

Imaging Appropriate Use Claims Requirement 6.08

Release(s)

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Overview

Within Order Management (OM) and Medical Practice Management (MPM) providers have the ability to perform an imaging appropriateness check through integration with the National Decision Support Company (NDSC). Imaging appropriateness scores can also be entered manually through the Scheduling to Order link in Community Wide Scheduling (CWS) and in Imaging and Therapeutic Services (ITS). Orders entered outside of the MEDITECH EHR may utilize a different Clinical Decision Support Mechanism (CDSM). This setup guide outlines the workflows for vendor g-codes, adherence and exception modifiers, and covers the associated MIS and Revenue Cycle Management setup.

MEDITECH Applications

- Community Wide Scheduling (CWS)
- Emergency Department Management (EDM)
- Medical Practice Management (MPM)
- Management Information Systems (MIS)
- Imaging and Therapeutic Services (ITS)
- Order Management (OM)
- Revenue Cycle Management (RCG)

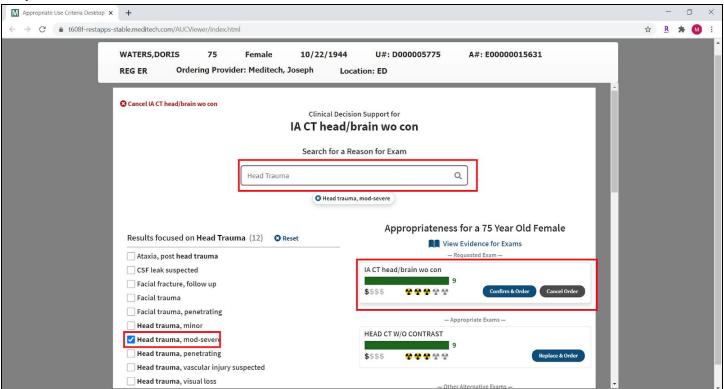
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MEDITECH's Recommended Workflow

Procedure adheres to Appropriate Use Criteria

The provider accesses the Orders button and places an AUC-eligible procedure. Upon saving, the NDSC User Interface (UI) launches. The response to the *reason for exam* field seeds the indication list and the provider selects the clinical indication.

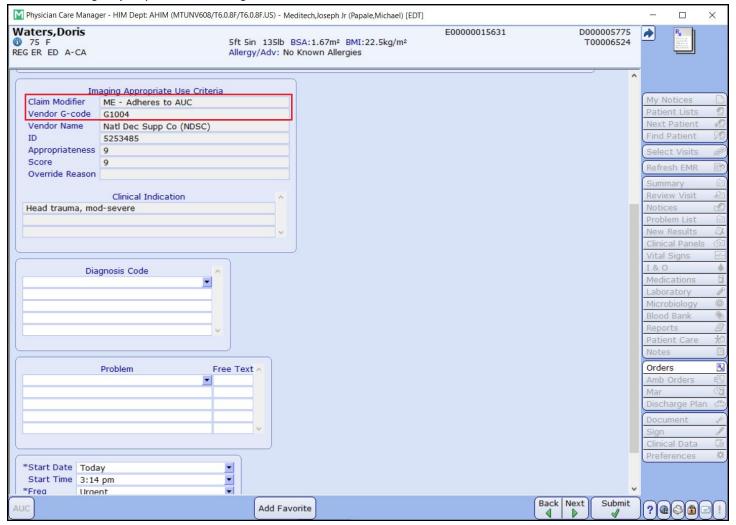
Clinical > Emergency Department Tracker > Order Management > Orders > National Decision Support Company User Interface



Based on the clinical indication selected, the *CT head/brain wo con order* receives a score of 9; indicating that it is an appropriate exam. The provider saves the order.

The Claim Modifier of ME is appended to the order as this procedure 'Adheres to Appropriate Use Criteria'. The G-Code G1004 is applied identifying the CDSM as the NDSC.

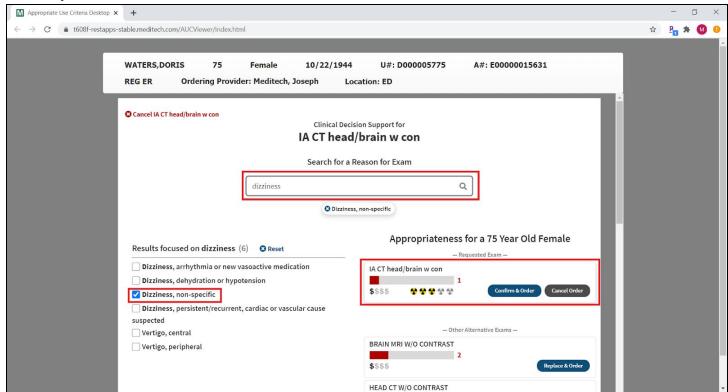
Clinical > Emergency Department Management > Orders > Order > View AUC Details



Procedure Does Not Adhere to Appropriate Use Criteria

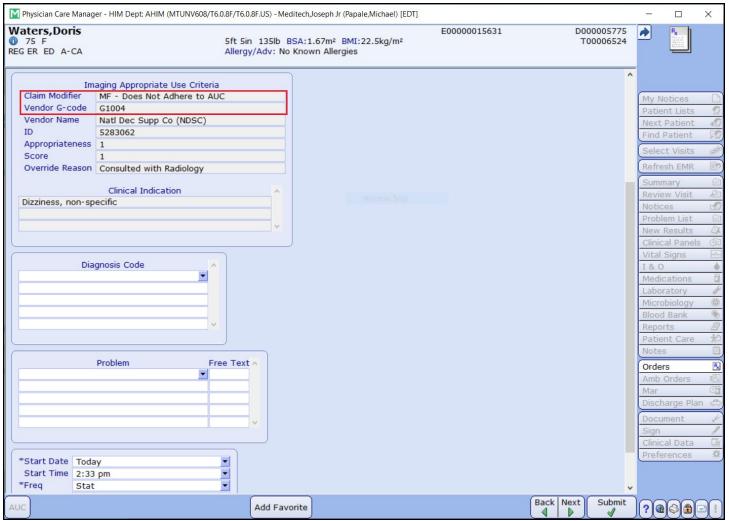
The provider clicks the Orders button and places an AUC-eligible procedure. Upon saving, the NDSC UI launches. The response to the *reason for exam* field seeds the indication list and the provider selects the clinical indication.

Clinical > Emergency Department Management > Order Management > Orders > National Decision Support Company User Interface



Based on the clinical indication selected, the CT head/brain w con order receives a score of 1 indicating that it's not appropriate. The provider chooses to order the exam anyway, and answers the override reason screen. The Claim Modifier of MF is appended to the order as this procedure 'Does Not Adhere to Appropriate Use Criteria.' The G-Code G1004 is applied; identifying the CDSM as the NDSC.

Clinical > Emergency Department Management > Orders > Order > View AUC Details

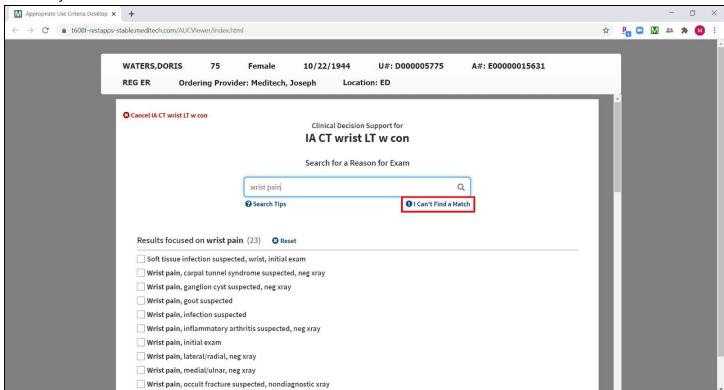


No AUC Available (No Match/No Score/No Content/Unmapped)

There are four situations where an order receives an MG modifier as there is no AUC available for the order. These scenarios are:

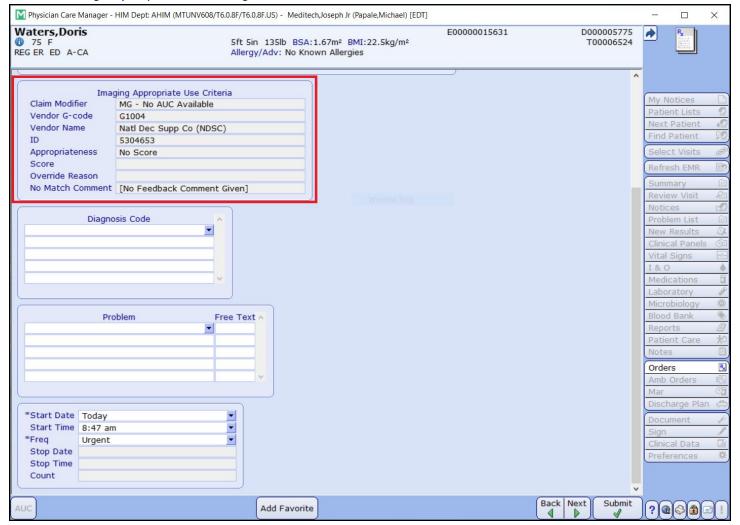
- Provider selects 'I can't find a match' as none of the clinical indications match their reason for ordering the exam.
- The exam and indication combination produces *No Score*. This means that the Provider Led Entities do not have a consensus on whether this procedure is appropriate or not for the selected indication.
- The exam is known to NDSC (mapped), but there is no appropriateness content for the exam on the NDSC side.
- The exam is not known to NDSC (unmapped). As NDSC maps new/edited procedures on a bi-yearly basis, there is a potential for AUC-eligible orders to be unknown to NDSC when ordered.
 - In these situations, an error is presented to the user: procedure not mapped to CDSM, and the MG modifier is applied. Once the new or edited exams are mapped by NDSC, the proper modifier is applied based on the score.

Clinical > Emergency Department Management > Order Management > Orders > National Decision Support Company User Interface



In all situations where there is no AUC available, the order receives an MG modifier.

Clinical > Emergency Department Management > Orders > Order > View AUC Details



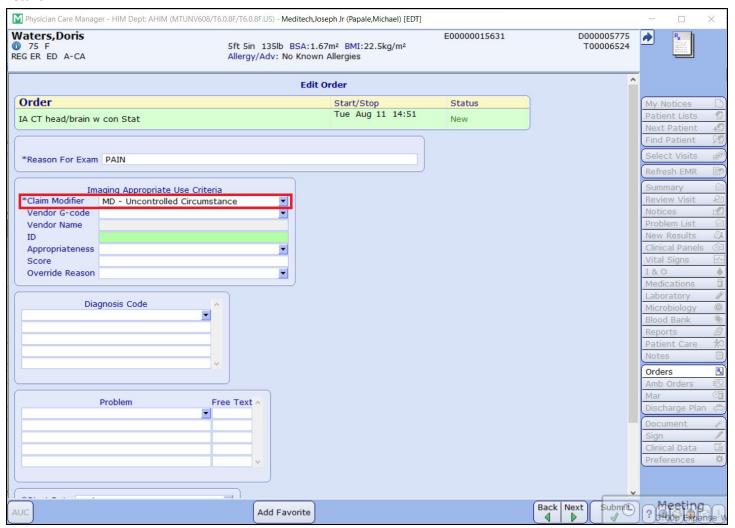
Additional Notes

- No Content exams do not require the user to interact with the NDSC UI. In the background, the vendor, g-code, and MG modifier are automatically applied. The Appropriateness field displays No Score.
- For a *No Score* exam, the user interacts with the NDSC UI to allow selection of a Clinical Indication, in case that changes the score. Once one is selected, if there is no score, *No Score* displays in the Appropriateness field.

Extreme & Uncontrollable Circumstances

CMS allows an exception to reporting AUC in the event of extreme and uncontrollable circumstances. A parameter can be set by facility to temporarily bypass AUC checking for all patients and exams. In this situation, providers are not launched to the AUC overlay, and the MD modifier is applied to the order in the background. The facility is then removed from the parameter when the extreme or uncontrollable circumstance has passed.

Clinical > Emergency Department Management > Physician Care Manager > Order Management > Orders > View AUC Details

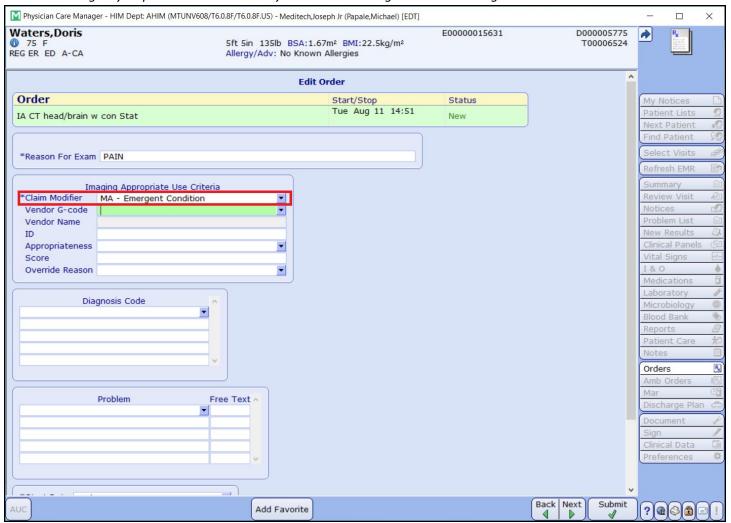


Emergency Exception

CMS allows an exception to reporting AUC for patients with certain emergency medical conditions. See <u>Section</u> 1867(e)(1) of the Act for further clarification on what is considered an emergency medical condition. ED priorities can be defined in the M-AT Parameters as ED Priority Exceptions.

When the patient's ED priority is listed in the Emergency Bypass parameter, the NDSC UI does not launch. The MA modifier is added to the order in the background. If the patient is then rolled into an *Inpatient* or *Observation* patient, the ED Exception no longer applies.

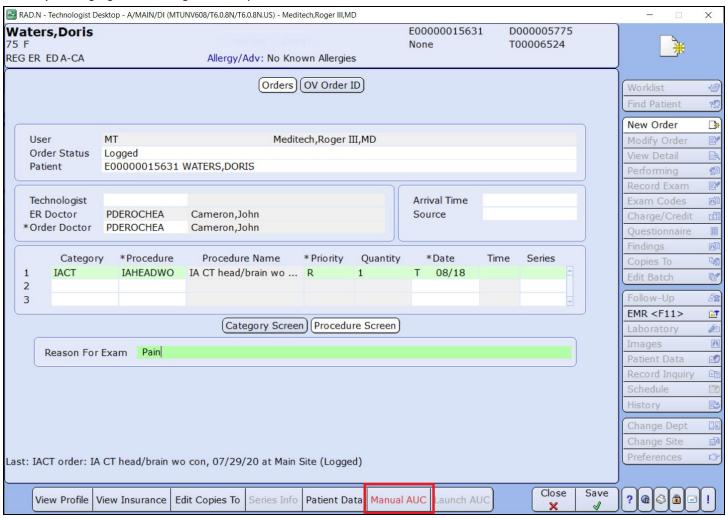
Clinical > Emergency Department Tracker > Physician Care Manager > Order Management > Orders > View AUC Details



Manual Entry

The manual entry screen has two new fields to allow the user to select the g-code and the claim modifier.

Ancillary > Imaging > Technologist Desktop > New Order



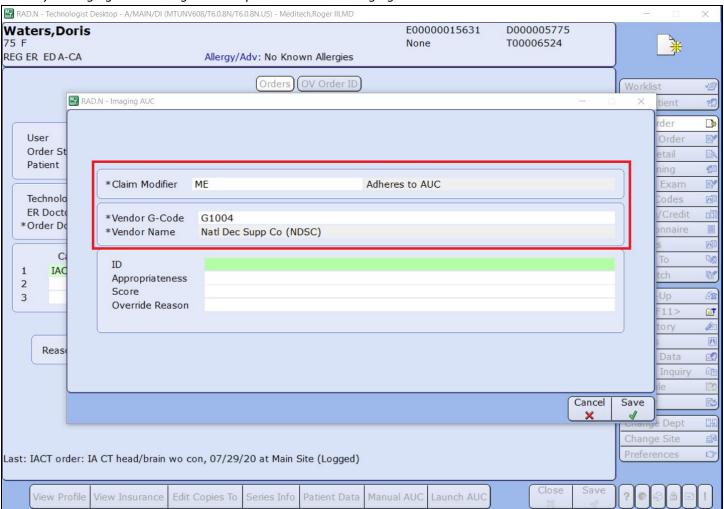
The user selects the applicable *Claim Modifier* and *Vendor G-Code* from the group response look-ups (as shown below). After selecting the *Vendor G-Code*, the vendor name is automatically populated. The *ID*, *Appropriateness*, *Score*, and *Override Reason* fields are unchanged and are entered by the user, if provided. These are not required fields.

If the *Claim Modifier* selected is one of the Exception modifiers (MA, MB, MC, MD), the *Vendor G-Code* is not required. If no AUC is provided with the order, the modifier of *MH* is applied and the *Vendor G-Code* is not required. *Vendor G-Code* is required for the modifiers of ME (Adheres to AUC), MF (Does not Adhere to AUC), and MG (No AUC Available).

Additional Note

When the *Vendor G-Code* G1011 'Clinical Decision Support Mechanism, qualified tool not otherwise specified' is selected, the *Vendor Name* field is editable. The user can enter a *Vendor Name* or choose "This is a new vendor."

Ancillary > Imaging > Technologist Desktop > New Order > Imaging AUC

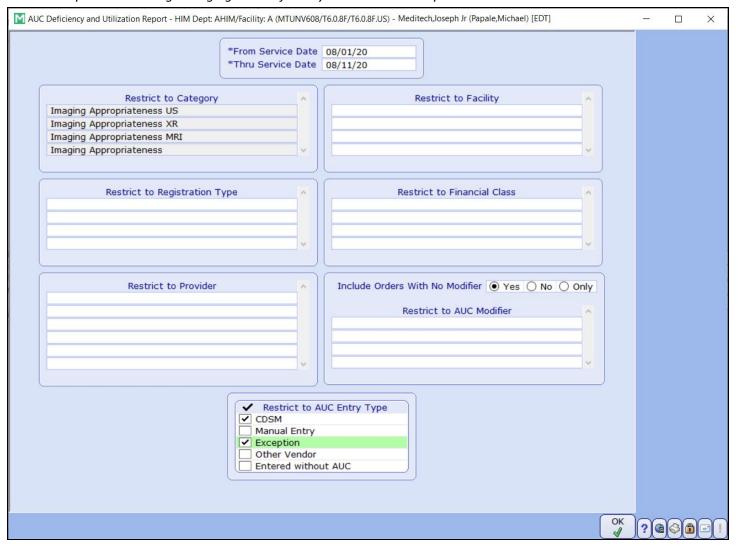


Monitoring Utilization & Deficiencies

The Imaging AUC Deficiency report was enhanced to include utilization information as well as deficiencies. Selection criteria includes:

- Service date range
- Restrict to categories
- Restrict to facility
- Restrict to registration types
- Restrict to financial classes
- Restrict to provider(s)
- Include orders with specific modifier(s) or no modifiers
- Restrict to AUC entry type
 - **CDSM:** Orders placed in MEDITECH using the NDSC integrated solution
 - o Manual entry: Orders placed outside of MEDITECH where AUC values are manually entered on the order
 - o **Exception:** Orders where AUC was bypassed due to significant hardship
 - Other Vendor: Orders placed in an Other Vendor system interfaced into MEDITECH with AUC values
 - **Entered without AUC:** Orders eligible for AUC-checking where the provider did not complete the AUC consultation.

Clinical > Reports > Ordering > Imaging AUC Deficiency and Utilization Report



Clinical > Reports > Imaging AUC Deficiency and Utilization Report

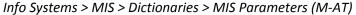
Meditech T6.08 (MAT TB PARAMS) Imaging Appropriate Use Criteria Deficiency and Utilization Report							Page: 1 of 2						
1 Meditech Circle						Date: 08/11/20 3:46 pm							
Westwood, MA			Service Dates: 06/12/20 - 08/11/20			User: Meditech!, Roger							
Servi	Time	C	OV 0-1 V		Ca.a	0-1 0		P	M. Alfrica	W		Patient	m. Fin. Class
Date	lime	Category Procedure	OM Order Num		Status	Order Doctor	Order Source	THE PERSON NAMED IN COLUMN TWO	Modifier	Name DOB		Account #	Unit #
06/12/20 11		IACT, RAD, N	200612-1102113	Priori	Logged	Phone # Earp, Kevin	Order Source	A	AUC Entry Type	HART, ALEX	Status	MCR	
06/12/20 1	LIUU AM	UNMAPPED, IACT.		Stat	Logged	Earp, nevin	PROVIDER	A		09/16/1945	ments man	E00000015494	
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06/12/20 B:	21 pm	IACT. RAD. N	200612-2022208	28	Logged	Parker, Sarah		A	ME	Parker, Doll	ay		
		IAWRSTLIWO, IAC	T.RAD.N	Stat		444-444-4444	PROVIDER		CDGM	01/23/78	ADM IN	E00000008453	D000002315
06/14/20 6:	0.2 pm	IACT.RAD.N	200614-1801163	194	Logged	Earp, Kevin		A	MH	VALEN, ROMAN		MCR	
		TAREADWO.TACT	.FAD.N	Stat			PROVIDER		Exception	08/08/1940	ADM IN	E00000015507	D000006234
06/14/20 6:	:04 pm	TAUS.RAD.N	200614-1801164	42	Logged	Earp, Kevin		A	МЕ	VALEN, FOMAN	ı	MCR	
		I AHEADMECK, IAI	7S.RAD.N	Stat			PROVIDER		Exception	08/08/1940	ADM IN	E00000015507	D000006234
06/14/20 6:	:04 pm	IACT, RAD, N	200614-1801164	92	Logged	Earp, Kevin		A	ME	VALEN, ROMAN		MCR	
		TAHEADAW. TACT	FAD.N	thegent.			PROVIDER		Exception	08/08/1940	ADM IN	E00000015507	D000006234
06/15/20		IACT.RAD.N	200615-1029015	98	Logged	Barrows, Cindy		A	ME	BARROWS, CDS	м	BC	
		IAHEADWO.IACT.		Routine		123-222-3333			CDGM	05/15/1967		E00000008064	D000002078
06/15/20 10):48 am	TACT, RAD, N	200615-1050400	61	Logged	Barrows, Cindy		A	ME	BARROWS, CDS	M	BC	
		IAHEADWO, IACT.	RAD.N	Bout inc	1.	123-222-3333	WRITTEN		CIDSM	05/15/1967	ADM IN	E00000008064	D000002078
06/15/20 1:	:33 pm	IACT.RAD.N	200615-1342216	39	Logged	Barrows, Cindy		A	ME.	BARROWS, CDS	м	BC	
		TARFADWO, TACT	RAD.N	Bout in	1	123-222-3333			CDSM	05/15/1967	ADM IN	£00000008064	D000002078
06/17/20		IACT.RAD.N	200617-1551384	54	Logged	Barrows, Cindy		A	ME.	Wong,Melain	ie CM	MCR	
		TAHEADWO.TACT.	.FAD.N	Pout inc	1	123-222-3333			CDSM	05/05/1950	ADM IN	E00000015423	D000006175
06/17/20		TACT. RAD. N	200617-1604123	14	Logged	Barrows, Cindy		A	МС	Wong, Melain	ie CM	MCR	
		TARRADWO, TACT	. RAD .N	Pout ine		123-222-3333			CDSM	05/05/1950	ADM IN	E00000015423	D000006175
06/17/20 11	1:01 am	IACT. RAD. N	200617-1119091	39	Logged	Meditech!,Roger		A	ис	Wong, Melain	in CM	MCR	
		LAWRSTLIW.LACT	P DAD W	Bout inc		465-985-2229	PROVIDER		CDGM			E00000015423	D0000005175

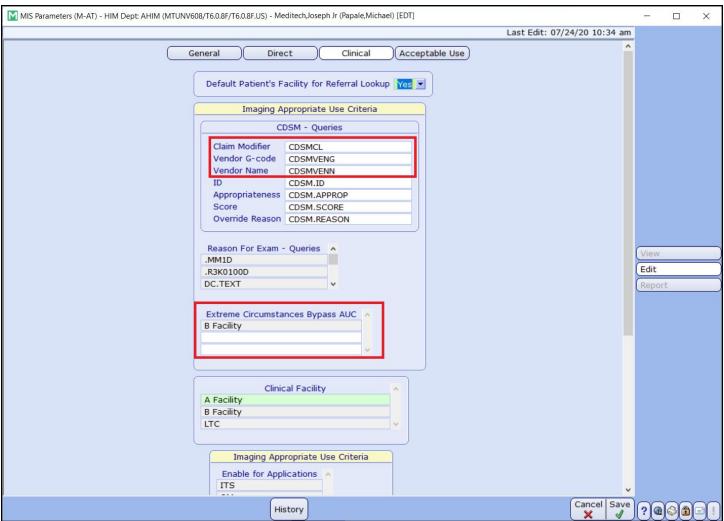
Setup

MIS Clinical Parameters

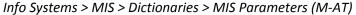
Query fields for *Claim Modifier* and *Vendor G-Codes* are available in the list of CDSM queries. New queries for the *Claim Modifier* and *Vendor G-Code* should be created and added to the fields to facilitate the manual entry of AUC values. Once defined, the query mnemonics cannot be changed. If necessary, edits can be made to the group responses. The <u>AUC Claims Processing Requirements Guide</u> available on CMS.gov can be referenced for details on the vendor g-codes and Adherence Modifier values.

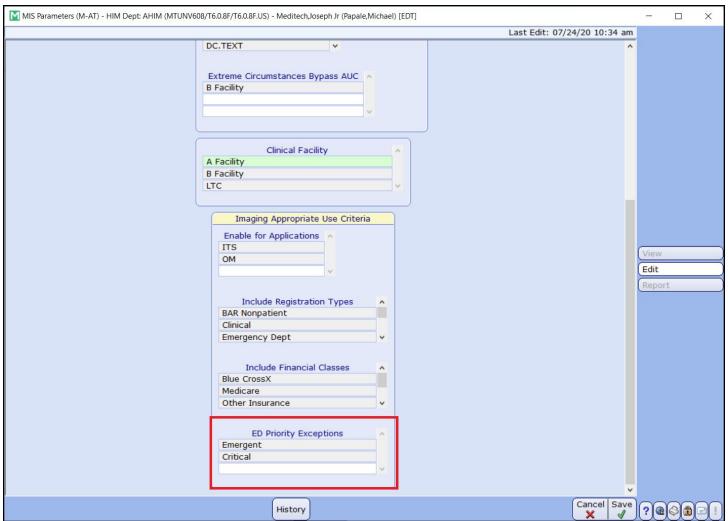
The Extreme Circumstances Bypass AUC parameter was added to allow for the significant hardship exception of extreme and uncontrollable circumstances. This field looks to the MIS Facility Dictionary, and is restricted to acute facilities. When a facility is defined in the parameter, AUC-checking is bypassed for that facility, and the MD modifier and descriptor are automatically added to the order. This functionality applies to users with access to Check CDSM only.





A new ED Priority Exceptions parameter was added to allow for the Emergency Exception. This field is available to be defined for acute facilities and looks to the ED Priority Dictionary. When an ED priority is defined, the AUC check is suppressed and the MA modifier and descriptor are automatically added to the AUC-eligible order. This applies to users with access to Check CDSM as well as users without access to Check CDSM.





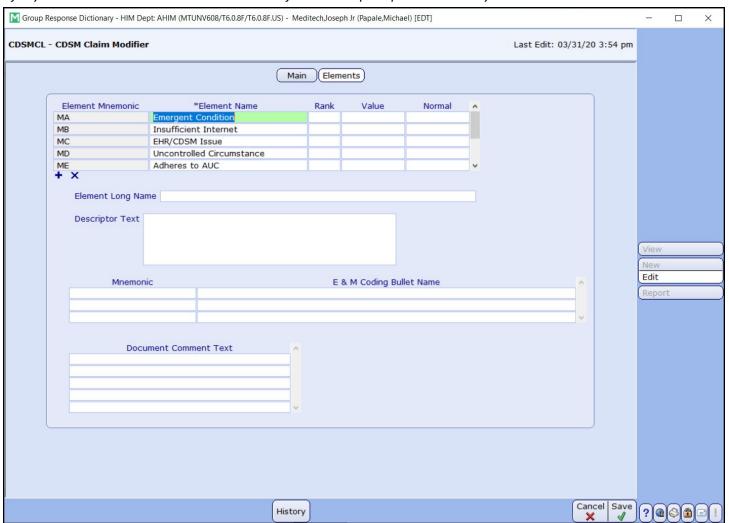
MIS Group Response Query

New Group Response or Optional queries should be created for claim modifiers, vendor g-code, and vendor name in the Query and Group Response Dictionaries. The examples below were sourced from CMS.gov and abbreviations were applied where needed.

Modifier Query

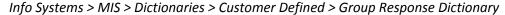
A new group response query for modifier should be created. The group response entries are defined based on the adherence modifiers provided by CMS.

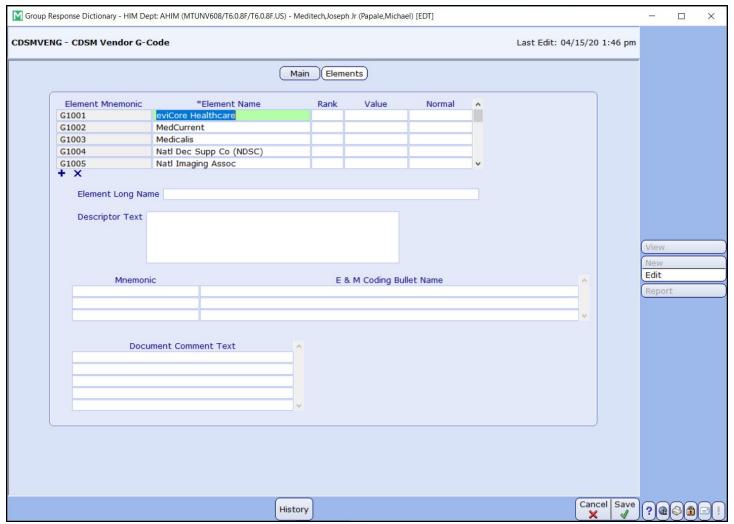
Info Systems > MIS > Dictionaries > Customer Defined > Group Response Dictionary



Vendor G-Code Query

A new group response query should be created for vendor G code. The group response entries are defined based on the vendor G codes provided by CMS.



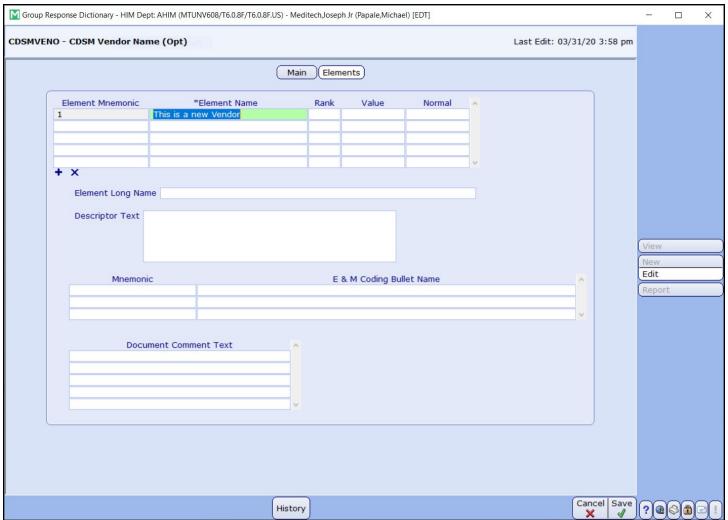


In the case where the CDSM vendor is not provided or does not appear on the list of vendor g-codes, the g-code of G1011 can be applied and the vendor name can be entered, or the response: "this is a new AUC vendor" can be chosen.

Vendor Name (Unspecified G-Code/Vendor)

A new optional group response query should be created for Vendor name. The optional query allows users to free text in the vendor name or choose "this is a new vendor" from the associated group response.

Info Systems > MIS > Dictionaries > Customer Defined > Group Response Dictionary



Revenue Cycle: Required AUC Setup

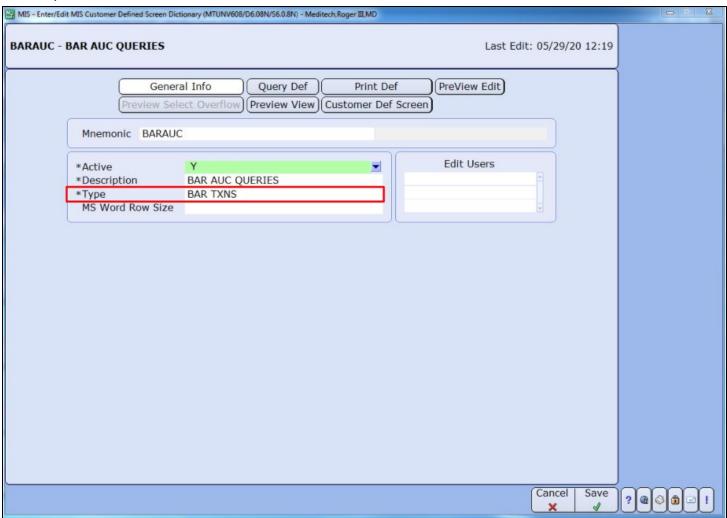
Prior to any setup in Revenue Cycle, it should be confirmed that the CDSM G-Code and vendor name queries were created in MIS and attached to the MIS Clinical Parameters per the previously mentioned setup.

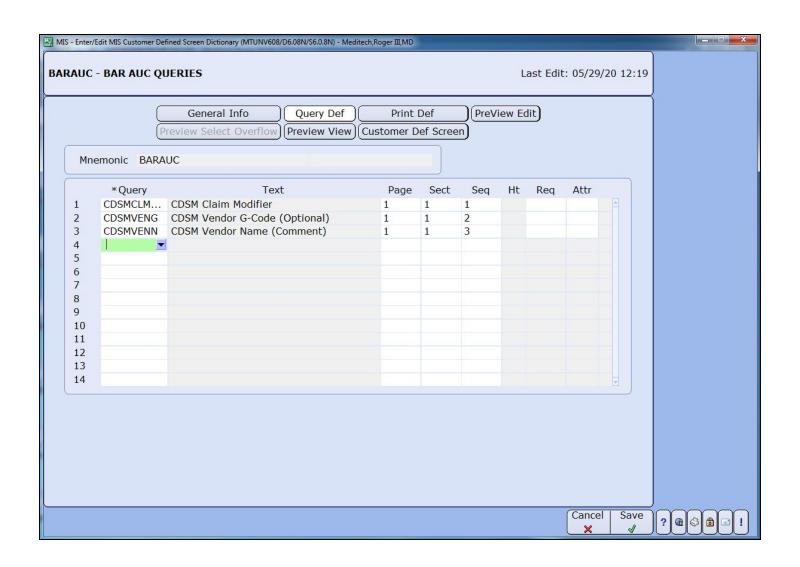
Customer Defined Screen

Define the claim modifier, vendor g-code and vendor name queries that were defined in the MIS Image Appropriateness Dictionary on a BAR TXNS type Customer Defined Screen (CDS).

Note: Vendor name is only needed if reporting g-code G1011.

Info Systems > MIS > Dictionaries > Custom Defined Data > Screens (NPR) > MIS Enter/Edit MIS Customer Defined Screen Dictionary

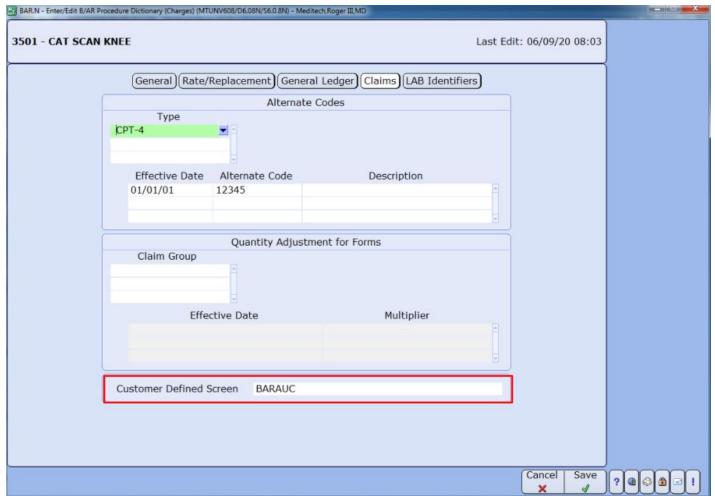




Charge Procedure/Charge Category

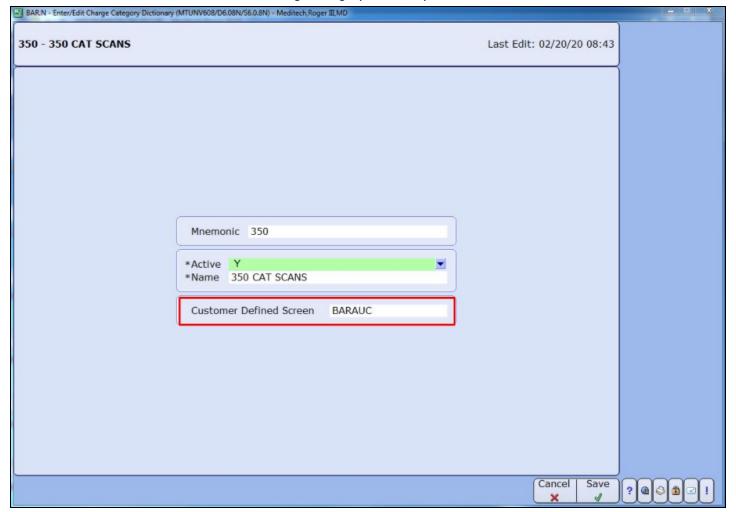
Attach the CDS to either the charge procedure or the charge category. To note, a CDS attached to a charge procedure takes precedence over a charge category CDS.

Financial > B/AR > Dictionaries > Procedure > Enter/Edit B/AR Procedure Dictionary (Charges)



Additional Note: The "Ordering/Referring Physician" Prompt on the General tab should be set to Y to ensure the correct physician is captured for the procedure(s) in question and reported on the claim.

Financial > B/AR > Dictionaries > Enter/Edit Charge Category Dictionary



Revenue Cycle: Claim Setup

Claim Fields

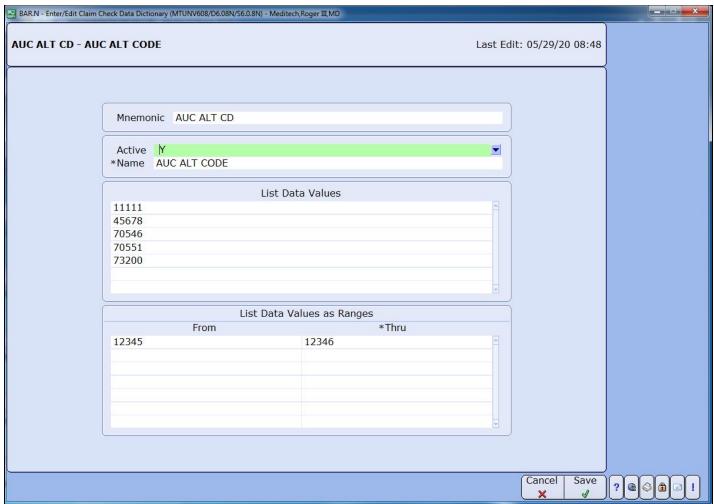
- **AUC:** This field turns on AUC reporting. It must be set up with a Type of *CONSTANT* with a Value of *Y*. This field must be defined along with the AUC ALT CD field to populate AUC information.
- AUC ALT CD: This field points to the Claim Data List Dictionary. It must be set up with a Type of *LIST* with the appropriate Data List mnemonic in the Value field. The list should contain all applicable AUC alternate codes. This is needed due to charge explosion. When a charge explodes, the AUC queries explode to each charge; however, the AUC modifier may not be applicable to all charges. This field must be defined as should the AUC field to properly report AUC information.
- **AUC Penny:** This field controls the value in the total charges. This field is set up with a Type of *CONSTANT* with a Value of *Y* or *N*. If the field is set to *Y*, then the g-code line is added to the total charges. If the field is *N*, then the g-code line is not added. All g-code lines must have a nominal charge, 0.01.
- AUC REV CODE OTH: This field is for UB04/5010 INST claim programs only. This field controls the revenue code of the g-code line. This field should be set up with a Type of *CONSTANT* with a Value of *Y* if the user wants to create the revenue code ending in 9. Otherwise, the revenue code is the same as the line with the modifier. For example, if there is an AUC alt code of 73222 and the modifier is ME; this creates a service line with revenue code 0351. If the g-code is G1011; then a separate line with revenue code 0359 (if the claim field is *Y*), or revenue code 0351 (if the claim field is *N*) is available.
- **AUC DESC MAP:** This field is for the UB04 claim program only. This field points to the Claim Map Dictionary. It should be set up with a Type of *MAP* with the appropriate map mnemonic. The map should contain all applicable revenue codes on the left-hand side and the description on the right-hand side. The result of the map is what prints on the claim for all g-codes, including the new g-code row if the claim field AUC REV CODE OTH is set to *Y*. This field is not used if AUC REV CODE OTH is set to *N*.
- **AUC 24 SUPP:** This field is for the 1500 claim program only. This field controls the value in the field: *24SUPP*, which prints right above the dates as part of the detail line. This field should be set up with a Type of *CONSTANT* with a Value of *Y* or *N*. If the field is set to *N*, then nothing is added to the claim. If the field is set to *Y*, then the ordering physician NPI prints for AUC charges or the vendor name prints for lines containing G1011.

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Claim Check Data Dictionary

A Data List needs to be created to be attached to the AUC ALT CD field in the Claim Dictionary. This is a list of all the HCPCS/CPT codes needed for AUC reporting.

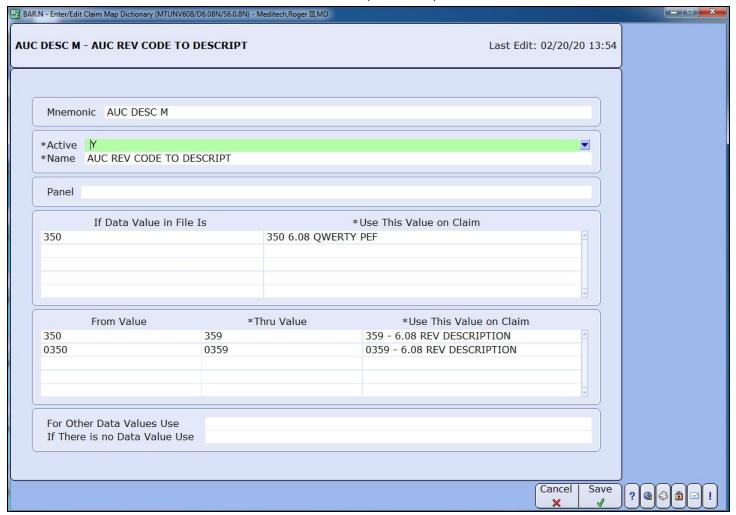
Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Check Data Dictionary



Claim Map Dictionary

A Claim Map needs to be created to be attached to the AUC DESC MAP field (for the UB04 claim program) in the Claim Dictionary. The map should contain all applicable revenue codes on the left-hand side and the description on the right-hand side.

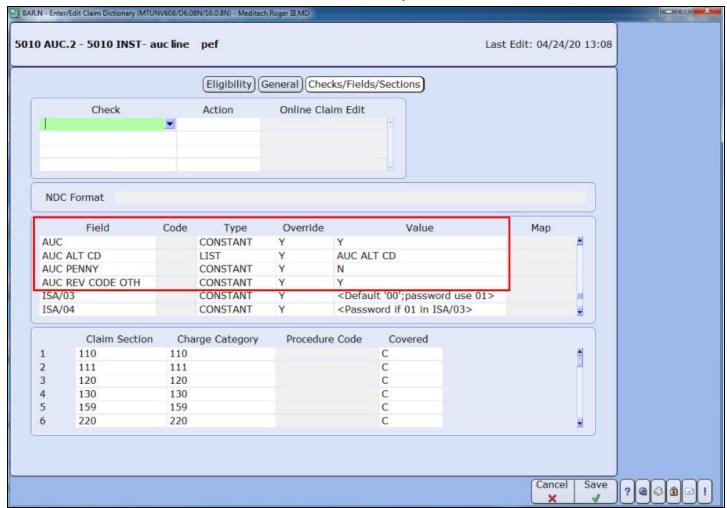
Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Map Dictionary



Claim Dictionary

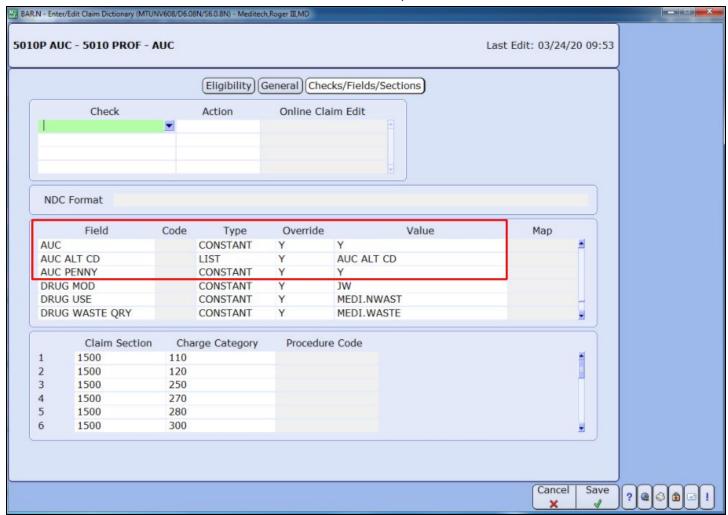
To report AUC information on the claim, the following fields need to be defined for the 5010 INST claim program.

Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Dictionary



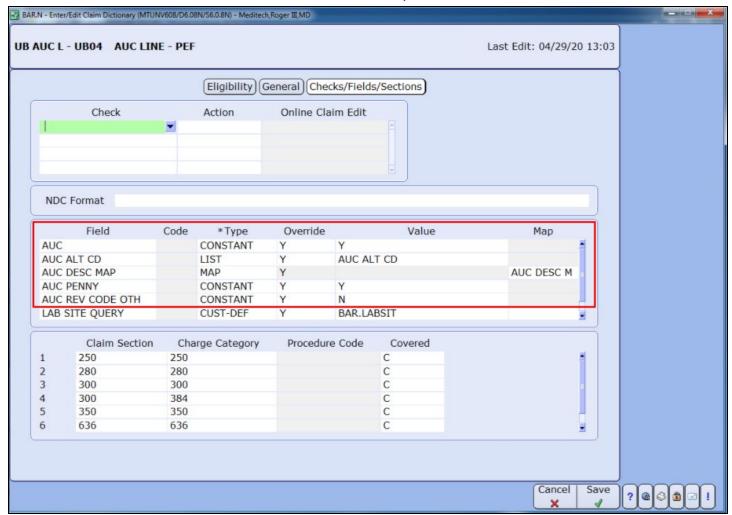
To report AUC information on the claim, the following fields need to be defined for the 5010 PROF claim program.

Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Dictionary



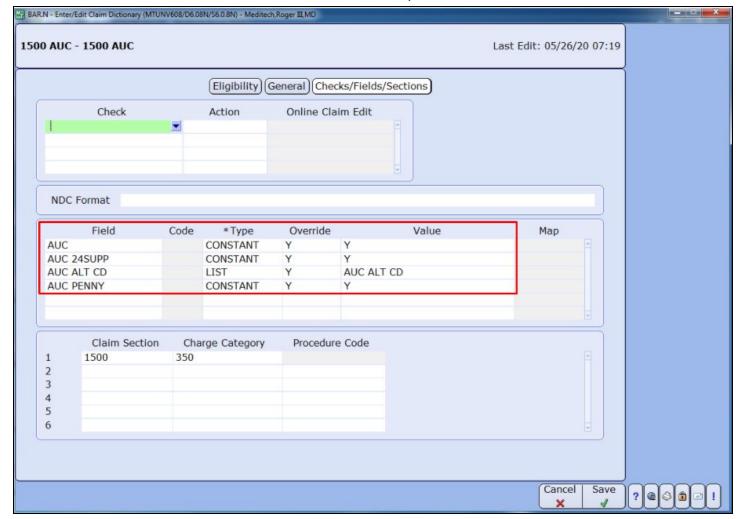
To report AUC information on the claim, the following fields need to be defined for the UB04 claim program.

Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Dictionary



To report AUC information on the claim, the following fields need to be defined for the 1500-F12 claim program.

Financial > B/AR > Dictionaries > Claim > Enter/Edit Claim Dictionary



Claim Checks:

AUC REQ MOD

- If an Alt Code is designated as an AUC Alt Code, an AUC modifier must be present for AUC data to be reported.
- This check fails if an Alt Code in the Data List exists, but no AUC modifier exists. The Data List of modifiers should include MA through MH.

AUC REQ GCD

- A g-code must be reported when an AUC modifier of ME, MF, or MG is present.
- Alt Codes identified as AUC that have a modifier in the Data List, require a g-code value. The Data List should include ME, MF, and MG.

AUC REQ VEN NM

Alt Codes identified as AUC that have G1011 must have a vendor name.

AUC REQ NPI

• The ordering physician's NPI number must be reported with AUC Alt Codes. If the ordering physician does not have a defined NPI number, the claim prints the NPI number defined for the physician's Provider Group.

Claim Output

Once the above setup is completed and claims are generated, the following information will report on claims:

837 Institutional & 837 Professional

• The Imaging Charge Procedure and Modifier prints on the 2400/SV2 loop and segment.

57	SV2*0350*HC>12346>14>ME*200*UN*1~
58	DTP*472*D8*20200127~
59	REF*6R*3502.20200127.1~
60	NM1*DN*1*FREETEXT*TOM****XX*4444444457~
61	LX*2~
62	SV2*0351*HC>12345>LT>ME*100*UN*1~
63	DTP*472*D8*20200127~
64	REF*6R*3501.20200127.2~
65	NM1*DN*1*RUCKER*GREG****XX*9876541118~
	58 59 60 61 62 63 64

• The AUC g-code prints on a separately created 2400/SV2 loop and segment with the g-code as the Procedure Code, if the imaging charge procedure has a modifier of ME, MF, or MG.

0	67	SV2*0359*HC>G1011>>>>1*.02*UN*2~
0	68	DTP*472*D8*20200127~
0	69	REF*6R*.20200127.3~

- On an 837 Institutional Claim, the Ordering Provider's NPI number prints in the 2300/K3 segment.
 - AUC: Represents the program.
 - **LX:** Represents the service line of the imaging procedure.
 - **DK:** Represents the Ordering Provider's NPI.

51 K3*AUCLX1DK4444444457LX2DK9876541118~

• On a 837 Professional Claim, the Ordering Provider's NPI prints in the 2420E/NM1 loop and segment.

NM1*DK*1*FREETEXT*TOM****XX*4444444457~

• The rest of the information that reports, such as the charge amount and modifier placement, depends on the settings of the AUC for Imaging Claim.

UB04

- The Imaging Charge Procedure and modifier prints on field 44.
- The AUC g-code prints on its own line on field 44 if the Imaging Charge Procedure has a modifier of ME, MF, or MG.

0350 CAT SCAN GENERAL	12345ME	012720	1	10000
0350 CAT SCAN GENERAL	G1011	012720	1	01
0351 CT SCAN/HEAD	12346ME	012720	1	20000
0351 CT SCAN/HEAD	G1011	012720	1	01

- The vendor name prints in field 80 if the g-code is G1011. The field references which service line has the g-code, followed by a colon and then the vendor name. For example, if G-Code G1011 was on line 3 and the vendor name was AgileMD, field 80 would print: 3:G1011:AgileMD.
- The ordering provder's NPI prints in field 80. The field references the service line number of the Imaging Procedure followed by a colon, and then the DK qualifier and the NPI number. For example, if the AUC imaging procedure was on line one and the ordering provider's NPI was 9876541118, field 80 would print: 1:DK9876541118.

1:DK9876541118

2:G1011:1

3:DK444444457

4:G1011:1

• The rest of the information that reports, such as the charge amount and the modifier placement, depends on the settings of the AUC for Imaging Claim.

1500-12

- The Imaging Charge Procedure prints in field 24.
- The AUC g-code is created on a separate line in field 24 with the g-code as the procedure code, if the Imaging Charge Procedure has a modifier of ME, MF, or MG.

```
01 30 20 01 30 20 22 45678 ME A 10 00 1 1558371187
01 30 20 01 30 20 G1011 0 01 1
```

• The rest of the information that reports, such as the charge amount and the modifier placement, depends on the settings of the AUC for Imaging Claim.

Supporting Documentation

CMS.Gov

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM 11268.pdf

6.08 Workflow Guides:

https://customer.meditech.com/en/d/iaucresources/pages/608aucimpguide.htm

Questions

Please contact your MEDITECH Order Management or Claims specialist.

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