background

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- Currently, the program is set to be fully implemented on January 1, 2021
  - On and after 1/1/21, AUC consultations with qualified CDSMs are required to occur along with reporting of consultation information on the furnishing professional and furnishing facility claim for the advanced diagnostic imaging service.
  - **Claims that fail to append this information will not be paid.**
  - Prior to this date the program will operate in an Education and Operations Testing Period starting January 1, 2020 during which claims will not be denied for failing to include proper AUC consultation information



# CDSM Required Capabilities

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- Each CDSM must:
  - Identify and make AUC and supporting documentation available from qualified PLEs
  - Contain AUC that address all common and important clinical scenarios within all priority clinical areas
  - Be capable of incorporating AUC from more than one PLE
  - Have processes in place to update, modify, or remove AUC under specific timelines
  - Meet privacy, storage, and security standards under applicable provisions of law
  - Provide ordering professionals aggregate feedback on consultations. Each consultation must
    - Determine and generate documentation on whether the service ordered would or would not adhere to AUC or whether the AUC consulted was not applicable to the service ordered.
    - Include the name and National Provider Identifier (NPI) of the ordering professional
    - Include a unique consultation identifier

# Priority Clinical Areas

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- CMS has identified the following 8 priority areas that may be used in determining an outlier ordering professional in the future:
  1. Coronary artery disease (suspected or diagnosed)
  2. Suspected pulmonary embolism
  3. Headache (traumatic and nontraumatic)
  4. Hip pain
  5. Low back pain
  6. Shoulder pain (to include suspected rotator cuff injury)
  7. Cancer of the lung (primary or metastatic, suspected or diagnosed)
  8. Cervical or neck pain

**NOTE:** AUC consultation is required for all advanced diagnostic imaging services, not just those within the priority clinical areas.

# Setting and Payment for AUC Consultation

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- An AUC consultation must occur for advanced diagnostic imaging services that are performed in
  - A physician's office.
  - Hospital outpatient department (including an emergency department).
  - Ambulatory surgical center,
  - Independent diagnostic testing facility (IDTF), or
  - Any other provider-led outpatient setting CMS determines appropriate

# Setting and Payment for AUC Consultation

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- During the voluntary participation period beginning July 1, 2018 thru December 31, 2019, the –QQ modifier may be appended to claims that bill an AUC CPT® code.
- Beginning January 1, 2020, you **MUST** use a qualified CDSM and report AUC consultation information on the claim for the service (specific claims processing instructions will be issued closer to 2020). Claims will include information on:
  - The ordering professional’s NPI
  - Which CDSM was consulted
  - Whether the service ordered would or would not adhere to consulted AUC or whether consulted AUC was not applicable to the service ordered.
- The ordering professional may delegate the AUC consultation to clinical staff acting under his/her direction if not personally performed by the ordering professional.

# Exceptions

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- CMS may make the following AUC reporting requirement exceptions for:
  - Emergency services when provided to patients with certain emergency medical conditions (as defined in Section 1867(e)(1) of the Act)
    - (e) DEFINITIONS.—In this section:
      - (1) The term “emergency medical condition” means—
        - (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—
          - (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
          - (ii) serious impairment to bodily functions, or
          - (iii) serious dysfunction of any bodily organ or part;

# Exceptions

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- CMS may make the following AUC reporting requirement exceptions for:
  - Inpatients for which Medicare Part A payment is made
  - Ordering professionals, when experiencing a significant hardship including;
    - Insufficient internet access
    - EHR or CDSM vendor issues
    - Extreme and uncontrollable circumstances.

# Can't the imaging center consult the CDSM for me?



Good morning,

I am a compliance consultant in South Florida and have begun to educate my physician clients on the upcoming AUC requirements. There is one question that some physicians are asking for which I would appreciate your guidance. The physicians want to know if the imaging facility (IDTF, Radiology group practice, outpatient hospital, etc.) can consult the Clinical Decision Support Mechanism (CDSM) for them.

It is my understanding that the ordering provider or a clinical staff member of that provider can consult the CDSM. It would be greatly appreciated if you can confirm whether or not it would be appropriate for an employee of the furnishing provider (when that is a different entity from the ordering provider) to consult the CDSM for the ordering provider.

Thank you for your time and attention.

Regards,

10/8/2019 Email to [ImagingAUC@cms.hhs.gov](mailto:ImagingAUC@cms.hhs.gov)

# 10/9/2019 Response from CMS Imaging AUC [ImagingAUC@cms.hhs.gov](mailto:ImagingAUC@cms.hhs.gov)>

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Hello Jean,

Under the AUC program, the ordering professional or clinical staff acting under the direction of the ordering professional will be required to consult the qualified CDSM. The professional or facility furnishing the imaging service ordered by the ordering professional may not consult on his or her behalf.

We hope this information is helpful.

Thank you,

The CMS AUC Team



# Starting January 1, 2020

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- Claims will not be denied for failing to include AUC-related information or for misrepresenting AUC information on non-imaging claims. Example:
  - Failure to include an AUC modifier or G code
  - Reporting modifiers on the wrong line or wrong service
- If the furnishing provider does not receive AUC-related information, it is to report modifier MH on the advanced imaging code(s).
  - If you have an in-office CT scan and the ordering physician in your practice did not consult a CDSM, your claim will go out with –MH appended to the CT scan code.

# Starting January 1, 2020

## Furnishing providers are to place a modifier on the advanced imaging line item



- MA – Consulting a CDSM not required, patient w/a suspected or confirmed emergency
- MB - Consulting a CDSM not required, significant hardship exception of insufficient internet access
- MC - Consulting a CDSM not required, significant hardship exception of EHR or CDSM vendor issues
- MD - Consulting a CDSM not required, due to significant hardship exception of extreme and uncontrollable circumstances.
- ME – Order for this service adheres to AUC in the CDSM consulted by the ordering professional\*
- MF – Order for this service does not adhere to the AUC in the CDSM consulted by the ordering professional\*
- MG – The order for this service does not have AUC in the CDSM consulted by the ordering professional\*
- MH – Unknown if ordering professional consulted a CDSM for this service, related information was not provided to the furnishing professional or provider.

18 \*Claims with HCPCS modifiers ME, MF, or MG should also contain a G-code to report which CDSM was consulted.

# Starting January 1, 2020

G- Codes (“CDSM, <insert name>, as defined by the Medicare AUC program”)



- G1000 – Applied Pathways
- G2002 – eviCore
- G1002 – MedCurrent
- G1003 – Medicalis
- G2004 – National Decision Support Company
- G0005 – National Imaging Associates
- G1006 – Test Appropriate
- G1007 – AIM Specialty Health
- G1008 – Cranberry Peak
- G1009 – Sage Health Management Solutions
- G1010 – Stanson
- G1011 – CDSM, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Program

*\*Claims with HCPCS modifiers ME, MF, or MG should also contain a G-code to report which CDSM was consulted.*

# 1500 Claim Example for Sinus CT Scan

Date	CPT®/HCPCS Code	Modifier	Fee
01/03/2020	70486	ME	\$775.00
01/03/2020	G1000		\$ 0.01

Did it meet AUC?

Which CDSM was consulted?

**ME:** The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

**G1000:** CDSM, Applied Pathways, as defined by the Medicare Appropriate Use Program

# Resources

- Questions regarding AUC
  - [ImagingAUC@cms.hhs.gov](mailto:ImagingAUC@cms.hhs.gov)
- AUC Program
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html>
- CDMSs
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html>
- AUC Fact Sheet
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/OandE.html>
- Transmittal 2323, July 26, 2019
- AUC for Advanced Diagnostic Imaging-Educational and Operations Testing Period-Claims Processing Requirements; MLN Matters Number: MM11268; Released July 26, 2019; Effective Date: January 1, 2020

Questions?



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