

compliance

The Time is Here! What You Need to Know for AUC Consultation

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The wait is over. On July 26, 2019, the Centers for Medicare & Medicaid Services (CMS) released the requirements for appropriate use criteria (AUC) consultation for advanced diagnostic imaging exams. Currently AUC implementation is in a voluntary phase, which began July 1, 2018, and ends Dec. 31, 2019. Jan. 1, 2020, ushers in the testing and operations testing period. During this time, CMS will not deny any claims based on the submission of AUC reporting criteria. Beginning Jan. 1, 2021, the agency will begin denying payment to both the facility that provided the imaging *and* the interpreting provider if the required AUC elements (G-codes and modifiers) are not reported.

This AUC was created in response to the requirements of the Protecting Access to Medicare Act of 2014 (PAMA). The Act specifically requires CMS to establish a program to promote the ordering provider's utilization of AUC for advanced diagnostic imaging services. Advanced imaging services include diagnostic computed tomography, magnetic resonance imaging, and nuclear medicine exams, including positron emission tomography. Ordering physicians and practitioners ("ordering professionals") will be required to consult AUC for all advanced imaging studies billed under the Medicare Physician Fee Schedule, the Outpatient Prospective Payment System, and the Ambulatory Surgical Center Payment System, including those performed in a physician office, hospital outpatient department (including emergency department), independent diagnostic testing

facility, or ambulatory surgery center. This means that if your organization owns any advanced diagnostic equipment that is utilized for diagnostic studies, then the consultation and reporting requirements will apply.

AUC are designed to help clinicians select the most appropriate imaging study for patients with a particular diagnosis or patients presenting with specific symptom(s). CMS can only approve AUC that are developed or endorsed by provider-led entities, such as national professional medical specialty societies. In most cases the AUC will be evidence based. See Table 1, right, for the current listing of qualified provider-led entities as of June 2019.

Once a provider-led entity qualifies, all of the AUC developed or endorsed by that entity are considered to be "specified AUC" for purposes of the PAMA requirements.

An ordering provider (the referring physician or clinical staff member when delegated by and under the direction of the referring physician) will access the AUC through a clinical decision support mechanism; an electronic portal, such as a module in an electronic health record (EHR); or a web-based system. The clinical decision support mechanism will pull information about the patient from the EHR and/or the ordering provider will enter information and the clinical decision support mechanism will provide immediate feedback about the appropriateness of the proposed imaging exam. Table 2, page 10, is the most recent list of qualified clinical decision support mechanisms available at CMS. A list of

clinical decision support mechanisms with preliminary qualification as of June 2019 is found in Table 3, page 10.

At a minimum, each clinical decision support mechanism must include criteria for the following priority clinical areas, which are responsible for a significant percentage of advanced imaging exams paid by Medicare:

- Coronary artery disease (suspected or diagnosed)
- Suspected pulmonary embolism
- Headache (traumatic and non-traumatic)
- Hip pain
- Lower back pain
- Shoulder pain (to include suspected rotator cuff injury)
- Cancer of the lung (primary or metastatic, suspected or diagnosed)
- Cervical or neck pain.

The list will continue to expand in the future.

There are a few exceptions to note. The AUC consultation requirement does not apply to imaging exams performed on inpatients that are paid under Medicare Part A. It also does not apply to patients with emergency medical conditions as defined by the Emergency Medical Treatment & Labor Act, whether confirmed or suspected, or when the ordering physician or practitioner has received a hardship exception. Any ordering professional experiencing insufficient Internet access, EHR or clinical decision support mechanism vendor issues, or extreme uncontrollable circumstances (including natural or manmade disasters) will not be required to consult the AUC using a qualified clinical decision support mechanism. These circumstances will be

Table 1. Current Listing of Qualified Provider-Led Entities*

American College of Cardiology Foundation
American College of Radiology
Banner University Medical Group-Tucson University of Arizona
CDI Quality Institute
Cedars-Sinai Health System
High Value Practice Academic Alliance
Intermountain Healthcare
Johns Hopkins University School of Medicine
Massachusetts General Hospital, Department of Radiology
Medical Guidelines Institute
Memorial Sloan Kettering Cancer Center
National Comprehensive Cancer Network
Sage Evidence-based Medicine & Practice Institute
Society for Nuclear Medicine and Molecular Imaging
University of California Medical Campuses
University of Pennsylvania Health System
University of Texas MD Anderson Cancer Center
University of Utah Health
University of Washington School of Medicine
Virginia Mason Medical Center
Weill Cornell Medicine Physicians Organization

*As of June 2018. Source: [cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html).

self-attested at the time the order is placed.

Assuming that medical necessity is met, CMS will pay for advanced imaging studies regardless of whether they meet appropriateness criteria during the consultation process. Eventually, CMS will identify the top 5 percent of ordering professionals who are consistently failing to follow AUC recommendations for studies involving the priority clinical areas outlined above. Under PAMA, these “outliers” will be required to obtain prior authorization for any advanced imaging studies they wish to order for

Medicare patients. At present, lung cancer is the only oncology diagnosis on the priority clinical area list, but the list will be expanding, and it is anticipated that new oncology-related clinical conditions will be added to the list.

Beginning Jan. 1, 2020, CMS has indicated that claims processing systems will be prepared to accept claims with a Current Procedural Terminology code or Healthcare Common Procedure Coding System (HCPCS) C-code for advanced diagnostic imaging along with a line item HCPCS modifier. The

modifier will identify what AUC level was followed or indicate an exception to the program. Table 4, page 11, lists the modifiers for reporting under the AUC program.

If a claim includes modifier ME, MF, or MG with the advanced diagnostic imaging service, a separate G-code is required to report the qualified clinical decision support mechanism that was consulted. CMS indicates that multiple G-codes can be reported on a single claim.

Each clinical decision support mechanism consulted by the ordering professional has a

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Table 2. Qualified Clinical Decision Support Mechanisms*

AgileMD's Clinical Decision Support Mechanism
AIM Specialty Health ProviderPortal® (free tool available)
Applied Pathways CURION™ Platform
Cranberry Peak ezCDS
eviCore healthcare's Clinical Decision Support Mechanism
EvidenceCare's Imaging Advisor
Inveni-QA's Semantic Answers in Medicine™
MedCurrent OrderWise™
Medicalis Clinical Decision Support Mechanism
National Decision Support Company CareSelect™ (free tool available)
National Imaging Associates RadMD
Reliant Medical Group CDSM
Sage Health Management Solutions Inc. RadWise®
Stanson Health's Stanson CDS
Test Appropriate CDSM (free tool available)

*As of June 2018. Source: [cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html).

Table 3. Clinical Decision Support Mechanisms with Preliminary Qualification*

Cerner CDS mechanism
Evinance Decision Support
Flying Aces Speed of Care Decision Support
HealthHelp's Clinical Decision Support Mechanism
Infinx CDSM
LogicNets' Decision Engines
New Century Health's CarePro

*As of June 2018. Source: [cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html).

Table 4. HCPCS Modifiers for the AUC Program

HCPCS Modifier	Description
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
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
MH	Unknown whether 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 were provided to the furnishing professional (effective dates: July 1, 2018-Dec. 31, 2019)

Table 5. G-Codes for AUC Program

G-Codes	Description
G1000	Clinical decision support mechanism Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program
G1001	Clinical decision support mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program
G1002	Clinical decision support mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program
G1003	Clinical decision support mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program
G1004	Clinical decision support mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program
G1005	Clinical decision support mechanism National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program
G1006	Clinical decision support mechanism Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program
G1007	Clinical decision support mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program
G1008	Clinical decision support mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program
G1009	Clinical decision support mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program
G1010	Clinical decision support mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program
G1011	Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program

Table 6. HCPCS Advanced Imaging Procedure Codes

Magnetic Resonance Imaging
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, 76498, 77046, 77047, 77058, 77059
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
Single-Photon Emission Computed Tomography
76390
Nuclear Medicine
78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78135, 78140, 78185, 78191, 78195, 78199, 78201, 78202, 78205, 78206, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78267, 78268, 78270, 78271, 78272, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78320, 78350, 78351, 78399, 78414, 78428, 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, 78607, 78608, 78609, 78610, 78630, 78635, 78645, 78647, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78710, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78805, 78806, 78807, 78811, 78812, 78813, 78814, 78815, 78816, 78999
C-Codes
C8900, C8901, C8902, C8903, C8905, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936

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unique G-code for reporting on the claim form. Table 5, page 11, lists the G-codes for reporting under the AUC program.

CMS has also provided the full list of HCPCS advanced imaging procedure codes included in the AUC program. Table 6, above, lists the HCPCS codes included in the AUC program as provided by CMS beginning Jan. 1, 2020. As appropriate and necessary, the agency will add HCPCS codes to the list of advanced imaging procedures under the AUC as new codes are created and/or as changes to imaging are made.

Though AUC is ultimately a regulatory requirement, there is a bright side. Taking the

time to perform the AUC consultation is defined by CMS as a high-weight improvement activity for the Medicare Access and CHIP Reauthorization Act (MACRA) quality program. Additionally, this activity is eligible for a 10 percent bonus point in the Promoting Interoperability performance category. Also, the Cost Display for Laboratory and Radiologic Orders is defined as a medium-weight improvement activity, which is also eligible for a 10 percent bonus point award in the Promoting Interoperability performance category.

Even though 2020 is a testing year and there will be no financial impact to the

claims submitted to CMS for advanced diagnostic imaging service, all ordering professionals must be aware of AUC program requirements and commit to their role in the program. It is equally important that imaging facilities and interpreting physicians accurately report the modifiers and G-codes that are also performed. This teamwork will ensure accuracy and that reimbursement earned for the supported services through the AUC program is paid appropriately. 

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