

The road to

APPROPRIATE USE CRITERIA

*(AUC) as of the 2019 PFS Final Rule

July 2018

Voluntary period begins for early adopters to report that CDSM was consulted with modifier QQ.

January 2020

Educational testing period begins, where ordering providers must consult AUC but no claims will be denied for improper AUC information.

January 2021

CMS will begin to deny/audit claims with incorrect AUC information.

AUC = The proper policy name and the sets of criteria
CDS = The unofficial policy name and the interface used to access the sets of criteria



Appropriate Use Criteria

The proper name for the overall policy. It also refers to the various sets of criteria developed by provider-led entities that will assist professionals when ordering images.



Provider-led Entities

The medical specialty societies or organizations comprised primarily of providers that create and maintain the various appropriate use criteria.



CDS Mechanisms

The software or module that ordering professionals must consult AUC through before ordering an applicable advanced diagnostic imaging service.

Provider-Led Entities maintain the **Appropriate Use Criteria**, which is accessed through the **Clinical Decision Support Mechanisms**.



Things to Consider

Medicare Patients

Applies to designated outpatient advanced imaging exams for Medicare patients.

Emergent Imaging

Exempt from AUC consultation requirements if the patient is deemed to be in an "emergency medical condition" as defined in Sec. 1867(e)(1) of the Social Security Act.



Reporting Requirements

All applicable imaging claims will need the following AUC data elements:

- CDSM used
- Whether the exam adhered, did not adhere, or was not applicable to the AUC
- NPI of ordering professional

CMS will develop G-codes and modifiers to report this information. G-codes will indicate which CDSM was used and modifiers will indicate if the order adheres, did not adhere, or is not applicable to AUC.

CMS will also develop modifiers to indicate if an exemption to the policy applies.



Qualified Provider-Led Entities

*as of the 2019 Physician Fee Schedule Final Rule

- American College of Cardiology Foundation
- American College of Radiology
- Banner University Medical Group-Tucson University of Arizona
- CDI Quality Institute
- Cedars-Sinai Health System
- Intermountain Healthcare
- 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
- University of California Medical Campuses
- University of Utah Health
- University of Washington School of Medicine
- Virginia Mason Medical Center
- Weill Cornell Medicine Physicians Organization



Qualified CDS Mechanisms

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- 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**



CDS Mechanisms with Preliminary Qualification

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- 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

** Free Tool Available