



the association for medical imaging management

October 11<sup>th</sup>, 2019

The Honorable Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Administrator Verma:

On behalf of our 5,000 plus members, representing management at all levels of imaging, AHRA: The Association for Medical Imaging Management, would like to thank your staff for responsibly crafting the Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Services policy thus far. CMS has worked hard to ensure that we avoid a scenario wherein advanced imaging claims are denied in bulk due to rushed AUC implementation.

We are writing today to identify five aspects of the program that need clarification from our perspective:

- 1-How will claims indicate the ordering professional NPI on institutional claims?**
- 2-How to report circumstances where multiple qCDSMs are used by multiple ordering professionals?**
- 3-What will happen to modifier MH in 2021?**
- 4-What modifier should radiologists use if the TC was performed in a non-applicable setting?**
- 5-Are institutional claims equipped to handle more than 4 modifiers per line?**

### **1-How will claims indicate the ordering professional NPI on institutional claims?**

This issue has already been identified by CMS, and we urge CMS to work with the National Uniform Billing Committee to identify a solution soon. Furthermore, we feel it is important to consider the electronic claims file as well. CMS should work with X12 to ensure that the electronic 837 institutional claim can handle the ordering professional's NPI in addition to the CMS-1450 form.

### **2-How to report circumstances where multiple qCDSMs are used by multiple ordering professionals?**

If multiple ordering professionals submit multiple applicable imaging orders from multiple qCDSMs, how are we to report which applicable image corresponds with which ordering professional?

On CMS-1500 claims, the presumption is that we will simply create a new claim for each ordering professional. However, the rules for CMS-1450 claim do not allow us to generate multiple claims for a patient's imaging service in such a manner.

### **3-What will happen to modifier MH in 2021?**



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Modifier MH allows furnishing professionals to indicate that it is “unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider.” We appreciate the need for this modifier during the CY 2020 Educational and Operations Testing Period. However, we feel that CMS should clarify what will happen to claims with modifier MH in CY 2021. Specifically, will the modifier exist in 2021? And if it does exist, will all applicable imaging claims with modifier MH be denied?

These answers are important to clarify in 2019, so ordering professionals understand that modifier MH only allows imaging professionals to be paid for applicable advanced imaging claims in 2020. We are concerned that modifier MH may be seen as a way to permanently circumvent the AUC program by some ordering professionals.

#### **4-What modifier should radiologists use if the TC was performed in a non-applicable setting?**

Currently, there is no way to indicate to CMS the following scenario:

The technical component of an applicable image is performed in a *non-applicable* setting such as a Critical Access Hospital but the professional component (PC) of the same image is performed in an *applicable* setting and billed through an applicable payment system.

How can a PC claim indicate this reason for no AUC information?

#### **5-Are institutional claims equipped to handle more than 4 modifiers per line?**

We are concerned that the AUC reporting requirements will push some imaging claims over the modifier per line limit on institutional claims. Is there an overflow process that the MACs use today that allows more than four modifiers per line on CMS-1450 forms?

Should you have any questions or need any additional information, please do not hesitate to contact: Sheila M. Sferrella, CRA, FAHRA, [ssferrella@regentshealth.com](mailto:ssferrella@regentshealth.com) Chair, AHRA Regulatory Affairs Committee.

Sincerely,

*Daniel Kelsey*

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