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Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims

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Effective Date: N/A
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Implementation Date: January 1, 2020

Note: We revised this article on February 20, 2020, to include the listing of CDSMs (page 6) and to update paper billing instruction to direct providers to the NUBC for instructions on reporting the ordering physician NPI (page 2) and special reporting required for the CDSMs using HCPCS G1011 on paper claims (page 3). The article release date was also changed. All other information is the same.

PROVIDER TYPES AFFECTED

This Special Edition Article is for institutional providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article (SE20002) provides guidance for processing claims for certain institutional claims that are subject to the Appropriate Use Criteria (AUC) program for advanced diagnostic imaging services. The Centers for Medicare & Medicaid Services (CMS) will begin to accept claims with this information as of January 1, 2020. This is the beginning of the education and operations testing period for the AUC program. While there will not be payment penalties during this period, stakeholders and CMS can use this time to practice reporting and accepting AUC information on claims. The K3 segment will be used to report line level ordering professional information on institutional claims.

For other claims processing information for the AUC program including HCPCS modifiers and codes, please see MLN Matters article MM11268, Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf. For general information regarding the AUC program please visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.

Key Points

During CY 2020, CMS expects ordering professionals to begin consulting qualified clinical decision support mechanisms (CDSMs) and providing information to the furnishing practitioners

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and providers for reporting on their claims. Situations in which furnishing practitioners and providers do not receive AUC-related information from the ordering professional can be reported by modifier MH. During this phase of the program claims will not be denied for failing to include AUC-related information or for misreporting AUC information on non-imaging claims, but inclusion is encouraged.

Required Reporting of Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging CDSM G-codes and Modifiers

A modifier (MA-MH) is reported on the same claim line as any Advance Diagnostic Imaging HCPCS code. When a qualified CDSM was consulted, the CDSM HCPCS modifier ME, MF or MG is reported on the Advance Diagnostic Imaging service HCPCS code. Additionally, a separate line with a CDSM G-code is reported.

Each reported CDSM G-code must contain the following line of service information:

• Date of the related Advanced Diagnostic Imaging service

• Nominal charge, e.g., a penny, for institutional claims submitted to the A/B MACs (A).

Reporting the ordering professional's National Provider Identifier (NPI) on institutional claims

In this Special Edition article, CMS clarifies the method of reporting the ordering professional's National Provider Identifier (NPI) on institutional claims for advanced diagnostic imaging services subject to the AUC program. This information, for institutional claims, will be reported using the K3 segment *in electronic claims. For paper claims, contact the NUBC for billing instructions for reporting the ordering professional's NPI.* When reporting the NPI of the Ordering Professional on institutional *electronic* claims, the K301 will use the following values for each service line that needs an Ordering Professional reported:

- **AUC** represents the program
- **LX** represents the service line followed by the service line number reported in LX01
- **DK** represents the Ordering Professional identifier followed by the Ordering Professional's NPI

If an Ordering Professional NPI is the same for multiple service lines, each service must be reported as a separate service line in the K301. The K301 supports 80 characters, which may allow up to four Ordering Professional NPI iterations in a single K301. Providers may send additional K3 segments as needed but each one must begin with the value of AUC as shown below and demonstrated in the attachments to this article.

K3 Examples:

Reporting 1 Ordering Professional NPI

K3*AUCLX1DK1111111111~

Reporting 5 Ordering Professional NPIs

K3*AUCLX1DK1111111111LX11DK9999999999LX22DK1111111111LX433DK2222222222~

K3*AUCLX444DK4444444444~

Qualified CDSM specific HCPCS not yet available

Providers report the CDSM approved HCPCS G-codes for qualified CDSMs, when available. HCPCS G1011 is designated as "Clinical Decision Support Mechanism, qualified tool not otherwise specified". When a CDSM has been qualified by CMS but has not received an assigned HCPCS G-codes, providers report HCPCS G1011. *For paper claims, contact the NUBC for billing instructions to report HCPCS G1011. For electronic claims,* it is important to remember that the key claim segments should be completed as follows:

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011
SV202-7:	Description	CDSM (*insert Name of CDSM)*
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1
DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011:::::CDSM (*insert Name of CDSM)*.01*UN*1~DTP*472*D8*20200115~

Example if a claim is billed when AgileMD's CDSM is consulted prior to receiving HCPCS assignment:

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011

SV202-7:	Description	CDSM AGILEMDS
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1
DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011:::::CDSM *AGILEMDS*.01*UN*1~DTP*472*D8*20200115~

Multiple consultations of the same CDSM

You can report the qualified CDSM G-codes with the same Revenue code as the Advanced Diagnostic Imaging service or in the Revenue Center that ends in "9" for the Advanced Diagnostic Imaging service.

For example, a CDSM G-code for a CT scan order for the head could be reported with either Revenue Code 0351 (CT SCAN/HEAD), which is the same as the imaging service, or Revenue Code 0359 (CT SCAN/OTHER).

A CDSM G-code on a MRI order for the head could be reported with either Revenue Code 0611 (MRI/BRAIN), which is the same as the imaging service, or 0619 (MRT/OTHER).

A) If the multiple consultations of the same CDSM G-code were for the same revenue code series on the claim, the provider has options:

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in "9" just 1 time with multiple units.

0351 test 1 unit

0352 test 2 unit

0359 CDSM 2 units

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 unit

0352 test 1 unit

0352 CDSM 1 unit

B) If the multiple consultations were for different revenue code series lines on the claim, there would be at least 1 line for each revenue code series depending on if you use the xxx9 approach for reporting or the specific revenue code approach.

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in "9" just 1 unit for each CDSM query.

0351 test 1 unit

0359 CDSM 1 units

0611 test 1 unit

0619 CDSM 1 unit

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 units

0611 test 1 unit

0611 CDSM 1 unit

Example of 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code

0351 test 1 unit with contrast

0351 test 1 unit without contrast

0351 CDSM 2 units

0611 test 1 unit with contrast

0611 test 1 unit without contrast

0611 CDSM 2 units

Updated G-code Table for Qualified CDSMs

Mechanism Name	Code
Applied Pathways Clinical Decision Support Mechanism	**G1000 (Deleted 04/01/2020)**
eviCore healthcare's Clinical Decision Support Mechanism	**G1001**
MedCurrent OrderWise™	**G1002**
Medicalis Clinical Decision Support Mechanism	**G1003**
National Decision Support Company CareSelect™	**G1004**
National Imaging Associates RadMD	**G1005**
Test Appropriate CDSM	**G1006**
AIM Specialty Health ProviderPortal®	**G1007**
Cranberry Peak ezCDS	**G1008**
Sage Health Management Solutions Inc. RadWise®	**G1009**

Mechanism Name	Code
Stanson Health's Stanson CDS	**G1010**
Qualified tool not otherwise specified	**G1011**
AgileMD's Clinical Decision Support Mechanism	**G1012 (effective 4/1/2020)**
EvidenceCare's Imaging Advisor	**G1013 (effective 4/1/2020)**
InveniQA's Semantic Answers in Medicine™	**G1014 (effective 4/1/2020)**
Reliant Medical Group CDSM	**G1015 (effective 4/1/2020)**
Speed of Care CDSM	**G1016 (effective 4/1/2020)**
HealthHelp's Clinical Decision Support Mechanism	**G1017 (effective 4/1/2020)**

Mechanism Name	Code
INFINX CDSM	**G1018 (effective 4/1/2020)**
LogicNets AUC Solution	**G1019 (effective 4/1/2020)**

Claim Examples

The attached advanced diagnostic imaging UB-04 claim examples are provided to help you better understand the claims-based reporting concept of the AUC program. This concept is applicable to any of the claims that require AUC program billing to report information about the ordering professional's consultation with AUC.

ADDITIONAL INFORMATION

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging fact sheet is available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf.

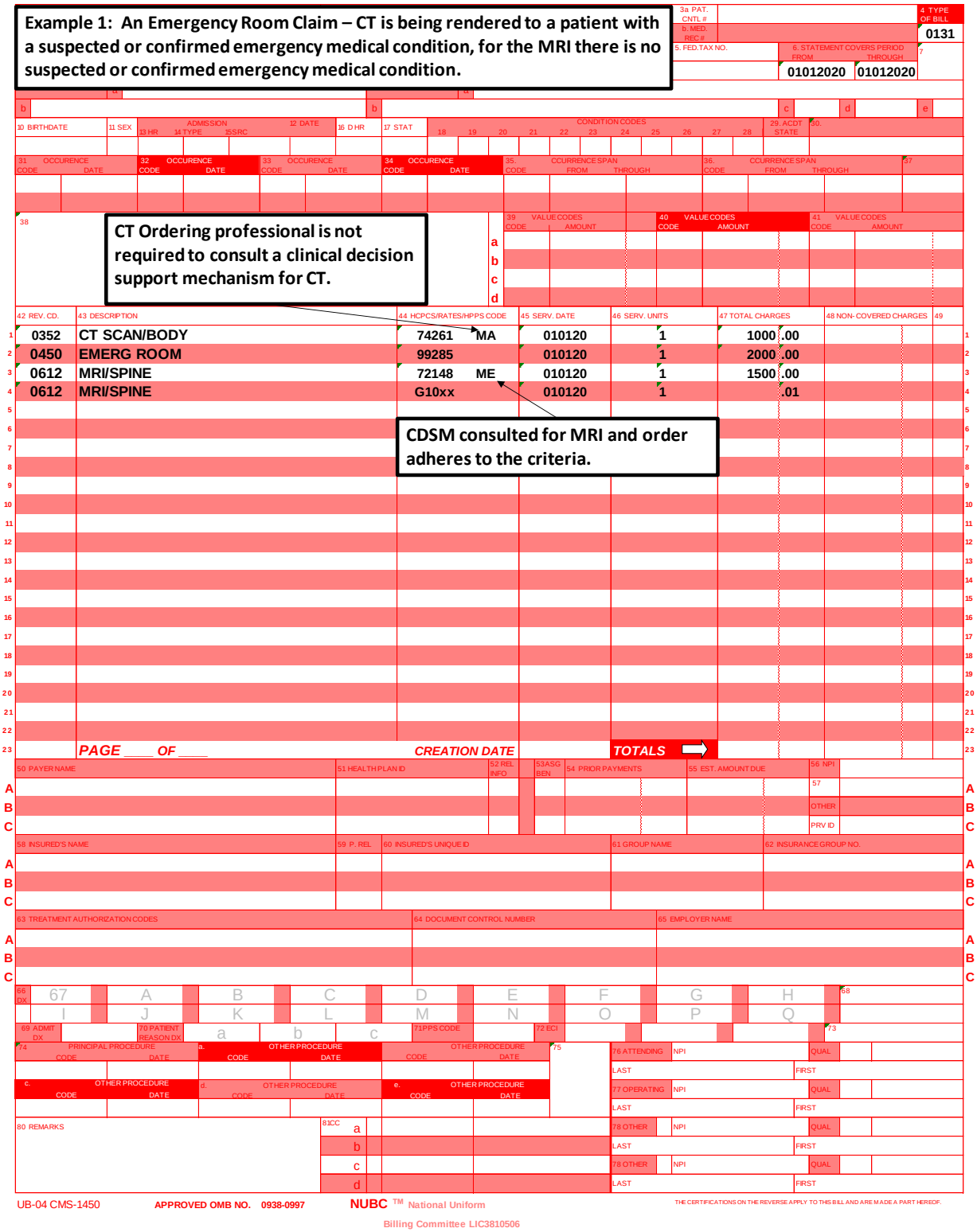
Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements is available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf.

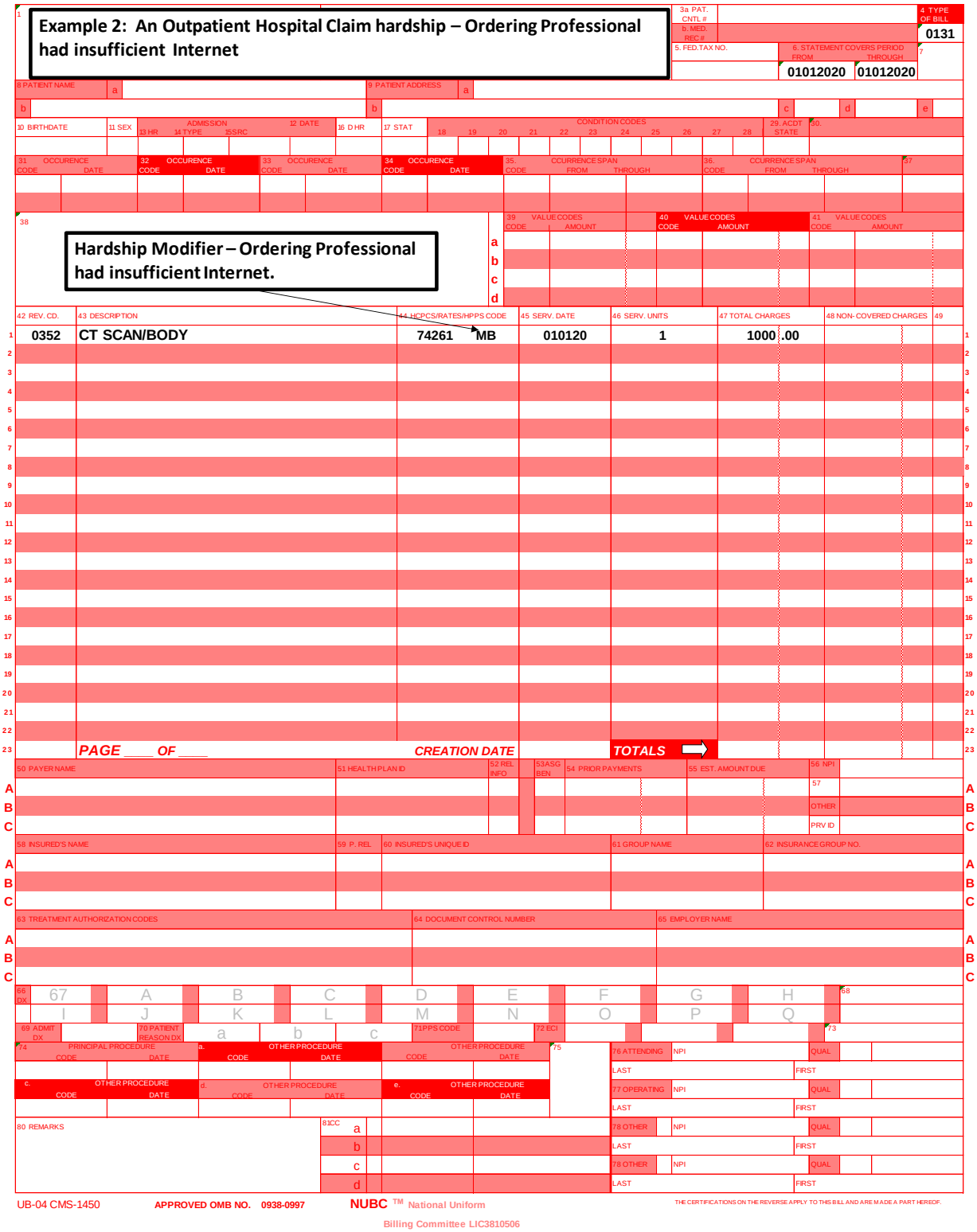
If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

Various examples of reporting the K3 segment follow the Document History section of this article.

DOCUMENT HISTORY

Date of Change	Description
February 20, 2020	We revised this article to include the listing of CDSMs (page 6) and to update paper billing instruction to direct providers to the NUBC for instructions on reporting the ordering physician NPI (page 2) and special reporting required for the CDSMs using HCPCS G1011 on paper claims (page 3). The article release date was also changed.
January 9, 2020	Initial article released.


Example 1: An Emergency Room Claim – CT is being rendered to a patient with a suspected or confirmed emergency medical condition, for the MRI there is no suspected or confirmed emergency medical condition.
CT Ordering professional is not required to consult a clinical decision support mechanism for CT.
CDSM consulted for MRI and order adheres to the criteria.
4 TYPE OF BILL
0131
6. STATEMENT COVERS PERIOD
FROM 01012020
THROUGH 01012020
42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES/HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES
1 0352 CT SCAN/BODY 74261 MA 010120 1 1000.00
2 0450 EMERG ROOM 99285 010120 1 2000.00
3 0612 MRI/SPINE 72148 ME 010120 1 1500.00
4 0612 MRI/SPINE G10xx 010120 1 .01
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
56 NPI
58 INSURED'S NAME
59 P. REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
74 PRINCIPAL PROCEDURE
76 ATTENDING
77 OPERATING
78 OTHER
80 REMARKS
81CC
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC ™ National Uniform Billing Committee LIC3810506
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.


Example 2: An Outpatient Hospital Claim hardship – Ordering Professional had insufficient Internet
Hardship Modifier – Ordering Professional had insufficient Internet.
4 TYPE OF BILL
0131
6. STATEMENT COVERS PERIOD
FROM 01012020
THROUGH 01012020
42 REV. CD.
43 DESCRIPTION
44 HCPCS/RATES/HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
1 0352 CT SCAN/BODY 74261 MB 010120 1 1000 .00
PAGE ___ OF ___
CREATION DATE
TOTALS
UB-04 CMS-1450
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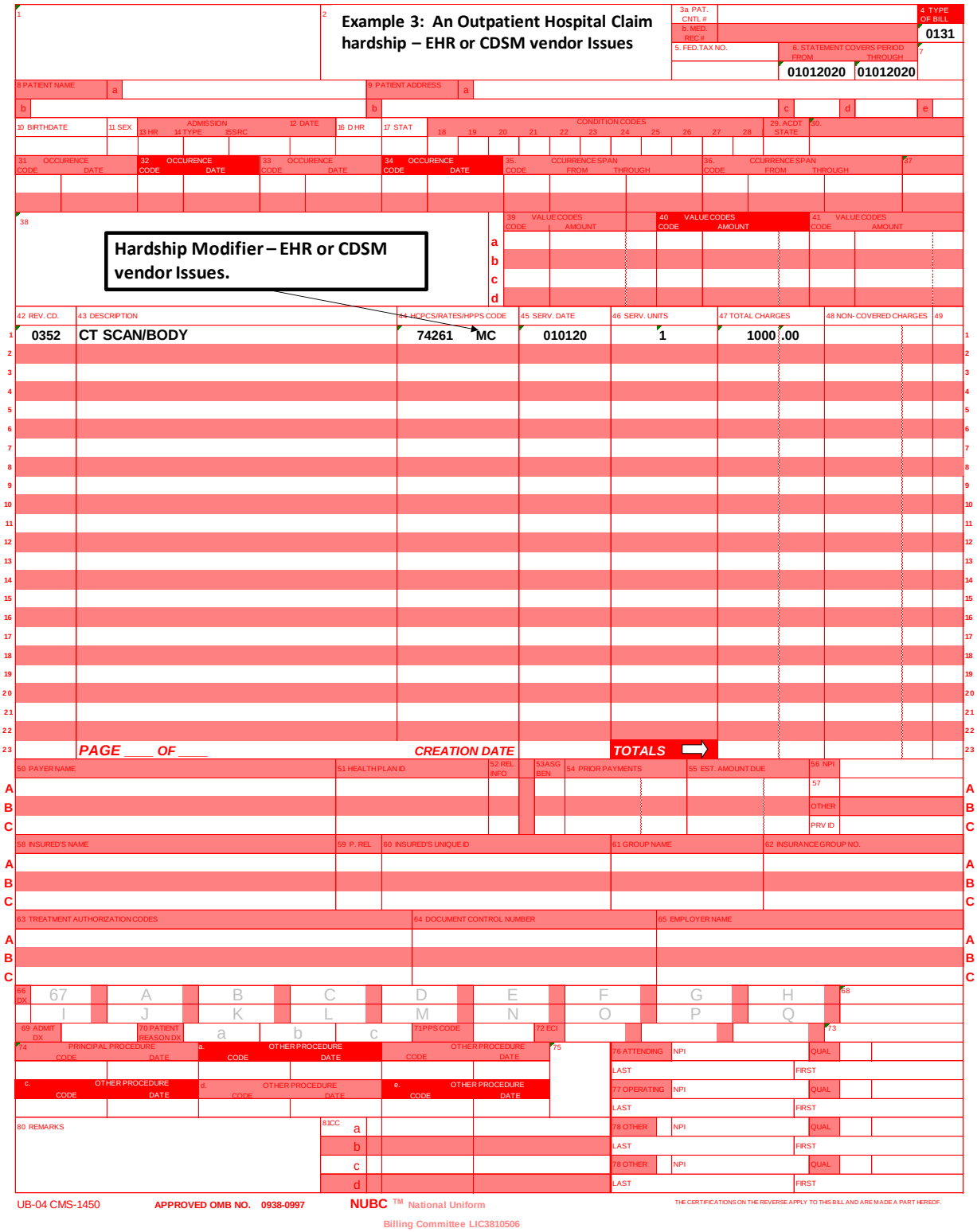
Example 3: An Outpatient Hospital Claim hardship – EHR or CDSM vendor Issues
Hardship Modifier – EHR or CDSM vendor Issues.
0131
01012020
01012020
0352
CT SCAN/BODY
74261
MC
010120
1
1000 .00
PAGE ____ OF ____
CREATION DATE
TOTALS
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC ™ National Uniform Billing Committee LIC3810506
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Example 4: An Outpatient Hospital Claimhardship – Ordering Physician in significant hardship exception of extreme and uncontrollable circumstances

Hardship Modifier – Ordering Physician in significant hardship exception. If hospital was in disaster area, append Condition Code DR to the hospital claim.

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0352	CT SCAN/BODY	74261 MD	010120	1	1000 .00	

3a PAT. CNTL #	4 TYPE OF BILL	6. STATEMENT COVERS PERIOD FROM	THROUGH
b. MED. REC #	0131	01012020	01012020

PAGE ____ OF ____ CREATION DATE TOTALS

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Example 5: An Outpatient Hospital Claim– Unknown, CDSM not provided with order

4 TYPE OF BILL	6. STATEMENT COVERS PERIOD FROM	THROUGH
0131	01012020	01012020

Uknown Modifier – CDSM not provided with order

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0352	CT SCAN/BODY	74261 MH	010120	1	1000.00	

PAGE ____ OF ____ CREATION DATE TOTALS

Example 6: An Outpatient Hospital Claim– CDSM consulted and order adheres

4 TYPE OF BILL	6. STATEMENT COVERS PERIOD FROM	THROUGH
0131	01012020	01012020

CDSM Adherence Modifier– CDSM consulted and order adheres

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0352	CT SCAN/BODY	74261 ME	010120	1	1000 .00	
0359	CT SCAN/OTHER	G10xx	010120	1	.01	

PAGE ____ OF ____ CREATION DATE TOTALS

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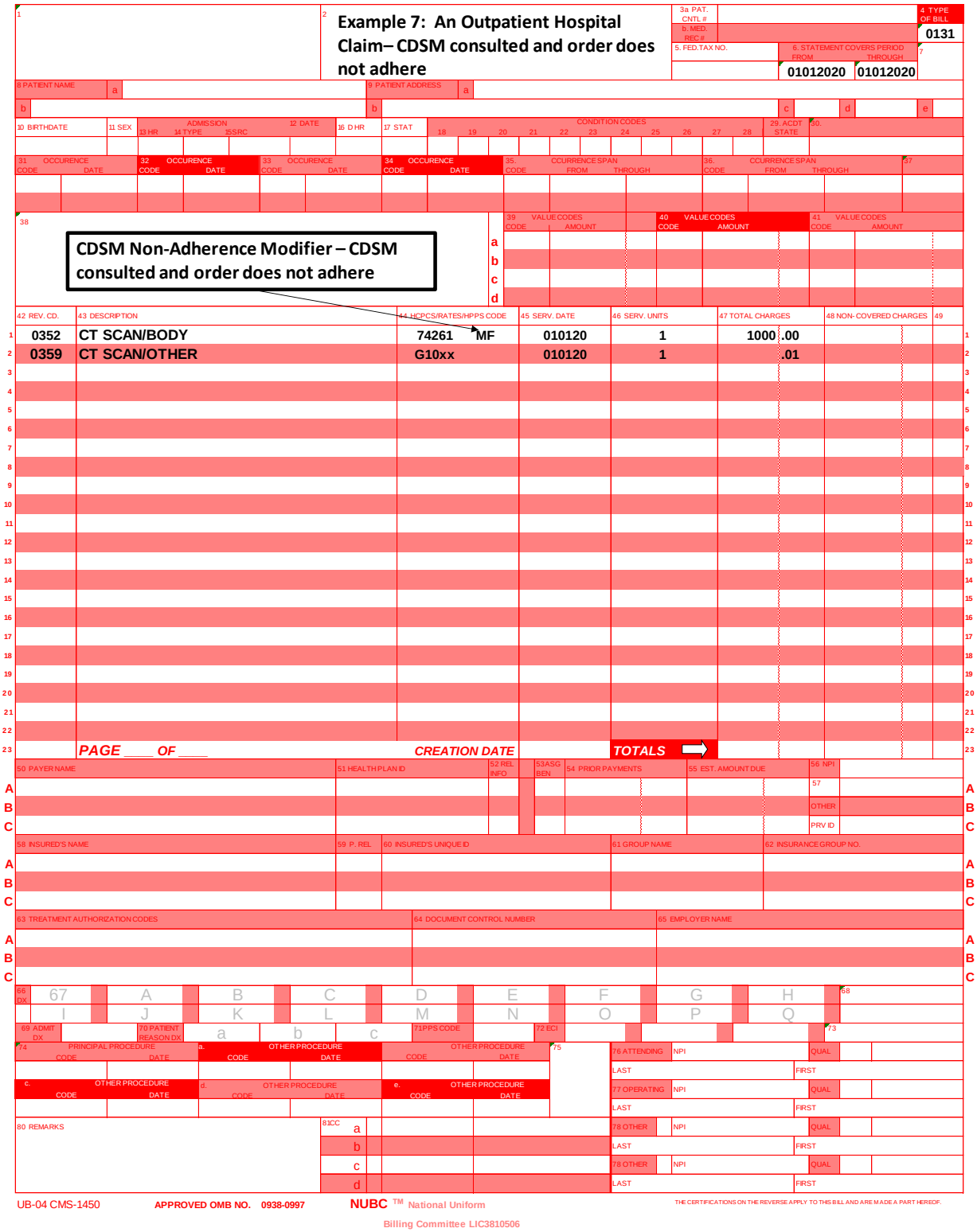
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.


Example 7: An Outpatient Hospital Claim– CDSM consulted and order does not adhere
4 TYPE OF BILL
0131
6. STATEMENT COVERS PERIOD
FROM 01012020
THROUGH 01012020
CDSM Non-Adherence Modifier – CDSM consulted and order does not adhere
42 REV. CD. | 43 DESCRIPTION | 44 HCPCS/RATES/HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES
1 0352 CT SCAN/BODY 74261 MF 010120 1 1000 .00
2 0359 CT SCAN/OTHER G10xx 010120 1 .01
PAGE ____ OF ____
CREATION DATE
TOTALS
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC ™ National Uniform Billing Committee LIC3810506
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Example 8: An Outpatient Hospital Claim– CDSM consulted but no AUC for service

3a PAT. CNTL # | b. MED. REC # | 4. TYPE OF BILL: 0131 | 5. FED.TAX NO. | 6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020

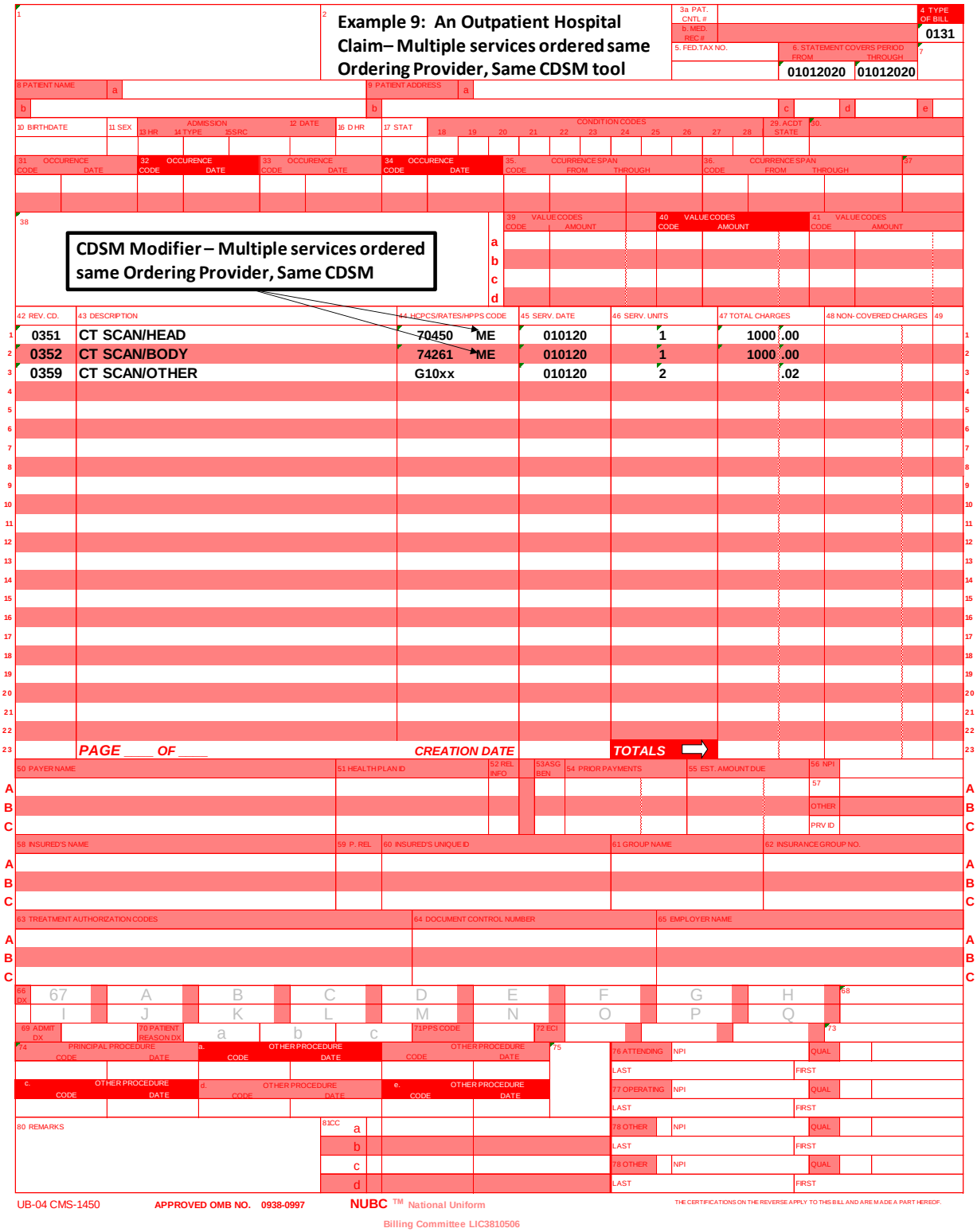
CDSM No AUC for service Modifier – CDSM consulted but no AUC for service

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0352	CT SCAN/BODY	74261 MG	010120	1	1000 .00	
0359	CT SCAN/OTHER	G10xx	010120	1	.01	

PAGE ___ OF ___ CREATION DATE TOTALS

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC ™ National Uniform Billing Committee LIC3810506

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.


Example 9: An Outpatient Hospital Claim– Multiple services ordered same Ordering Provider, Same CDSM tool
4 TYPE OF BILL 0131
6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020
CDSM Modifier – Multiple services ordered same Ordering Provider, Same CDSM
42 REV. CD. 43 DESCRIPTION 44 HCPCS/RATES/HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON- COVERED CHARGES
1 0351 CT SCAN/HEAD 70450 ME 010120 1 1000 .00
2 0352 CT SCAN/BODY 74261 ME 010120 1 1000 .00
3 0359 CT SCAN/OTHER G10xx 010120 2 .02
PAGE ____ OF ____
CREATION DATE
TOTALS
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NUBC ™ National Uniform Billing Committee LIC3810506
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Example 10: An Outpatient Hospital Claim– Multiple services ordered same Ordering Provider, different CDSM

4 TYPE OF BILL: 0131

6. STATEMENT COVERS PERIOD: FROM 01012020 THROUGH 01012020

CDSM Modifier – Multiple services ordered same Ordering Provider, different CDSM.

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	0351	CT SCAN/HEAD	70450	ME	010120	1	1000 .00	
2	0359	CT SCAN/OTHER	G10xb		010120	1	.01	
3	0612	MRI/SPINE	72148	ME	010120	1	1500 .00	
4	0619	MRT/OTHER	G10xa		010120	1	.01	

PAGE ____ OF ____ CREATION DATE TOTALS

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC ™ National Uniform Billing Committee LIC3810506

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Example 11: An Outpatient Hospital Claim – Multiple services ordered different Ordering Provider, different CDSMs

CDSM Modifier – Multiple services ordered different Ordering Provider, different CDSMs

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0351	CT SCAN/HEAD	70450	ME	010120	1	1000.00	
0359	CT SCAN/OTHER	G10xa		010120	1	.01	
0612	MRI/SPINE	72148	ME	010120	1	1500.00	
0619	MRT/OTHER	G10xb		010120	1	.01	

3a PAT. CNTL # | b. MED. REC # | 4 TYPE OF BILL: 0131 | 5. FED.TAX NO. | 6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020

PAGE ____ OF ____ CREATION DATE TOTALS

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC ™ National Uniform Billing Committee LIC3810506

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