Imaging Appropriate Use Claims Requirement

6.08

Release(s)
6.08 pp 42

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)
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

![Image of the UI with clinical indication and exam score]

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.

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 Section 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.
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
  - **Manual entry**: Orders placed outside of MEDITECH where AUC values are manually entered on the order
  - **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.
### Imaging AUC Deficiency and Utilization Report

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<thead>
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<th>Date</th>
<th>Time</th>
<th>Category</th>
<th>Procedure</th>
<th>On Order Number</th>
<th>Status</th>
<th>Order Doctor</th>
<th>Phone #</th>
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<th>Facility Modifier</th>
<th>AUC Entry Type</th>
<th>Name</th>
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Last Updated: August 25, 2020
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 AUC Claims Processing Requirements Guide 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.

Info Systems > MIS > Dictionaries > MIS Parameters (M-AT)
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.

Info Systems > MIS > Dictionaries > MIS Parameters (M-AT)
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.

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

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

![Image of the Charge Category Dictionary window with the 350 CAT SCANS entry highlighted, showing Mnemonic 350, Active Y, Name 350 CAT SCANS, and Customer Defined Screen BARAUC]
**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.
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

![Image of AUC information on claim program]

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<td>CONSTANT</td>
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<table>
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<td>6</td>
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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.

![Image](57 SV2=0350*HC>12346~14>ME*200*UN*1~)

- 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.

![Image](67 SV2=0359*HC>G1011>>01*1*.02*UN*2~)

- 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.

![Image](51 K3*AUC=1DK444444457LX2DK9876541118~)

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

![Image](83 NM1=DK1*FREETEXT*TOM****XX*444444457~)

- 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.

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<th>Description</th>
<th>Facility</th>
<th>Diagnosis</th>
<th>Mod</th>
<th>Amount</th>
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<td>10000</td>
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<td>012720</td>
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<td>G1011</td>
<td>012720</td>
<td>1</td>
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</tr>
</tbody>
</table>
● 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 provider’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:DK4444444457
   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 1558371107
   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

6.08 Workflow Guides:

Questions
Please contact your MEDITECH Order Management or Claims specialist.