

The Protecting Access to Medicare Act

Appropriate Use Criteria Consultation Mandate for Advanced Diagnostic Imaging

Beginning January 1, 2020, healthcare providers must consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM) when ordering advanced imaging tests. Consultations must occur across all advanced imaging and evidence of consultation must be included on the claim.

Ordering providers are required to consult AUC for all Medicare Part B Advanced Diagnostic Imaging Services (CT, MR, NM, PET).

Consultation is required in all applicable settings as outlined by CMS. These include physician offices, hospital outpatient departments (including emergency departments), ambulatory surgical centers, and independent diagnostic testing facilities.

Program Timeline

The program starts with a one-year “Educational and Operations Testing Period”. During this period, AUC consultation must occur across all advanced imaging. AUC consultation information is expected to be reported on claims; however claims will not be denied for failure to include proper AUC consultation information.

After the one-year period concludes, payment will be withheld for claims not correctly including consultation data and outlier physician calculation will begin.

Consultations by Ordering Professionals

To reduce the burden on Ordering Professionals (OP)¹, CMS has clarified the personnel who can consult AUC at the time of order. This formalizes the option for clinical staff, operating under the direction of the OP to perform the consultation.

Radiologists cannot consult. The statute distinguishes between ordering and furnishing professionals and indicates that OPs may have their staff, but not radiology staff, consult AUC on their behalf.

Priority Clinical Areas

CMS has outlined eight Priority Clinical Areas (PCAs) as a baseline of clinical coverage to measure outlier physicians:

- 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

Outlier calculation will be based on both AUC adherence within the PCAs and applicability of the AUC to the

service. Outliers will be subject to additional authorization steps for Medicare Imaging services.

Claims & Reporting

CMS will accept consultation data in the form of G-Codes with Healthcare Common Procedure Coding System (HCPCS) modifiers. The G-code will be used to define the qCDSM ID and CPT will be amended with HCPCS modifiers to indicate pertinent AUC consultation data. The defined information is as follows:

- Information about which qCDSM was consulted by the ordering professional for the service
- Information regarding—
 1. whether the service ordered adheres to the applicable appropriate use criteria;
 2. whether the service ordered does not adhere to such criteria; or
 3. whether such criteria is not applicable to the service ordered
- The NPI of the ordering professional

CMS Transmittal 2323² assigned G-codes for each qCDSM. It also established eight new HCPCS modifiers to indicate the outcome of the AUC consultation. These modifiers fall into 2 categories: (1) When an AUC is consulted or (2) When a CDSM is not consulted, for instance due to hardship.

1. The following roles are defined as Ordering Professional by the statute: (i) A physician assistant, nurse practitioner, or clinical nurse specialist; (ii) A certified registered nurse anesthetist; (iii) A certified nurse-midwife; (iv) A clinical social worker (v) A clinical psychologist; (vi) A registered dietitian or nutrition professional.

2. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2323OTN.pdf>