

Clinical Decision Support Appropriate Use Criteria

A QUICK GUIDE

Beginning in 2020, if you order Medicare Part B advanced diagnostic imaging services, you must consult appropriate use criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM). You must also provide the information to furnishing professionals and facilities, because they must report AUC consultation information on their Medicare claims. Until **January 1, 2020**, participating in the AUC program is voluntary.

[See MLM Fact Sheet ICN 909377 December 2018](#)

CMS may make the following exceptions for AUC reporting requirements as follows:

- Emergent services when provided to patients with emergency medical conditions
- Inpatients/Critical Access Hospitals
- Ordering professional that experiences a significant hardship such as:
 - Insufficient internet access
 - Electronic Medical Records or CDSM issues
 - Extreme and uncontrollable circumstances

2020 Requirement

The program will operate in an Education and Operations Testing Period during which claims will not be denied for failing to include proper AUC consultation information. Professionals who order Advanced Diagnostic Imaging Studies (CT, MRI, Nuclear Medicine and PET studies) for Medicare eligible patients, will be required to consult Appropriate use Criteria (AUC) via a Clinical Decision Support Mechanism (CDSM).

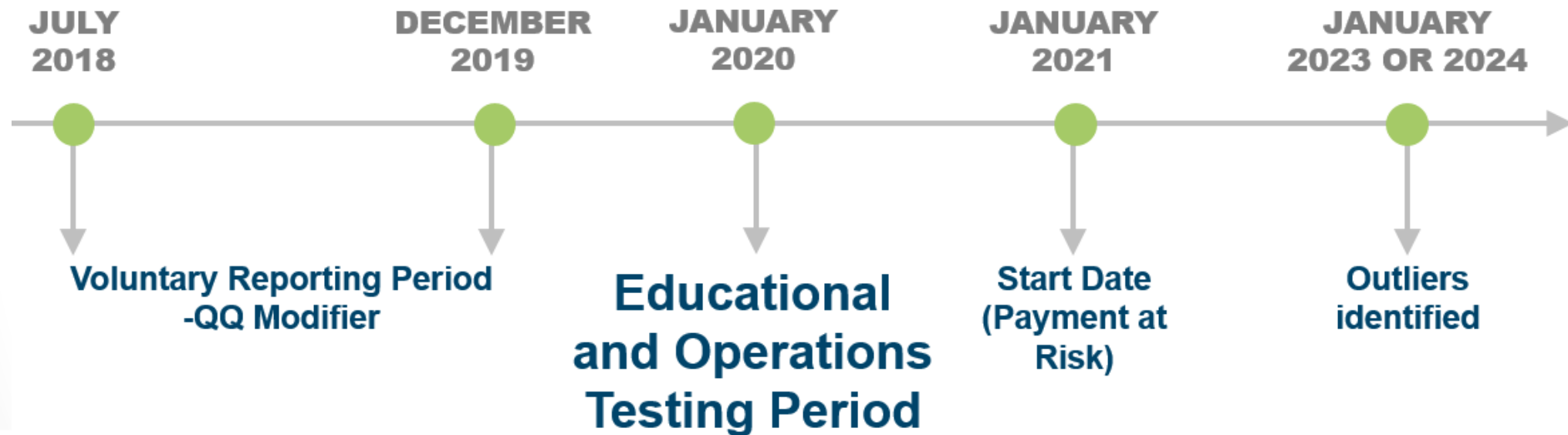
CMS plans to issue HCPCS G-codes corresponding to each approved CDSM, along with modifiers to indicate whether the order adheres to AUC guidelines, or an exception applies. We are expecting CMS to provide the specific codes mid summer 2019.

This information will have to be communicated from the ordering professional to furnishing clinician(s) along with each order.

Beginning January 1, 2021, Medicare payment to imaging clinicians will be contingent upon submission of CDSM G-codes and AUC adherence modifiers on claims. Therefore, ordering professionals should expect that orders will generally not be accepted by imaging clinicians without the G-Code corresponding to the CDSM used, and the applicable AUC adherence modifier. Claims that fail to append this information will not be paid.

Updated Timeline

Latest implementation schedule in CY 2019 Final Rule:



Clinical Decision Support Mechanisms

A qualified CDSM must meet the requirements under section 1834(q)(3)(B) of the Social Security Act. Section 1834(q)(3)(C) of the Act specifies that the Secretary must publish an initial list of specified mechanisms, and that the Secretary must identify on an annual basis the list of specified qualified CDSMs. The CY 2017 PFS Final Rule established requirements and processes for specification of qualified clinical decision support mechanisms (CDSMs) under the Medicare AUC program (42 CFR sections 414.94(g)(1) and 414.94(g)(2)).

For applicants seeking CDSM qualification, applications must document current adherence to the qualified CDSM requirements under §414.94(g)(1) or, if unable to document current adherence, how and when each requirement is reasonably expected to be met. CMS has not provided an application template.

As noted in §414.94(g)(2), for applicants seeking CDSM qualification or preliminary qualification in CY 2018, applications must be submitted to ImagingAUC@cms.hhs.gov by January 1, 2018. A list of qualified clinical decision support mechanisms can be found below:

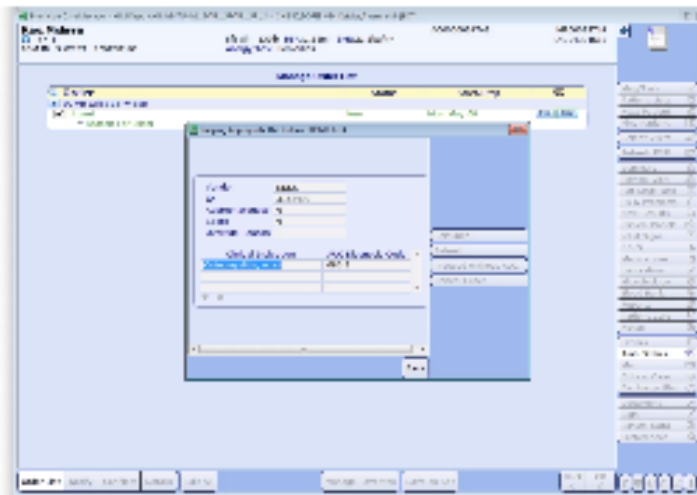
Qualified Clinical Decision Support Mechanisms as of June 2018

AIM Specialty Health ProviderPortal®*
Applied Pathways CURION™ Platform
Cranberry Peak ezCDS
eviCore healthcare's Clinical Decision Support Mechanism
MedCurrent OrderWise™
Medicalis Clinical Decision Support Mechanism
National Decision Support Company CareSelect™**
National Imaging Associates RadMD
Sage Health Management Solutions Inc. RadWise®
Stanson Health's Stanson CDS
Test Appropriate CDSM*

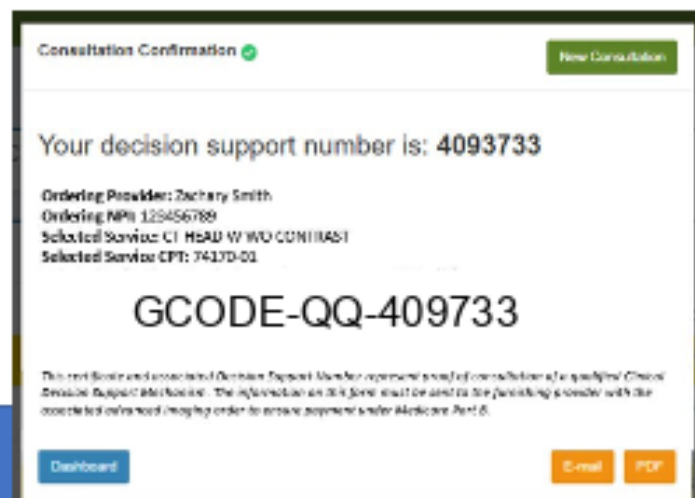
Clinical Decision Support Mechanisms with Preliminary Qualification as of June 2018

Cerner CDS mechanism
Evinance Decision Support
Flying Aces Speed of Care Decision Support
Infix CDSM
LogicNets' Decision Engines
New Century Health's CarePro
Reliant Medical Group CDSM

Consult in EMR Workflow



Consult in free tool



HL7, Print/Fax, Email, Sharpie

Claims Data

- qCDSM Consulted (G-Code)
- Adherence/Applicability (CPT+Modifier)
- Name/NPI of OP

CareSelect

Consultation Confirmation ✓ [New Consultation](#)

Your decision support number is: **4093733**

Ordering Provider: Zachary Smith
Ordering NPI: 123456789
Selected Service: CT HEAD W/ W/O CONTRAST
Selected Service CPT: 74170-01

GCODE-QQ-409733

This certificate and associated Decision Support Number represent proof of consultation of a qualified Clinical Decision Support Mechanism. The information on this form must be sent to the furnishing provider with the associated advanced imaging order to ensure payment under Medicare Part B.

[Dashboard](#) [Email](#) [PDF](#)

and a summary can be emailed or printed for reporting purposes.

GCodes

- G1000 Clinical Decision Support Mechanism Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program
- G1001 Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program
- G1002 Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program
- G1003 Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program
- G1004 Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program
- G1005 Clinical Decision Support Mechanism National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program
- G1006 Clinical Decision Support Mechanism Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program
- G1007 Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program
- G1008 Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program
- G1009 Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program
- G1010 Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program
- G1011 Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program

HCPSC 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

Next Steps?

- ✓ Check with your EMR vendor to see if they have integrated with or plan to integrate with a Clinical Decision Support Mechanism (CDSM)
- ✓ Sign up for/with a qualified CDSM
- ✓ Document your strategy for AUC compliance
- ✓ Understand your workflow, involve/educate your schedulers

Next Steps?

- ✓ Educate your physicians on AUC requirements
- ✓ Have regular, ongoing meetings with your radiology provider to communicate implementation
- ✓ Know how you plan on providing the AUC/CDS G-Code and modifier to the radiology provider
- ✓ Continue to check CMS website for additional guidance