

# Medicare Appropriate Use Criteria for Advanced Imaging

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July 21, 2021

**UIC**

**UNITED IMAGING  
CONSULTANTS**

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# Learning Objectives

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- Requirements for clinicians who order CT, MRI, Nuclear Medicine and PET studies on traditional Medicare patients
- Requirements for those who furnish CT, MRI Nuclear Medicine and PET services to traditional Medicare patients
- Opportunities to leverage Appropriate Use Criteria to reduce pre-authorization burdens of other payors



# Protecting Access to Medicare Act of 2014

- Clinicians ordering advanced imaging studies must consult **Appropriate Use Criteria (AUC)** using a **Clinical Decision Support Mechanism (CDSM)**
- Ordering clinicians must communicate information about the consultation to furnishing providers
- Furnishing providers must report information about the consultation on claims
- Up to 5% of clinicians ordering contrary to evidence based criteria subject to pre-authorization requirements in the future
- Original effective date: January 1, 2017



# Effective Dates

- Consultation and Reporting requirements effective January 1, 2020
  - Education and Operations Testing Period in effect now
- Furnishing provider payment contingent upon reporting effective for dates of service on or after ~~January 1, 2021~~ **later of January 1, 2023 or January 1 following end of the Public Health Emergency**

**Proposed!**



# Scope

- CT
- MRI
- Nuclear Medicine
- PET
  
- Traditional Medicare
  - Does not apply to Medicare Advantage
  - Only when Medicare is primary

Proposed!

# Exclusions

- Inpatients
- Patients with an “emergency medical condition” as defined in section 1867(e)(1) of the Social Security Act
  - (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; or*
  - (B) with respect to a pregnant woman who is having contractions—*
    - (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or*
    - (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.*
- Services in Critical Access Hospitals



# Appropriate Use Criteria (AUC)

- Guidelines designed to assist clinicians with selection of the best imaging study based on clinical indications.
- Evidence based
- Developed by Provider Led Entities (PLE's)



# CMS Approved 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  
Synergetic Professional Guidelines Institute  
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



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# Clinical Decision Support Module (CDSM)

- Used by ordering clinicians to consult AUC when ordering advanced imaging studies
- CMS CDSM certification criteria include
  - Incorporate AUC from multiple PLE's
  - Document each consultation with a unique session number
  - Deliver aggregated feedback to the ordering clinician



# CMS Approved CDSM's

| Mechanism Name   | Code  |
|--|-------|
| eviCore healthcare's Clinical Decision Support Mechanism | G1001 |
| MedCurrent OrderWise™                                    | G1002 |
| Medicalis Clinical Decision Support Mechanism            | G1003 |
| National Decision Support Company CareSelect™*           | G1004 |
| AIM Specialty Health ProviderPortal®*                    | G1007 |
| Cranberry Peak ezCDS                                     | G1008 |
| Sage Health Management Solutions Inc. RadWise®           | G1009 |
| Stanson Health's Stanson CDS                             | G1010 |
| AgileMD's Clinical Decision Support Mechanism            | G1012 |
| EvidenceCare's Imaging Advisor                           | 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 |
| 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 |

\* Free tool available



# AUC Consultation

- Must be performed by
  - Ordering clinician, or
  - Qualified staff working under the direction of the ordering clinician
  - May not be delegated to outside furnishing provider
- Two pathways
  - CDSM module integrated with EHR, or
  - CDSM Web Portal



## AUC Consult

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# Imaging Provider Workflow

- For each Medicare CT, MRI, NM or PET order, record
  - G-code corresponding to CDSM consulted by ordering clinician
  - Modifier
  - Ordering clinician NPI
- Pass G-codes and modifiers to billing systems with charge data (including ordering NPI)
  - Don't forget outside doctors billing professional component



# CDSM G Codes

| Mechanism Name   | Code  |
|--|-------|
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| MedCurrent OrderWise™                                    | G1002 |
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| AIM Specialty Health ProviderPortal®*                    | G1007 |
| Cranberry Peak ezCDS                                     | G1008 |
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| Stanson Health's Stanson CDS                             | G1010 |
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| InveniQA's Semantic Answers in Medicine™                 | G1014 |
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# 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**

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 if ordering professional consulted a clinical decision support mechanism** for this service, related information was not provided to the furnishing professional or provider (**Current**)





MH (Revised effective 1/1/2023) - Exception applies, such as TC performed in Critical Access Hospital, or ordered before payment penalty effective date

Proposed!



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# Imaging Provider Claim Requirements

- Beginning dates of service on or after ~~January 1, 2021~~ *later of January 1, 2023 or January 1 following end of the Public Health Emergency* 
- CT, MRI, Nuclear Medicine and PET
- Traditional Medicare *Primary* 
- Global, Professional and Technical Component
- HCPCS G Code corresponding to CDSM used by ordering clinician
  - Multiple G codes can be used on same claim
- Modifier to indicate adherence to AUC or an exception applies 
  - *On claim line for the G code, except MH, which goes on procedure code claim line*
- Ordering clinician NPI, if different from furnishing
- *One ordering NPI per claim* 





# Potential Payoff

Once AUC consultation is in place, ask commercial carriers to excuse you from pre-authorization!



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# Ordering Clinician To-Do List

- Reach out to EHR vendor ASAP regarding integrated CDSM options and cost
- Assess quality of integrated module to minimize duplicate data entry
- Assess whether included AUC will meet your needs
- Evaluate cost/benefit of integrated CDSM vs. free web portal
- Confirm CMS approval status before you buy
- Implement CDSM and related workflow
- Update HL7 ORM interfaces to include G codes and modifiers
- Lay the foundation for relief from imaging pre-authorization with commercial payors



# Imaging Provider To-Do List

- Prepare to receive and record CDSM g-codes and modifiers with orders ASAP
- Educate ordering clinicians
- Work with billing system vendors to get G-codes and modifiers on your claims ASAP
- Ensure one ordering NPI per claim
- If PC and TC billed by different providers, update billing interfaces to include G-codes and modifiers
- Imaging Centers may consider offering CDSM web portal for use by ordering clinicians
- Lay the foundation for relief from imaging pre-auth with commercial payors



# Future Considerations

- Starting in ~~January 1, 2021~~ **later of January 1, 2023 or January 1 following end of the Public Health Emergency** CMS will track adherence to AUC recommendations by ordering clinicians
- Focus areas
  - 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
- Highest 5% of non-adhering clinicians subject to pre-authorization in the future
- **Look for future rule-making concerning “Outlier Professionals”**

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# Questions?

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