Explore the Business Impacts of Reporting Medicare's Appropriate Use Criteria

December 3, 2019

Disclaimer

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Panelists

- Beth Davis, Senior Manager of Operations, Allscripts
- Kelly Philiba, ND, Interim CMIO, Nuvance Health System
- Robert Tennant, Director, Health Information Technology Policy, Medical Group Management Association
- Dawn Trout, Director, Billing Compliance, HCA Healthcare
- Nancy Spector, Chair of the National Uniform Claim Committee – moderator

Appropriate Use Criteria Program

- Established in Protecting Access to Medicare Act (PAMA) of 2014
- AUC data must be reported for **ALL** advanced diagnostic imaging services, which include:
  - Computed tomography (CT)
  - Magnetic resonance imaging (MRI)
  - Positron emission tomography (PET), and
  - Nuclear medicine
- The focus of the analysis of outliers will be on the following priority clinical areas
  - Coronary artery disease (suspected or diagnosed)
  - Suspected pulmonary embolism
  - Headache (traumatic and non-traumatic)
  - 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

Start Date

- January 1, 2020 – start of Educational and Operations Testing Period
  - Optional to report AUC data in claims, but highly encouraged to begin in order to be prepared for full implementation
  - Claims submitted in 2020 without the AUC data or without the correct AUC data will not be denied

- January 1, 2021 – expected to be deadline for full implementation
  - Claims will be denied if the AUC data is not reported
  - Claims will not be denied if the service performed did not adhere to the AUC

Definitions

- **Appropriate use criteria (AUC):** Criteria developed or endorsed by national professional medical specialty societies or other provider-led entities (PLE), to assist ordering professionals and furnishing professionals in making the most appropriate treatment decision for a specific clinical condition for an individual.
- **Applicable imaging service:** An advanced diagnostic imaging service for which there is one or more applicable appropriate use criteria and there are one or more qualified clinical decision support mechanisms.
- **Provider-led entity (PLE):** A national professional medical specialty society or other organization that is comprised primarily of providers who, either within the organization or outside of the organization, predominantly provide direct patient care.

More Definitions

- **Clinical decision support mechanism (CDSM):** An interactive, electronic tool used by the provider. It communicates the AUC and assists the user in making the most appropriate treatment decision for a patient's specific clinical condition. Tools may be modules within or available through the EHR or independent from the EHR.
- **Ordering professional:** A provider who orders an applicable advanced diagnostic imaging service. The 2019 PFS Final Rule expanded the definition to allow the AUC consultation to be done by clinical staff under direct supervision of the ordering professional.
- **Furnishing professional:** A provider who furnishes an applicable advanced diagnostic imaging service
- **Priority clinical areas:** Clinical conditions, diseases or symptom complexes and associated advanced diagnostic imaging services identified by CMS and may be used in the determination of outlier ordering professionals.

When AUC is Required

The AUC requirements apply when:

- ❑An advanced diagnostic imaging service is provided
- ❑The patient is covered by Medicare
- ❑The imaging service is performed in a:
  - Physician office;
  - Hospital outpatient department, including emergency department;
  - Ambulatory surgical center;
  - Independent diagnostic testing facility; or
  - Any other provider-led outpatient setting CMS determines appropriate
- ❑The service is paid by Medicare using the:
  - Physician Fee Schedule
  - Outpatient Prospective Payment System
  - Ambulatory Surgical Center Payment System

Medicare AUC Program

1. Establish AUC

- Created PLEs
- PLEs set the AUC
- PLEs are qualified by CMS
- Current list of PLEs available on CMS website

2. Mechanism to Consult AUC

- Created CDSMs
- CDSMs are interactive, electronic tools used to query the AUC
- CDSMs are qualified by CMS
- Current list of CDSMs available on CMS website

3. Consult and Report AUC

- Ordering provider queries the CDSM
- CDSM responds if AUC adheres, does not adhere, or no AUC is applicable
- CDSM queried, response, and ordering provider NPI included with test order
- Rendering provider reports AUC data in claim

4. Identify Outliers

- Identification will be on an annual basis of no more than five percent of ordering providers who are outliers
- Outliers will be determined based on:
  - Low adherence to applicable AUC, or
  - Comparison to other ordering providers
- Outliers will be required to complete prior authorizations
- CMS is still developing the process to identify outliers

3. AUC Consultation and Reporting

AUC data is required to be reported in the claim for all advanced diagnostic imaging services provided

1. The CDSM consulted by the ordering provider;
2. Whether the service adhered to the applicable AUC, did not adhere to the applicable AUC, or whether no criteria in the CDSM were applicable to the patient's clinical scenario;

   OR

   Whether an exception applies; and
3. The National Provider Identifier (NPI) of the ordering provider.

Reporting the CDSM

- CMS established HCPCS G-codes to identify which CDSM was queried by the ordering provider
- The HCPCS G-code will be reported as a separate service line
- The following are the HCPCS G-codes as of July 2019:
  - G1000 - Clinical Decision Support Mechanism Applied Pathways
  - G1001 - Clinical Decision Support Mechanism eviCore
  - G1002 - Clinical Decision Support Mechanism MedCurrent
  - G1003 - Clinical Decision Support Mechanism Medicalis
  - G1004 - Clinical Decision Support Mechanism National Decision Support Company
  - G1005 - Clinical Decision Support Mechanism National Imaging Associates
  - G1006 - Clinical Decision Support Mechanism Test Appropriate
  - G1007 - Clinical Decision Support Mechanism AIM Specialty Health
  - G1008 - Clinical Decision Support Mechanism Cranberry Peak
  - G1009 - Clinical Decision Support Mechanism Sage Health Management Solutions
  - G1010 - Clinical Decision Support Mechanism Stanson
  - G1011 - Clinical Decision Support Mechanism, qualified tool not otherwise specified

Exceptions to Consulting CDSM

- Emergencies,
- Inpatient advanced diagnostic imaging services, and
- Ordering provider meets one of the following hardship exceptions:
  - Insufficient internet access
  - EHR or CDSM vendor issues
  - Extreme and uncontrollable circumstances

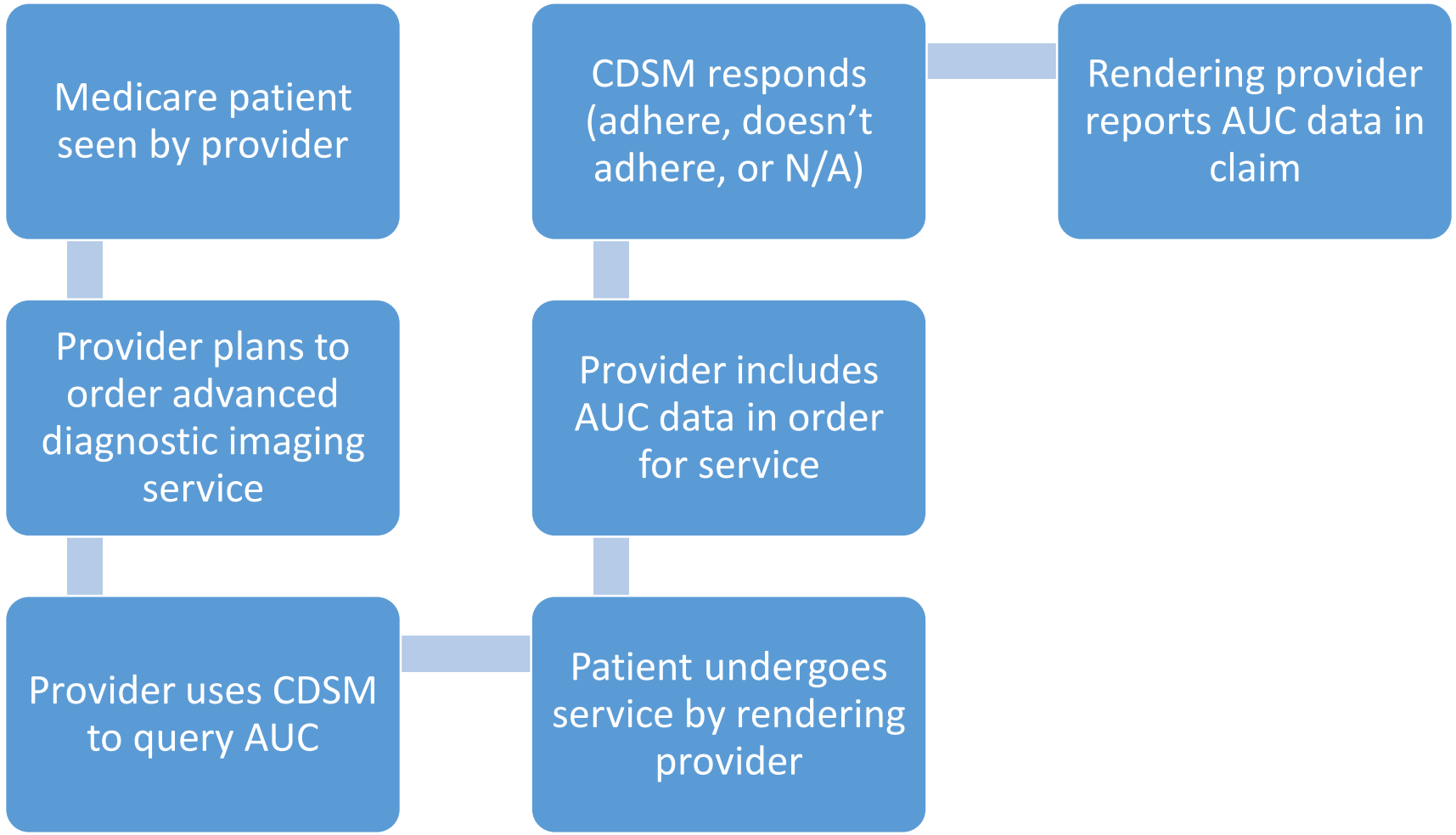
Reporting the CDSM Response

- CMS created HCPCS modifiers to identify the response from the CDSM
- The modifier will be reported on the same service line as the procedure code for the advanced diagnostic imaging service
- The modifiers as of July 2019 are:
  - MA - Not required to consult a CDSM due to service being a suspected or confirmed **emergency medical condition**
  - MB - Not required to consult a CDSM due to the significant hardship exception of **insufficient internet access**
  - MC - Not required to consult a CDSM due to the significant hardship exception of **electronic health record or clinical decision support mechanism vendor issues**
  - MD - Not required to consult a CDSM due to the significant hardship exception of **extreme and uncontrollable circumstances**
  - ME - S**ervice adheres to the appropriate use criteria** in the CDSM consulted
  - MF - S**ervice does not adhere to the appropriate use criteria** in the CDSM consulted
  - MG - S**ervice does not have appropriate use criteria** in the CDSM consulted
  - 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

Reporting Ordering Provider NPI

- 1500 Form
  - Reported in Item Number 17 – “Name of Referring Provider or Other Source”
  - Use qualifier “DK” for “Ordering Provider”
- 837P
  - Loop 2420E
  - NM1 “Ordering Provider Name”
  - NM109 “Identification Code”
- UB-04 Form
  - Line Level is Reported in Form Locator 43 for the Revenue Center of the advanced diagnostic imaging service
- 837I
  - Loop ID 2300, K3-01 segment. The K3 will use the following values for each service line that need an Ordering Provider reported:
    - “AUC” represents the program
    - “LX” represents the service line followed by the service line number reported in LX01
    - “DK” represents the Ordering Provider followed by the Ordering Provider NPI

AUC Workflow



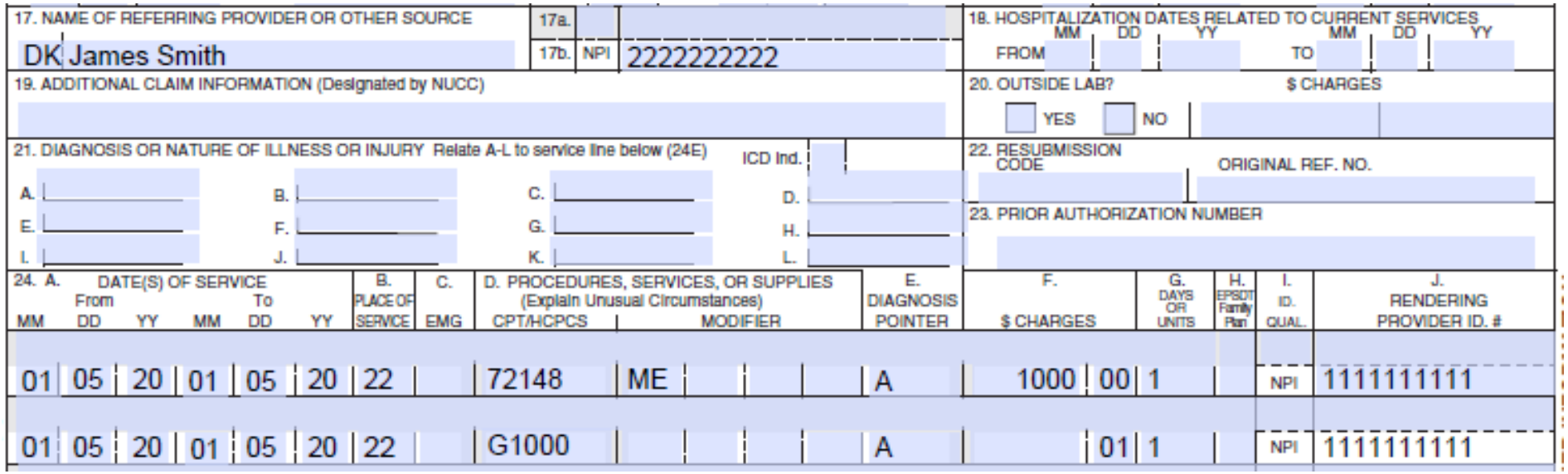
Example 1

John is seen by his primary care physician, Dr. James Smith, complaining of lower back pain after falling on ice four days ago. The back pain has been persistent and he intermittently has radiating pain down his right leg. Dr. Smith plans to order an MRI of the lumbar spine and queries the CDSM. The CDSM response indicates that the MRI adheres to the AUC. Dr. Smith proceeds with ordering the MRI. The HCPCS G-code, modifier, and NPI are included in the order.

John has the MRI in an outpatient hospital department.

Example 1 – Professional Claim

- 1500



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK James Smith
17a.
17b. NPI 2222222222
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01	05	20	01	05	20	22		72148	ME	A	1000 00	1		NPI	1111111111
01	05	20	01	05	20	22		G1000		A	01	1		NPI	1111111111

- 837P

SV1*HC:72148:ME*1000.00*UN*1*22**1**N~

SV1*HC:G1000*0.01*UN*1*22**1**N~

NM1*DK*1*SMITH*JAMES**XX*2222222222~

Example 1 – Institutional Claim

- UB-04

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0612	DK-2222222222	72418	ME	010520	1	1500.00			1
2	0612	MRI SPINE	G1000		010520	1	1.00			2

- Or Option 2

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0612	DK-2222222222	72418	ME	010520	1	1500.00			1
2	0619	MRT OTHER	G1000		010520	1	1.00			2

- 837I

LX*1~SV2*0612*HC:72148:ME*1500.00*UN*1~DTP*472*D8*20200105~

LX*2~SV2*0612*HC:G1000*0.01*UN*1 ~DTP*472*D8*20200105 ~

K301*AUCLX1DK2222222222~

Option 2 for CDSM line:

LX*2~SV2*0619*HC:G1000*0.01*UN*1 ~DTP*472*D8*20200105 ~

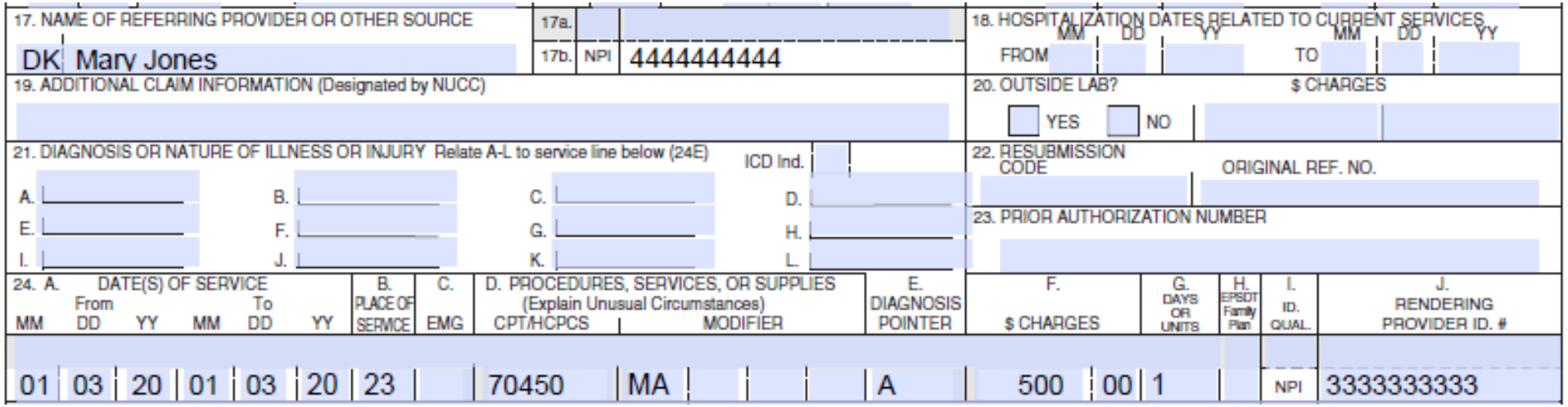
Example 2

Jane is brought to the emergency department via ambulance following a car accident. She is unconscious and unresponsive. Dr. Mary Jones orders a head CT scan to see if there is any intracranial bleeding. Because it is an emergency, Dr. Jones does not query the CDSM for the AUC.

The CT scan is performed in the hospital's radiology suite and shows intracranial bleeding.

Example 2 – Professional Claim

- 1500



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Mary Jones
17a.
17b. NPI 4444444444
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01	03	20	01	03	20	23		70450	MA	A	500	00	1	NPI	3333333333

- 837P

SV1*HC:70450:MA*500.00*UN*1*23**1**Y~

NM1*DK*1*JONES*MARY**XX*4444444444~

Example 2 – Institutional Claim

- UB-04

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0351	DK-4444444444	70450 MA	010320	1	1000 .00			1
2	0450	EMERG ROOM	99285	010320	1	2000 .00			2

- 837I

LX*1~SV2*0351*HC:70450:MA*1000.00*UN*1~DTP*472*D8*20200103~

LX*2~SV2*0450*HC:99285*2000.00*UN*1~DTP*472*D8*20200103~

K301*AUCLX1DK4444444444~

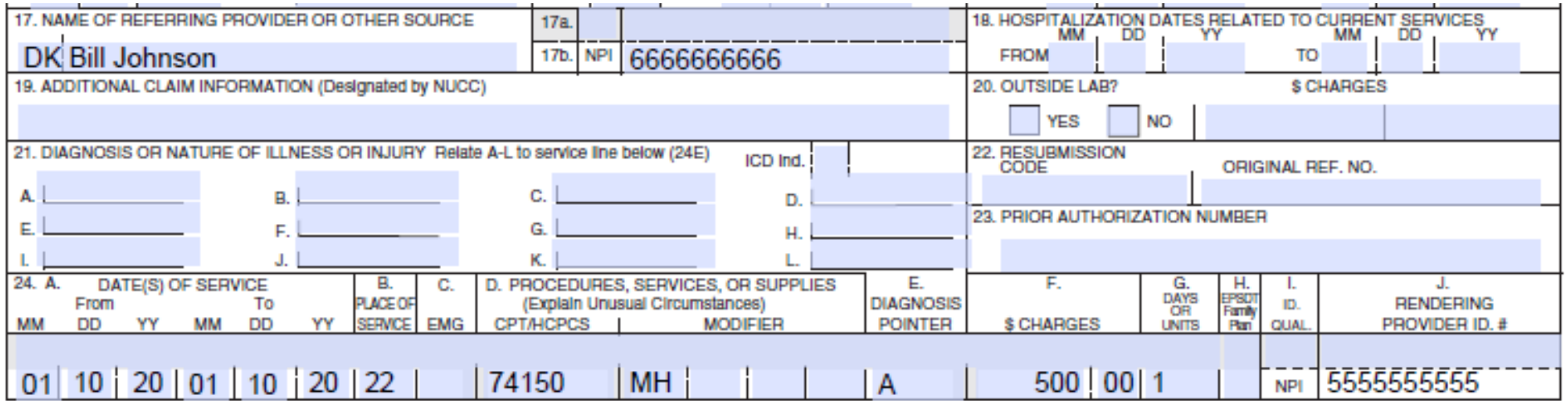
Example 3

Bob arrives at the hospital radiology outpatient department with an order from his physician, Dr. Bill Johnson, to have a CT scan of the abdomen. There is no information about the CDSM or AUC included with the order.

The CT scan is performed.

Example 3 – Professional Claim

- 1500



17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Bill Johnson | 17a. | 17b. NPI 6666666666

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: MM DD YY FROM | MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☐ NO | $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) | ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01	10	20	01	10	20	22		74150	MH	A	500 00	1		NPI	5555555555

- 837P

SV1*HC:74150:MH*500.00*UN*1*22**1**N~

NM1*DK*1*JOHNSON*BILL**XX*6666666666~

Example 3 – Institutional Claim

- UB-04

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	352	DK-6666666666	74150 MH	011020	1	1000 .00			1
2									2

- 837I

LX*1 ~ SV2*0352*HC:74150:MH*1000.00*UN*1~DTP*472*D8*20200110~

K301*AUCLX1DK6666666666~

Example 4

Sue is undergoing treatment for metastatic ovarian cancer that has spread to the brain and chest. Her oncologist, Dr. Mary Davis, orders CT scans of the pelvis, chest, and head to assess the progression of the disease. The CDSM queried by Dr. Davis indicates that the CT scans meet the AUC.

Sue has the CT scans performed at an off-campus provider-based outpatient department.

Example 4 – Professional Claim

- 1500

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Mary Davis
17a.
17b. NPI 8888888888

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01	15	20	01	15	20	19		70450	ME	A	500	00 1		NPI	7777777777
01	15	20	01	15	20	19		G1011		A		01 1		NPI	7777777777
01	15	20	01	15	20	19		71250	ME	A	500	00 1		NPI	7777777777
01	15	20	01	15	20	19		G1011		A		01 1		NPI	7777777777
01	15	20	01	15	20	19		72192	ME	A	500	00 1		NPI	7777777777
01	15	20	01	15	20	19		G1011		A		01 1		NPI	7777777777

Example 4 – Professional Claim

- 837P

SV1*HC:70450:ME*500.00*UN*1*19**1**N~

SV1*HC:G1011*0.01*UN*1*19**1**N~

SV1*HC:71250:ME*500.00*UN*1*19**1**N~

SV1*HC:G1011*0.01*UN*1*19**1**N~

SV1*HC:72192:ME*500.00*UN*1*19**1**N~

SV1*HC:G1011*0.01*UN*1*19**1**N~

NM1*DK*1*DAVIS*MARY**XX*8888888888~

Example 4 – Institutional Claim

- UB-04

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0351	DK-8888888888	70450 PO ME	011520	1	1000 .00			1
2	0352	DK-8888888888	71250 PO ME	011520	1	1000 .00			2
3	0352	DK-8888888888	72192 PO ME	011520	1	1000 .00			3
4	0359	CT SCAN/OTHER	G1011	011520	1	1 .00			4

- 837I

LX*1 ~ SV2*0351*HC:70450:PO:ME*1000.00*UN*1~DTP*472*D8*20200115~

LX*2 ~ SV2*0352*HC:71250:PO:ME*1000.00*UN*1~DTP*472*D8*20200115~

LX*3 ~ SV2*0352*HC:72192:PO:ME*1000.00*UN*1~DTP*472*D8*20200115~

LX*4 ~ SV2*0359*HC:G1011:::::XYZ CDSM*1.00*UN*1~DTP*472*D8*20200115

K301*AUCLX1DK8888888888LX2DK8888888888LX3DK8888888888~

Resources

- CMS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html
- 7/26/19 MLN article: Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging - Educational and Operations Testing Period - Claims Processing Requirements (MM11268)
- X12 RFI #2387: http://rfi.x12.org/Request/Details/2387?stateViewModel=WPC.RFI.Models.ViewModels.RequestViewModel
- Medicare question email box: ImagingAUC@cms.hhs.gov

Discussion Points

- What are your initial thoughts on the program?
- Need to know patient has Medicare
- Need to transmit AUC data with the order
  - How are imaging orders currently transmitted? Manually or electronically?
  - Will ordering provider send the G-code and modifier or write the name of the CDSM queried and response for the rendering provider to code?
  - What if no AUC data is included with the order?
- Need to know the exceptions and code them with each order/service
  - Definition of “emergency”
- Other concerns