

# Medicare's Appropriate Use Criteria (AUC) Program

## Getting Everyone Involved

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CMS now requires documentation for consultation of Appropriate Use Criteria/Clinical Decision Support (AUC/CDS) on all Medicare advanced imaging services (**MRI, CT, PET and Nuclear Medicine**). AUC/CDS documentation is to be communicated in the form of Modifiers and G-Codes on each advanced imaging claim, beginning January 1<sup>st</sup> 2020. These codes indicate the use of a Clinical Decision Support Mechanism (CDSM) which is an electronic tool through which Appropriate Use Criteria is verified.

At a high-level, the modifiers and G-codes provide CMS with the following information:

- **A CDSM was consulted and the result was:**
  - Appropriate – indicated by using the *ME modifier*
  - Not appropriate – indicated by using the *MF modifier*
  - The service does not have appropriate use criteria – indicated by using the *MG modifier*

These three results require a corresponding G-Code which shows which CDSM was consulted. Each qualified CDSM has their own unique G-code.

- **A CDSM was not consulted due to a hardship**
  - A suspected or confirmed medical emergency – indicated by using the *MA modifier*
  - Vendor issues with a CDSM or EHR – indicated by using the *MC modifier*
  - Insufficient internet access – indicated by using the *MB modifier*
  - Extreme or uncontrollable circumstances – indicated by using the *MD modifier*
- **Unknown if the ordering professional consulted a clinical decision support mechanism**
  - Indicated by using the *MH modifier*

CDSMs will also provide a unique DSN (Decision Support Number) that many thought would be all that was needed to show adherence to AUC/CDS guidelines. However, in order to code and bill relevant Medicare claims appropriately, **your billing company will need more than just the DSN, they will need the G-codes and modifiers.**

CMS delayed the start of the AUC/CDS program multiple times over the past several years, while simultaneously releasing the specifics of the program in fragments. As radiologists have the most on the line, staying educated is an important step for putting all the pieces together so payment is not impacted after the operations and testing period ends. **CMS will not pay claims that fail to include AUC/CDS documentation starting January 1<sup>st</sup>, 2021.**

ADVOCATE recommends the following resources (each is a link to a website – hover over and select):

[Advocate – Are you having the talk?](#)

[Advocate : Clinical Decision Support](#)

[Advocate – Modifiers and G-Codes](#)

[Advocate : CDS and CAH](#)

[Advocate – Webinar CDS Overview](#)

[Advocate – Webinar CDS Next Steps](#)

[CMS – AUC/CDS](#)

[ACR – AUC/CDS Tools](#)

## What AUC/CDS information needs to be on a claim?

- The name of the ordering physician and their NPI number
- Modifiers related to Acceptable Use Criteria
  - These modifiers encompass either that a CDSM was consulted and what the outcome was (AUC was met, not met or not available) **OR** that a CDSM could not be consulted for some reason
- G-Code identifying which specific CDSM was used, when applicable. Each CDSM has a unique G-code.
- **AUC Codes (HCPCS Modifiers)**

Modifier	Purpose	Does it need a G-Code?
MA	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with <b><i>a suspected or confirmed emergency medical condition</i></b>	NO
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the <u>significant hardship exception</u> of <b><i>insufficient internet access</i></b>	NO
MC	Ordering professional is not required to consult a clinical decision support mechanism due to the <u>significant hardship exception</u> of <b><i>electronic health record or clinical decision support mechanism vendor issues</i></b>	NO
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the <u>significant hardship exception</u> of <b><i>extreme and uncontrollable circumstances</i></b>	NO
ME	The order for this service <b><i>adheres to the appropriate use criteria</i></b> in the clinical decision support mechanism consulted by the ordering professional	YES
MF	The order for this service <b><i>does not adhere to the appropriate use criteria</i></b> in the qualified clinical decision support mechanism consulted by the ordering professional	YES
MG	The order for this service <b><i>does not have appropriate use criteria</i></b> in the clinical decision support mechanism consulted by the ordering professional	YES
MH	<b><i>Unknown if ordering professional consulted a clinical decision support mechanism</i></b> for this service, related information was not provided to the furnishing professional or provider	NO

- **G-Codes** – These indicate which CDSM was consulted, these are to be used in conjunction with HCPCS codes ME, MF, and MG.

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

The questions on the following pages can be used to gather information that will be needed to bill Medicare claims correctly under the AUC/CDS program. Print these as aids during conversations with everyone involved with the AUC/CDS process:

### Questions to ask your

#### CDSM vendor

*before working with your EHR*

- What specific documentation concerning AUC/CDS consultation do you provide?
- Is there a default set of data, such as only a DSN and appropriateness score?
  - Can more be provided?
- How does your CDSM indicate when AUC is not available?
  - Does it produce an appropriate score of 0, state 'no score' or some other way? Where is this displayed?
- Where does this documentation end up? Does it flow to the EHR, if so – how?
- How does your CDSM indicate itself with an EHR?
- Do you (or could you) provide the corresponding G-Code to the EHR? If not, how does an EHR know it's your CDSM over a different one?
- Can you provide any test data?

### Questions to ask your

#### EHR vendor:

- What AUC/CDS documentation are you set up to provide?

Our billing company will need to know the following:

- Appropriateness score (1-9) or when AUC was not available \*\*
  - Scores of 1-3 equate to “not appropriate” and will be coded with the MF modifier
  - Scores of 4-9 equate to “appropriate” and will be coded with the ME modifier
  - Cases where AUC is not available will be coded with the MG modifier
  - The name of the CDSM that was consulted – will be coded with matching G-Code
  - DSN
- Do we need to add additional fields to the current configuration? What's the timeline for adding?
- Where will this documentation be placed in the data sent to my billing company?
- Can you provide test data?

## Questions to ask your

### Referring Providers:

- What do you already know about the AUC program?
- Do you know when to consult a CDSM?
  - Ordering providers are required to consult a CDSM when ordering advanced imaging services – MRI, CT, PET, and Nuclear Medicine – for all Medicare beneficiaries except for inpatients.
  - Consulting a CDSM is not required in the case of a hardship exception however, documentation that a CDSM was not consulted due to hardship is required by CMS. Hardship exceptions include:
    - A suspected or confirmed medical emergency
    - CDSM or EHR vendor issues
    - Insufficient internet access
    - Extreme and uncontrollable circumstances
- Which CDSM you are using? How will the AUC documentation get to us?

## Questions to ask your

### Facilities:

- What CDSM is being used (or will be used)? Is this integrated into the EHR?
  - If not integrated into the EHR, how does the AUC documentation flow to the radiologist?
- How will you handle outside referrals?
- Do you have a process for advanced imaging orders from the Emergency Department?



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