



# **Medicare Appropriate Use Criteria Program**

# Frequently Asked Questions

# About the Medicare Appropriate Use Criteria Program

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## 1. What is the Medicare Appropriate Use Criteria Program?

The Centers for Medicare and Medicaid Services (CMS) was directed to establish a program to promote appropriate use criteria (AUC) for outpatient advanced imaging as part of the Protecting Access to Medicare Act of 2014 (PAMA). The goal of the program is to improve the quality of care and reduce inappropriate imaging for Medicare fee-for-service beneficiaries. To comply with the program, providers need to consult CMS-approved AUC through a qualified clinical decision support mechanism (qCDSM), or tool, when ordering imaging services for these beneficiaries. Appropriate use criteria are defined by organizations that are designated by CMS as provider-led entities. Technology vendors, including AIM, have applied to CMS and been approved to be a qCDSM.

## 2. What does AUC stand for?

Appropriate use criteria, or AUC, is defined as "criteria that are evidence-based (to the extent feasible) and assist professionals who order and furnish applicable imaging services to make the most appropriate treatment decision for a specific clinical condition for an individual."

In essence, AUC are evidence-based guidelines used by providers to assess the clinical appropriateness of certain advanced imaging services, such as CTs and MRIs, for Medicare fee-for-service beneficiaries.

CMS requires that the criteria address, at a minimum, eight priority clinical areas (listed below), which are clinical scenarios associated with some of the most frequently billed tests in Medicare.

- Coronary artery disease (suspected or diagnosed)
- Suspected pulmonary embolism
- Headache (traumatic and nontraumatic)
- 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

## 3. What population of Medicare patients does this program affect?

The CMS program applies only to Medicare fee-for-service patients; it does not apply to Medicare Advantage or other commercially insured patients that health plans cover today. Medicare Advantage members enrolled in one of the health plan products covered by AIM products do not fall under this CMS program.

## 4. When will the requirement for the Medicare AUC Program go into effect?

The requirement for the Medicare AUC Program will go into effect January 1, 2020. Providers can begin to consult the Medicare AUC Program now as the educational and operations testing period began in July of 2018. Starting January 1, 2020, ordering providers must consult AUC through a qualified CDS mechanism and furnishing providers must document their consultation on claims. Reimbursement denials are expected to begin in 2021.

## 5. Should I enter an order request in 2018 or 2019 when the Medicare AUC program does not go into effect until January 1, 2020?

Providers participating in the merit based incentive program (MIPS) consulting appropriate use criteria (AUC) for advanced imaging from a qCDSM will count as a high-weighted improvement activity in 2018 and 2019.

# Using *ProviderPortal<sub>sm</sub>* to comply with the Medicare Appropriate Use Criteria Program

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## 6. How do I enable/disable the functionality for the Medicare AUC Program within *ProviderPortal*?

An invitation to enable the Medicare AUC Program will be provided at login when it becomes available in October 2018 within the AIM *ProviderPortal*.

You will be able to enable or disable the Medicare AUC Program at any time. To do this, navigate to the AIM *ProviderPortal* home page, click on “Manage Your User Profile”, and click on the “Disable CDS” button located at the bottom of the screen under the Medicare AUC Program section.

## 7. How can I use AIM *ProviderPortal* to complete the requirement for the Medicare AUC Program?

When logging into AIM *ProviderPortal*, if you have enabled the Medicare AUC Program through your user profile (see #7), you will notice the option to select the button labeled “Medicare AUC Program” from the home page. You will then be able to enter the Medicare AUC order request and receive a determination.

The user will be required to enter the following information:

- Ordering physician by NPI number
- Member information including name, date of birth, gender, and Medicare ID number
- Exam information including CPT (exam) and ICD (diagnosis)

You may be required to answer additional clinical questions in order to complete the request.

Upon completion of the clinical questions, a determination will be presented— either **Adhere** or **Does Not Adhere**.

You may submit a request for either determination to complete the request and it will be saved in our system for future reporting.

If you enter a CPT/ICD combination where no content exists you will be presented with a **Not Applicable** outcome. You can simply submit the order request to complete the process. You will need one of these three outcomes in order for rendering providers to bill CMS. CMS will pay regardless of the outcome.

## 8. Can I navigate from the Medicare AUC Program application to the Health Plan UM Programs application within the AIM *ProviderPortal*?

Yes, you can toggle between the Medicare AUC Program application and the Health Plan UM Program application by clicking on a link located in the upper right hand corner of the screen.

If you are working in the Medicare AUC Program application, you can click on the “Health Plan UM Program” link located in the upper right hand corner of the screen.

If you are working in the Commercial UM Program application, you can click on the “Medicare AUC” link located in the upper right hand corner of the screen.

# About a Medicare Appropriate Use Criteria order

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## 9. How can I complete a Medicare order or a CMS for CDS order?

Medicare AUC Program orders must be entered on **ProviderPortal**. AIM cannot take those orders over the telephone.

## 10. Why can't I call AIM to have the request for Medicare AUC submitted for me?

There is no option for an AIM representative to enter an order for the end user for the Medicare AUC Program. CMS stipulated that the program will focus on only electronic and automated approaches for the AUC program.

## 11. What if the NPI I use to search for the physician information does not display the ordering provider?

You will have the option to enter an ordering provider manually within the Ordering Professional section. Using the search option, enter a valid ordering provider NPI. The system will match up the NPI to an NPI file stored in our database and display the ordering provider's first and last name. If nothing displays upon the search, you will see the message "No Individual NPI Matches Were Found". You can then click on the "Enter an Ordering Provider" link to enter the ordering provider information manually.

Note – the user should verify the ordering provider NPI information that was entered is valid. Individual NPI's are 10 digits in length.

## 12. How do I correct an incorrect ordering provider record?

If the ordering provider information was entered manually, the user who originally entered the information can update it. To update the record, click on the "Edit Provider" link located to the right of the ordering professional information. If the ordering provider information comes from the NPI database, no edit of the record is allowed.

## 13. Can I pull up a Medicare AUC Program order I previously entered in the AIM ProviderPortal?

Yes, by accessing the "View History" link in the upper left hand corner of the application, under the Enter Request action. By clicking on View History, you will see two options for viewing previously entered requests.

1. You can pull up the order information by patient, which will require the Medicare ID number and the date of birth of the member.
2. You can also pull up the order information by user which will include all orders entered by that user for a specified timeframe.

## 14. What does the Medicare Clinical Decision Support number mean?

At this time, the Clinical Decision Support number is a placeholder field that in the future will be used to uniquely identify each order/transaction. Prior to the implementation of the full Medicare AUC Program, CMS will specify the schematic of the number that each qCDSM will be assigned, and your practice will need to include the number on claim forms for billing compliance.

## 15. Can I complete the requirement for Medicare AUC any other way? Is the **ProviderPortal** the only way to submit an order?

There are two ways for you to submit a Medicare AUC order – via the AIM **ProviderPortal**, or through our new EMR-integrated solution, AIM Inform. How they fit into your workflow vastly differs.

## **Submitting orders with AIM Inform**

AIM Inform integrates AIM *ProviderPortal* workflow into EMR systems. It allows providers to complete prior authorization for advanced imaging and comply with the CMS program from a single source, right within their own EMR system. AIM Inform embeds right into the provider workflow, requiring no additional log-ins to a separate technology for prior authorization or CMS compliance. You can learn more about this program on [www.AIMInform.com](http://www.AIMInform.com).

## **Submitting orders without AIM Inform**

*ProviderPortal* is an online platform where providers can obtain prior authorization for a variety of specialty care services, including advanced imaging. Within the portal, providers can also access the Medicare AUC and receive confirmation that they complied with the Medicare program at no charge.

However, to complete prior authorization within the *ProviderPortal*, most providers rely on a traditional, more extensive workflow that may involve physicians, nurses, and administrative staff to enter clinical details. A similar workflow will likely be necessary to meet the Medicare program requirements.