

## Imaging Appropriate Use Claims Requirement 6.15

### Release(s)

6.15 pp 53

### Overview

Within Order Management (OM) and Ambulatory (AMB), providers have the ability to perform an imaging appropriateness check through integration with the National Decision Support Company (NDSC). Imaging appropriateness scores are also 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

- Ambulatory (AMB)
- Community-Wide Scheduling (CWS)
- Emergency Department Management (EDM)
- 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*

The screenshot displays the Meditech NDSC User Interface. At the top, patient information is shown: Waters, Doris, 78, Female, 02/12/1942, U#: MR00026845, A#: AC0000063998, REG ED, Ordering Provider: Meditech, Joseph, Location: ED. The main content area is titled 'Clinical Decision Support for IA CT head/brain wo con'. A search bar for 'Reason for Exam' contains 'Head Trauma', with a dropdown suggestion for 'Head trauma, mod-severe'. Below this, a list of results is shown, with 'Head trauma, mod-severe' selected. To the right, the 'Appropriateness for a 78 Year Old Female' section shows a score of 9 for 'IA CT head/brain wo con' (Requested Exam) and 'CT head/brain wo con' (Appropriate Exam). The 'IA CT head/brain wo con' entry has a score of 9, four dollar signs (\$\$\$\$), and four radiation icons. The 'CT head/brain wo con' entry has a score of 9, four dollar signs (\$\$\$\$), and four radiation icons. Buttons for 'Confirm & Order', 'Cancel Order', and 'Replace & Order' are visible.

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

Physician Care Manager - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]

**Waters, Doris**  
78 F 02/12/1942  
REG ED ALP ALP.FT

**Full Code**  
5ft 2in 64.864kg BSA:1.66m<sup>2</sup> BMI:26.2kg/m<sup>2</sup>  
Allergy/Adv: amoxicillin

AC0000063998 MR00026845 L4354355794

**Edit Order**

Order	Start/Stop	Status
IA CT head/brain wo con Stat	Wed Jul 22	New

Reason For Exam: head trauma  
Comment:

Modifiers:

**Imaging Appropriate Use Criteria**

Claim Modifier	ME - Adheres to AUC
Vendor G-code	G1004
Vendor Name	Natl Dec Supp Co (NDSC)
ID	5236438
Appropriateness Score	9
Override Reason	

Clinical Indication: Head trauma, mod-severe

Problem: [Free Text]

AUC Add Favorite Back Next Submit

## 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 Tracker > Order Management > Orders > National Decision Support Company User Interface*

The screenshot displays a web application interface for clinical decision support. At the top, patient information is shown: Waters, Doris, 78, Female, 02/12/1942, U#: MR00026845, A#: AC0000063998, REG ED, Ordering Provider: Meditech, Joseph, Location: ED. The main heading is "Clinical Decision Support for IA CT head/brain w con". A search bar contains "dizziness" and a dropdown menu shows "Dizziness, non-specific". Below this, a list of results is shown, with "Dizziness, non-specific" selected. On the right, a section titled "Appropriateness for a 78 Year Old Female" shows a score of 1 for "IA CT head/brain w con" (Requested Exam) and a score of 2 for "CT head/brain wo con" (Other Alternative Exams). The interface includes buttons for "Confirm & Order", "Cancel Order", and "Replace & Order".

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 > Order Management > Orders > View AUC Details

Physician Care Manager - HIM Dept: AHIM (MTUNV615/T6.15F/T6.15F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]

**Waters, Doris**  
78 F 02/12/1942  
REG ED ALP ALP.FT

Full Code AC0000063998  
5ft 2in 64.864kg BSA:1.66m<sup>2</sup> BMI:26.2kg/m<sup>2</sup>  
Allergy/Adv: amoxicillin

MR00026845  
L4354355794

**Edit Order**

Order	Start/Stop	Status
IA CT head/brain w con Stat	Wed Jul 22	New

Reason For Exam: dizziness

Modifiers

\*Allergic to Contrast: No

**Imaging Appropriate Use Criteria**

Claim Modifier	MF - Does Not Adhere to AUC
Vendor G-code	G1004
Vendor Name	Natl Dec Supp Co (NDSC)
ID	5236485
Appropriateness Score	1
Override Reason	Consulted with Radiology

Clinical Indication: Dizziness, non-specific

Problem: [Free Text]

AUC Add Favorite Back Next Submit

## 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

The screenshot displays a web browser window with the URL `t615f-restapps-stable.meditech.com/AUCViewer/index.html`. The page header shows patient information: **Waters, Doris**, 78, Female, 02/12/1942, U#: MR00026845, A#: AC0000063998, REG ED, Ordering Provider: Meditech, Joseph, Location: ED. A red error message at the top left reads "Cancel IA CT wrist LT w con". The main content area is titled "Clinical Decision Support for IA CT wrist LT w con" and prompts the user to "Search for a Reason for Exam". A search input field contains "wrist pain" and a magnifying glass icon. Below the search field, a red box highlights the message "I Can't Find a Match". A "Search Tips" link is visible below the search field. The results section is titled "Results focused on wrist pain (23)" and includes a "Reset" link. A list of 23 search results is shown, each with a checkbox and a description, such as "Soft tissue infection suspected, wrist, initial exam" and "Wrist pain, carpal tunnel syndrome suspected, neg xray".

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

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

Physician Care Manager - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]

**Waters, Doris** 78 F 02/12/1942 REG ED ALP ALP.FT

Full Code AC0000063998 MR00026845 L4354355794

5ft 2in 64.864kg BSA:1.66m<sup>2</sup> BMI:26.2kg/m<sup>2</sup>  
Allergy/Adv: amoxicillin

**Imaging Appropriate Use Criteria**

Claim Modifier	MG - No AUC Available
Vendor G-code	G1004
Vendor Name	Natl Dec Supp Co (NDSC)
ID	5236513
Appropriateness Score	No Score
Override Reason	
No Match Comment	[No Feedback Comment Given]

Problem

Diagnosis Code

\*Start Date Today  
Start Time  
\*Freq Stat  
Stop Date  
Stop Time  
Count

AUC Add Favorite Back Next Submit

## 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. There is no value in the Appropriateness or Score fields. The exception to this is the Ambulatory application. In AMB, the appropriateness value of *No Score* is populated for *No Content* exams.
- 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 NDSC UI, and the MD modifier is applied to the order in the background. The facility is 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*

Physician Care Manager - HIM Dept: AHIM (MTUNV615/T6.15F/T6.15F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]

**Waters, Doris**  
78 F 02/12/1942  
REG ED ALP ALP.FT

Full Code  
5ft 2in 64.864kg BSA: 1.66m<sup>2</sup> BMI: 26.2kg/m<sup>2</sup>  
Allergy/Adv: amoxicillin

AC0000063998 MR00026845  
L4354355794

### Edit Order

Order	Start/Stop	Status
IA CT head/brain w con Urgent	Wed Jul 22	New

Reason For Exam: head pain

Modifiers

\*Allergic to Contrast: No

**Imaging Appropriate Use Criteria**

*Claim Modifier	MD - Uncontrolled Circumstance
Vendor G-code	
Vendor Name	
ID	
Appropriateness	
Score	
Override Reason	

Problem: [Free Text]

Diagnosis Code

AUC Add Favorite Back Next Submit

Msg/Task  
Patient Lists  
Next Patient  
Find Patient  
Select Visits  
Refresh EMR  
Summary  
Review Visit  
Pat Msg/Task  
Hx & Problems  
New Results  
Clinical Panels  
Vital Signs  
I & O  
Medications  
Laboratory  
Microbiology  
Blood Bank  
Reports  
Patient Care  
Notes  
Orders  
Amb Orders  
Mar  
Critical Care  
Discharge Plan  
Document  
Sign  
Clinical Data  
Preferences



## Emergency Exception

CMS allows an exception with 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 appear. 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*

Physician Care Manager - HIM Dept: AHIM (MTUNV615/T6.15F/T6.15F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]

**Waters, Doris**  
78 F 02/12/1942  
REG ED ALP ALP.FT

Full Code: AC0000063998  
5ft 2in 64.864kg BSA:1.66m<sup>2</sup> BMI:26.2kg/m<sup>2</sup>  
Allergy/Adv: amoxicillin

MR00026845  
L4354355794

Order	Start/Stop	Status
IA CT head/brain w con Urgent	Thu Jul 23	New

Reason For Exam: worst headache of life

Modifiers: [Dropdown]

\*Allergic to Contrast: No

**Imaging Appropriate Use Criteria**

*Claim Modifier	MA - Emergent Condition
Vendor G-code	[Dropdown]
Vendor Name	[Text]
ID	[Text]
Appropriateness	[Dropdown]
Score	[Text]
Override Reason	[Dropdown]

Problem: [Free Text]

Diagnosis Code: [Dropdown]

AUC [Add Favorite] [Back] [Next] [Submit] [Help] [Home] [Refresh] [Print] [Close]

# 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

RAD.STD - Technologist Desktop - ACUTE/MAIN/IMG (MTUNV615/T6.1.5N/T6.1.5N.US) - Dr. Joseph Meditech, MD

**Waters, Doris** Full Code AC0000063998 MR00026845  
 78 F 02/12/1942 None L4354355794  
 REG ED ALP ALP.FT Allergy/Adv: amoxicillin

Orders OV Order ID

User MT Dr. Joseph Meditech, MD  
 Order Status Logged  
 Patient AC0000063998 Waters, Doris

Technologist  
 ER Doctor MT Meditech, Joseph A  
 \*Order Doctor HCAMERON Cameron, Heidi

Arrival Time  
 Source

Category	*Procedure	Procedure Name	*Priority	Qty	*Date	Time	Dur	Series
1	IACT	IAWRSTLTW	IA CT wrist LT w con	S	1	T+ 07/23		
2								
3								

Category Screen Procedure Screen

Mode Of Transport  
 Is Patient Pregnant?

Last: IACT order: IA CT angio head, 07/02/20 at Canton Imaging (Logged)

View Profile View Insurance Edit Copies To Series Info Patient Data **Manual AUC** Launch AUC Close Save ? [Icons]

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

The screenshot displays the 'RAD.STD - Imaging AUC' window. At the top, patient information for Doris Waters is shown, including her full code (AC0000063998), MR00026845, and L4354355794. The 'Allergy/Adv' field is set to 'amoxicillin'. The main form area contains the following fields:

- \*Claim Modifier: ME (Adheres to AUC)
- \*Vendor G-Code: G1004
- \*Vendor Name: Natl Dec Supp Co (NDSC)
- ID: 31409221
- Appropriateness: Appropriate
- Score: 8
- Override Reason: (empty dropdown menu)

At the bottom of the form, there are 'Cancel' and 'Save' buttons. The interface also includes a sidebar with various menu options like 'Order', 'Exam', 'Codes', and 'History'. The status bar at the bottom shows 'Last: IACT order: IA CT angio head, 07/02/20 at Canton Imaging (Logged)' and several utility buttons like 'View Profile', 'View Insurance', 'Edit Copies To', 'Series Info', 'Patient Data', 'Manual AUC', 'Launch AUC', 'Close', and 'Save'.

## 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 and 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.

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

The screenshot shows a web-based configuration window for the 'Imaging AUC Deficiency and Utilization Report'. The window title is 'AUC Deficiency and Utilization Report - HIM Dept: AHIM/Facility: ACUTE (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr (Papale, Michael) [EDT]'. The interface includes several filter sections: a date range section with 'From Service Date' (06/12/2020) and 'Thru Service Date' (06/20/2020); 'Restrict to Category' (listing MRI, CT, XR, US); 'Restrict to Facility' (empty); 'Restrict to Registration Type' (empty); 'Restrict to Financial Class' (empty); 'Restrict to Provider' (empty); 'Include Orders With No Modifier' (radio buttons for Yes, No, Only, with 'Yes' selected); 'Restrict to AUC Modifier' (empty); and a 'Restrict to AUC Entry Type' section with checkboxes for CDSM, Manual Entry, Exception (highlighted), Other Vendor, and Entered without AUC. The bottom right corner contains an 'OK' button and a toolbar with icons for help, search, and other functions.

Clinical > Reports > Imaging AUC Deficiency and Utilization Report

T6.1.5F		Imaging Appropriate Use Criteria Deficiency and Utilization Report							Page: 1 of 2			
One Meditech Circle									Date: 07/23/2020 3:59 pm			
Westwood, MA 09090		Service Dates: 06/12/2020 - 06/20/2020							User: Meditech, Joseph Jr			
Service										Patient		
Date	Time	Category	CM Order Number	Status	Order Doctor	Facility	Modifier	Name	DOB	Status	Account #	Prim. Fin. Class
		Procedure		Priority	Phone #	Order Source	AUC Entry Type					Unit #
06/12/2020		IACT.RAD	200612-1108132680	Logged	Earp, Kevin	ACUTE	MG	WALLACE, ELI				MCR
		UNMAPPED.IACT.RAD		Stat		PROVIDER	Exception	08/08/1980	ADM IN	AC0000063874	MR00039141	
ERRORS: Procedure not mapped to CDSM												
06/14/2020	7:41 am	IACT.RAD	200614-074153287	Logged	Earp, Kevin	ACUTE	MH	FORTLY, RICHARD				MCR
		IAHEADNW.IACT.RAD		Stat		PROVIDER	Exception	06/25/1940	REG CLI	AC0000063760	MR00039247	
06/14/2020	8:11 am	IACT.RAD	200614-081230469	Verified	Earp, Kevin	ACUTE	MH	FORTLY, RICHARD				MCR
		IAHEADWO.IACT.RAD		Urgent		PROVIDER	Exception	06/25/1940	SCH CLI	AC0000063761	MR00039247	
06/14/2020	8:42 am	IAMRI.RAD	200614-084239735	Logged	Earp, Kevin	ACUTE	MH	FORTLY, VANESSA				MCR
		IABRAINWO.IAMRI.RAD		Stat		PROVIDER	Exception	02/19/1941	REG CLI	AC0000063763	MR00039248	
06/14/2020	8:52 am	IAMRI.RAD	200614-085252556	Logged	Earp, Kevin	ACUTE	MH	FORTLY, TYLER				MCR
		IABRAINWW.IAMRI.RAD		Stat		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249	
06/14/2020	8:52 am	IAMRI.RAD	200614-085252457	Logged	Earp, Kevin	ACUTE	MH	FORTLY, TYLER				MCR
		IABRAINWO.IAMRI.RAD		Urgent		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249	
06/14/2020	9:00 am	IAMRI.RAD	200614-090130503	Logged	Earp, Kevin	ACUTE	MH	FORTLY, TYLER				MCR
		IABRAINWO.IAMRI.RAD		Stat		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249	
06/14/2020	9:00 am	IAMRI.RAD	200614-090130503	Logged	Earp, Kevin	ACUTE	MH	FORTLY, TYLER				MCR
		IABRAINWW.IAMRI.RAD		Urgent		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249	
06/14/2020	8:28 am	IAMRI.RAD	200614-182761142	Logged	Earp, Kevin	ACUTE	MH	VATFN, ROMAN				MCR

## 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 non-ambulatory 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)

MIS Parameters (M-AT) - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr (Papale,Michael) [EDT]

Last Edit: 07/21/2020 1:43 pm

General Coding Direct Clinical Acceptable Use

Default Patient's Facility for Referral Lookup No

Imaging Appropriate Use Criteria

CDSM - Queries

Claim Modifier	CDSMCL
Vendor G-code	CDSMVENG
Vendor Name	CDSMVENN
ID	CDSM.ID
Appropriateness	CDSM.APPR
Score	CDSM.SCORE
Override Reason	CDSM.REASON

Reason For Exam - Queries

ITS.COMMENT

ITS.REASON

ITS.TEAM

+ X

Extreme Circumstances Bypass AUC

ACUTE 1

Clinical Facility

ACUTE 1

Acute

Ambulatory

Imaging Appropriate Use Criteria

Enable for Applications

AMB

History

Cancel Save ? ? ? ? ? ?

View Edit Report

A new ED Priority Exceptions parameter was added to allow for the Emergency Exception. This field is available to be defined for non-ambulatory 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 Parameters (M-AT) - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr (Papale,Michael) [EDT]

Last Edit: 07/21/2020 1:43 pm

ITS.TEAM

Extreme Circumstances Bypass AUC

ACUTE 1

Clinical Facility

ACUTE 1

Acute

Ambulatory

Imaging Appropriate Use Criteria

Enable for Applications

AMB

ITS

OM

Include Registration Types

Clinical

Emergency Dept

Emergency Dept [ER]

Include Financial Classes

Blue Cross

SPAUFC

ED Priority Exceptions

Emergent

View

Edit

Report

History

Cancel Save

## MIS Group Response Query

New Group Response queries should be created for claim modifiers and vendor g-code. An Optional type query is required for vendor name. 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*

Group Response Dictionary - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr (Papale,Michael) [EDT]

CDSMCL - CDSM Claim Modifier Last Edit: 03/31/2020 3:35 pm

Main Elements

Element Mnemonic	*Element Name	Rank	Value	Normal
MA	Emergent Condition			
MB	Insufficient Internet			
MC	EHR/CDSM Issue			
MD	Uncontrolled Circumstance			
ME	Adheres to AUC			

+ X

Element Long Name

Descriptor Text

Mnemonic	E & M Coding Bullet Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Document Comment Text

View  
New  
Edit  
Report

History Cancel Save ?

## 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*

Element Mnemonic	*Element Name	Rank	Value	Normal
G1001	eviCore Healthcare			
G1002	MedCurrent			
G1003	Medicalis			
G1004	Natl Dec Supp Co (NDSC)			
G1005	Natl Imaging Assoc			

Element Long Name:

Descriptor Text:

Mnemonic:  E & M Coding Bullet Name:

Document Comment Text:

Buttons: View, New, Edit, Report, History, Cancel, Save, ?

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 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

Element Mnemonic	*Element Name	Rank	Value	Normal
NEW	This is a new vendor			

## Revenue Cycle: Required AUC Setup

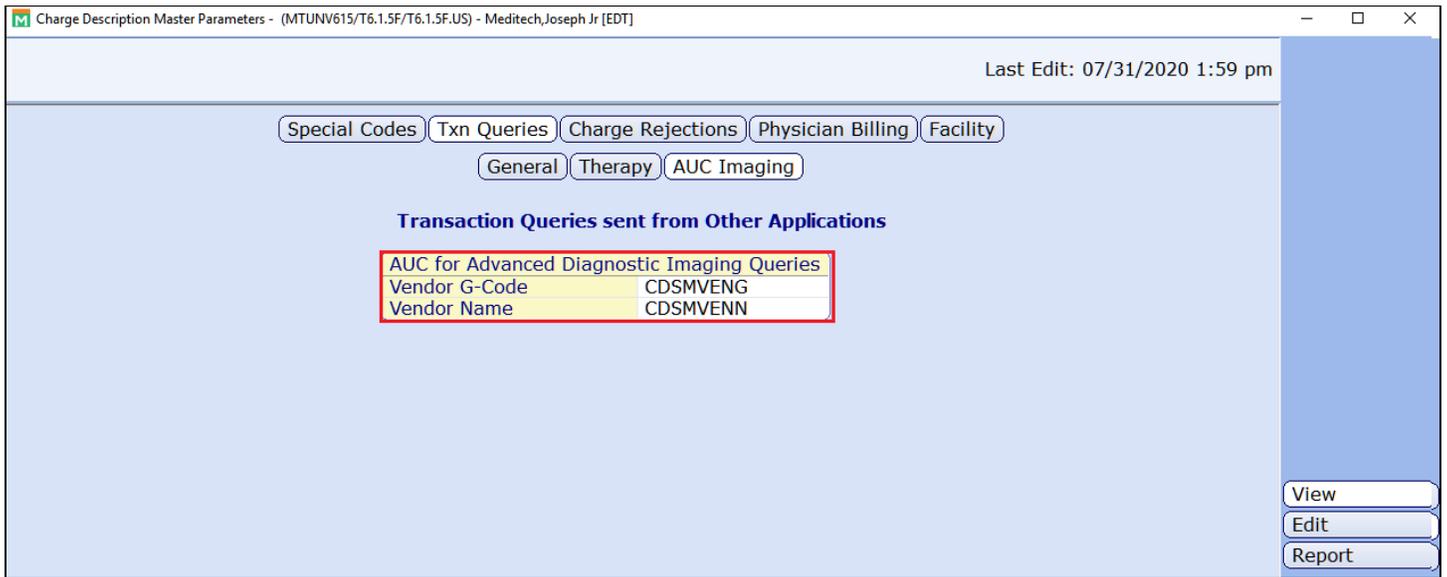
Prior to any setup in Revenue Cycle, it should be confirmed that the CDSM g-code and vendor name queries were created in MIS and attached to the MIS Clinical Parameters per the previously mentioned setup.

## Charge Description Master Parameters

Define the vendor g-code and vendor name queries that were defined in the MIS Customer Parameters. When the AUC Claim Type is set up, the Claim programs references these queries to report the AUC data in the appropriate claim fields.

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

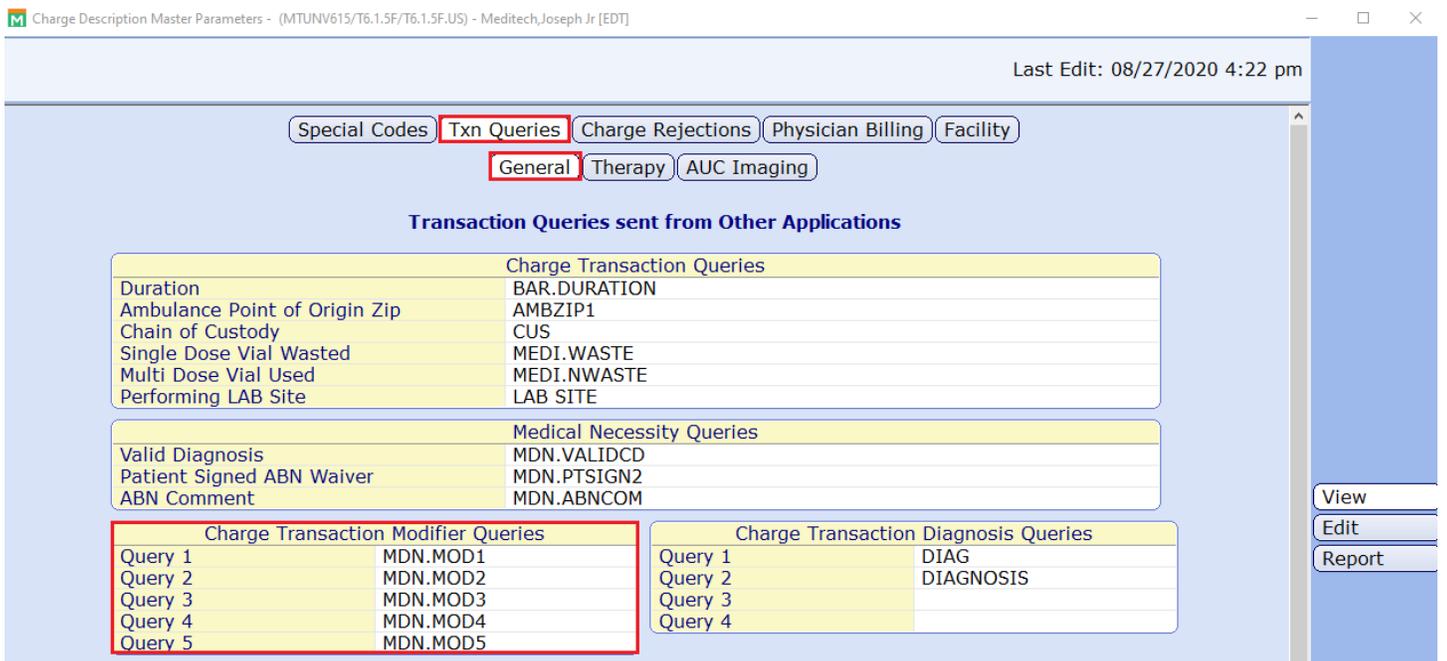
Financial > Patient Accounting > Dictionaries > Batch > Code Support > Charge Description Master Parameters > Txn Queries > AUC Imaging



Ensure the standard Charge Transaction Modifier Queries are defined in the Charge Description Master Parameters using the standard values of MDN.MOD1 - MDN.MOD5.

\*MEDITECH Specialist will confirm MIS Toolbox NPR Parameters match the standard queries as defined below.

Financial > Patient Accounting > Dictionaries > Batch > Code Support > Charge Description Master Parameters > Txn Queries > General



## Customer-Defined Screen (CDS) Setup & Batch Entry Requirements:

This following guide outlines the setup in Patient Accounting to create the Customer Defined Screens that contain the CDSM G-Code and Vendor Name queries, and how to appropriately capture the AUC data in batches and transactions, which will be reported on your claims.

### CDS Creation

Two screens will need to be created to which both of the queries will need to be attached (CDSMVENG/CDSMVENN), one CDS for the BAR Account Transactions Record and one CDS for the BAR Batch Transactions Record.

### Screen Setup - BAR Account Transactions Record:

*Info Systems > MIS > Dictionaries > Custom Defined Data > Screen Dictionary > Main*

The screenshot shows a window titled "Screen Dictionary - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT]". The main content area is titled "AUC BAR ACCT - AUC CDSM BAR ACCT" and shows the "Last Edit: 06/11/2020 9:48 am". The interface includes a navigation bar with buttons for "Main", "Screen Definitions", "Preview Edit", and "Preview View". The main form contains the following fields:

- Screen: AUC BAR ACCT
- Mnemonic: AUC BAR ACCT
- \*Active: Yes (dropdown menu)
- \*Name: AUC CDSM BAR ACCT
- Data Record: Bar Account Transactions

Below these fields is a section titled "Menu/Procedure Access allowable to edit" with a scrollable list of three empty rows. On the right side of the window, there are three buttons: "View", "New", and "Edit".

Screen Dictionary - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT] Last Edit: 06/11/2020 9:48 am

**AUC BAR ACCT - AUC CDSM BAR ACCT**

Main Screen Definitions Preview Edit Preview View

*Type of Block	New Row	Block Label	*Block Style
Single Response Queries	Yes	AUC CDSM Info	Attached

On Entry Rule

On Exit Rule

Text

Print

*Type	Query	Text	Lines
Query	CDSMVENG	CDSM Vendor G-Code	
Query	CDSMVENN	CDSM Vendor Name (opt)	

Default

Default String

Default Rule

Editable  Yes

Editable Rule

Required  No

Required Rule

Suppress  No

Suppress Rule

Valid Response Rule

On Change Rule

On After Change Rule

View  
New  
Edit  
Report

The above setup needs to be repeated for the BAR Batch Transactions Record.

## Attaching the CDS to the Charge Category Dictionary & Charge Description Master (CDM)

After the creation of the two CDSs, both need to be attached in either the Charge Category Dictionary or CDM. When defined at the Charge Category level, the CDS is available for all charge codes with this charge category.

The queries display on all the charges for this category, and allow for entering and editing. Otherwise, the CDSs are defined on specific charge codes in the CDM.

*Financial > Patient Accounting > Dictionaries > Batch > Code Support > Charge Category Dictionary > Requirements*

Charge Category Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr [EDT] Last Edit: 09/02/2020 12:48 pm

032x - Radiology - Diagnostic

Main Requirements

Customer Defined Screen

\*Batch Screen AUC CDSM BAR Batch Txn  
\*Account Screen AUC CDSM BAR ACCT

Requirements

	Rejection	Account Check	Suppress Warning
<input type="checkbox"/> Performing Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Use ER Provider as Performing Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Ordering/Referring Provider	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervising Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Customer-Defined Screens are also defined at the charge code level in the CDM on the Txn Detail Tab; *Customer-Defined Screen* field. Charge codes with the CDSs defined here display the queries and allow for entering and editing.

*Financial > Patient Accounting > Dictionaries > Batch > Code Support > Charge Description Master Dictionary > Txn Detail*

Charge Description Master Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr [EDT] Last Edit: 07/31/2020 3:07 pm

32002130 - Contrast X-Ray Spine

Main Prices GL Data Txn Detail Claims Reimbursement Phys Fee Sch Components

Facility Active

ACUTE 1	Yes
Acute	Yes
Ambulatory	Yes
Behavioral Health	Yes
Critical Access Hospital	Yes

\*Charge Amount Editable  Yes  No  
\*Eligible for Client Discount  Yes  No

Customer Defined Screen

\*Batch Screen AUC CDSM BAR Batch Txn  
\*Account Screen AUC CDSM BAR ACCT

Requirements

	Rejection	Account Check	Suppress Warning
<input type="checkbox"/> Performing Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Use ER Provider as Performing Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Ordering/Referring Provider	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervising Provider	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

View  
New  
Edit  
Report

**NOTE:** Ensure the Transaction Detail Requirement "Ordering/Referring Provider" is selected for all imaging charges in the Charge Description Master dictionary or for all imaging charge Revenue Codes in the Charge Category dictionary.

## Batch Entry

Once the setup of the CDSs is complete, they are available for use during charge entry; either through the Batch Desktop or through using Quick Transactions in the Patient Accounting Desktop.

After a charge is posted to an account using either of these posting methods, the queries can be accessed and updated if needed through the Txn Detail Routine of the Patient Accounting Desktop.

See an example of charge entry using Quick Transactions in the Patient Accounting Desktop with the newly available CDSs and queries below.

**Post Charge**

Journal  Total Amount  Total Quantity

*Service Date	Service Time	Rev Site/Perf Loc	*Charge Code	*Qty	*Amount	Total Amount
07/31/2020			32002130	1	270.00	270.00

+ x

Description   
Comment

Medical Necessity

Signed ABN

Valid Diagnosis

ABN Comment

Customer Defined Query

AUC CDSM Info

CDSM Vendor G-Code (Opt)

CDSM Vendor Name (opt)

## Revenue Cycle: Claim Setup

### Claim Data Set Creation

Two data sets need to be created to be attached to the Claim Format and can also be utilized with Account Checks. The first data set is the AUC HCPCS/CPT list. This is a list of HCPCS/CPT codes that need to report the AUC modifier and the g-code.

The second data set is the AUC modifier list. This should contain the MA, MB, MC, MD, ME, MF, MG, MH, and QQ modifiers that are referenced by the claim for the AUC modifier placement.

Claim Data Set Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT] Last Edit: 06/11/2020 11:35 am

**AUC CPTS - AUC CPT Codes**

Claim Data Set: AUC CPTS

Mnemonic: AUC CPTS

\*Active: Yes

\*Name: AUC CPT Codes

\*Type: List

Use Dictionary:

Panel Code:

**Data Values**

70496
72193
74177
76498

**Data Value Ranges**

From	*Thru
70542	70549
70551	70555
71550	71552
72141	72149

View

New

Edit

Report

Claim Data Set Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT] Last Edit: 06/11/2020 11:32 am

**AUC MODS - AUC Modifiers**

Claim Data Set: AUC MODS

Mnemonic: AUC MODS

\*Active: Yes

\*Name: AUC Modifiers

\*Type: List

Use Dictionary:

Panel Code:

**Data Values**

MA
MB
MC
MD
ME

**Data Value Ranges**

From	Thru

View

New

Edit

Report

## Claim Format Dictionary - Main Screen

To report AUC information on the claim, the AUC For Imaging Claim Type needs to be selected on the Main screen of the Claim Format Dictionary. This enables the fields on the Claim Type fields tab.

Financial > Patient Accounting > Dictionaries > Claim > Claim Format Dictionary

The screenshot shows the 'Claim Format Dictionary - Main Screen' for the format 'EIMCRO'. The window title is 'Claim Format Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr [EDT]'. The main title is 'EIMCRO - 837 Inst Medicare Outpatient' with a 'Last Edit: 10/07/2019 8:54 am' timestamp. The interface includes several tabs: 'Main', 'Claim Checks', 'Fields', 'Detail', 'Codes', 'Claim Type Fields', and 'Custom Type Fields'. The 'Main' tab is active, displaying the following fields:

- Claim Format:** EIMCRO
- Mnemonic:** EIMCRO
- \*Active:** Yes
- \*Name:** 837 Inst Medicare Outpatient
- Claim Program:** 837 Institutional 5010 EDI
- \*Generation Group:** 837 Institutional Claims
- Suppress Expected Payments:** No
- \*Effective Date Event:** Calendar Date
- Effective Date:** 11/01/2014
- Claim Types:** A grid of checkboxes for various claim types. The checked items are: AUC for Imaging, Codes, Critical Access, Institutional, Laboratory, Medicare RHC/FQHC, Medicare Secondary Payer, Drug Information, Outpatient, and Therapy.
- Claim Status Request:** Queue Claim Status Request with radio buttons for Auto, Manual, and No (selected).

On the right side of the screen, there are buttons for 'View', 'New', 'Edit', and 'Report'.

## Claim Type Fields

Once the AUC for Imaging Claim Type is available, the following fields are made available:

- **AUC HCPCS/CPT List:** Define the data list created above that needs to report the AUC modifier and g-code. The g-code reports on a separate service line. The claim only reports AUC data for HCPCS/CPT codes found in this list.
- **AUC Modifier List:** Define the data list created above of the AUC Modifiers that will be referenced by the claim for the AUC modifier placement. The modifier reports on the same line with the imaging service charge. Claim programs only report a g-code line for HCPCS/CPT codes defined in the AUC HCPCS/CPT list when the modifiers ME, MF, and MG are reported on the imaging procedure service line.
- **Modifier Placement:** The options include *Beginning* or *End*. This controls where to place the AUC modifiers in relation to any other modifiers on the imaging charge.
- **Revenue Code for G-Code (Institutional/UB 04 Only):** The options include *Use Imaging Proc Rev Code* or *Use Rev Code ending in 9*.
  - **Use Imaging Proc Rev Code:** Print the g-code on a service line using the same Rev code as the imaging procedure code.
  - **Use Rev Code ending in 9:** Print the g-code on a service line using a Rev code associated to the imaging procedure category ending in 9.

- **Charge Amount for G-Code:** Options include \$0.00 or \$0.01. This controls the dollar amount associated with the g-code on the claim.
  - Medicare Institutional claims require \$0.01 to report on the service line reporting the g-code.
- **Include G-Code Amount in Claim Total:** Options include *Yes* or *No*. *Yes* will add penny amounts to the claim total amount. This is not reflected on the accounts total charges. *No* will exclude any dollar amount associated with the g-code from the claim total amount. This should be set depending on if your clearinghouse or MAC wants the penny charge associated with the g-code line to be included on the claim total charge amount or not.

Financial > Patient Accounting > Dictionaries > Claim > Claim Format Dictionary

Claim Format Dictionary - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT] Last Edit: 10/07/2019 8:54 am

**EIMCRO - 837 Inst Medicare Outpatient**

Report Relationship Code as Self  Yes  No  
Self Relation Map

**Drug Information**

Report by  Charge Category  Subcategory

Charge Category  
051x

Report Single Dose Vial Waste  Yes  No  
Single Dose Rev Codes  
Exclude HCPCS/CPT Codes  
Split Dollar Amount  Yes  No  
Report Zero Waste  Yes  No  
Round Vial Waste

Report Multi Dose Vial Use  Yes  No  
Multi Dose Rev Codes  
Round Vial Use

**Critical Access**

Swing Bed Account Types

**Appropriate Use Criteria for Advanced Diagnostic Imaging**

AUC HCPCS/CPT List	AUC CPT Codes
AUC Modifier List	AUC Modifiers
Modifier Placement	End
Revenue Code for G-Code	Use Imaging Proc Rev Code
Charge Amount for G-Code	<input type="radio"/> 0.00 <input checked="" type="radio"/> 0.01
Include G-Code Amount in Claim Total	<input checked="" type="radio"/> Yes <input type="radio"/> No

View  
New  
Edit  
Report

## Revenue Cycle: Optional AUC Functionality & Setup

### Account Checks: AUC VENDOR NAME

- This check fails if an AUC g-code exists from the Data List without an associated Vendor name. (The Data List should only need to include G1011).
- This check can also be used as a Value Check to return the value of the Vendor Name from the *AUC Vendor Name* query. This may be needed on the 1500-12 claim form.
- For both the g-code and Vendor Name queries, the check looks at the AUC Imaging transaction-level queries as defined in the Charge Description Master Parameters.
- This can be used as a UR, Proration, Claim, or Value Check.

### ALT MOD REQ QRY

- This check fails if a charge has both an Alt Code and Modifier from the Data Lists, but no value for the defined Txn Query.
- This check can be used to ensure that an AUC Imaging Charge with modifier ME, MF, or MG has a g-code.
- This can be used as a UR, Proration, or Claim Check.

### TXN REQ MOD

- This existing account check fails if a charge transaction is missing a modifier.
- This check can be used to ensure that an AUC Imaging Charge has an AUC modifier.

## Claim Output

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

**Note:** The Ordering Provider's NPI will only generate if the "Ordering/Referring Provider" Transaction Detail requirement is selected for all imaging charges in the Charge Description Master dictionary or for all imaging charge Revenue Codes in the Charge Category dictionary.

### 837 Institutional & 837 Professional Claims

- The Imaging Charge Procedure and Modifier prints on the 2400/SV2 loop and segment.
- 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.
- 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.
- On a 837 Professional Claim, the Ordering Provider's NPI prints in the 2420E/NM1 loop and segment.
- 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 Type within the Claim Format.

Below, is an example of an 837 Professional Claim with the Imaging Charge Procedure and g-code service lines:

Financial > Patient Accounting > Patient Accounting Desktop > Services

Patient Accounting Desktop - Bus Unit: BU 1 (MTUNV615/D6.15F/S6.1.5F) - Meditech, Joseph Jr [EDT]

**Pappas, Audrey** 04/17/20 11:00 - AB0000092867 MR21137776  
 65 F 07/15/1955 Spec Indicators: None H10280912  
 REG AMB MCRB AMB 458.22 AR

Provider Subscriber Patient Claim Services

**Insurance: MCRB Claim: EPMCRAMB CSID: ABCA002475292**

Loop/Segment	Segment Name
3 2400/SV1	Professional Service Line Segment
3 2400/DTP01	Date - Service Date
3 2400/REF04	Line Item Control Number
3 2420E/NM1	Ordering Provider Name Segment
4 2400/SV1	Professional Service Line Segment

SV1\*HC:70336:ME\*315\*UN\*1\*\*\*1~

Field	Field Name	Field Value
2400/SV1-3/01/01	Service Line - Proc Id Qualifier	HC
2400/SV1-3/01/02	Service Line - Procedure Code	70336
2400/SV1-3/01/03	Service Line - Procedure Modifier	ME
2400/SV1-3/01/04	Service Line - Procedure Modifier	
2400/SV1-3/01/05	Service Line - Procedure Modifier	
2400/SV1-3/01/06	Service Line - Procedure Modifier	
2400/SV1-3/01/07	Service Line - Description	
2400/SV1-3/02	Service Line - Line Item Charge Amo...	315

Patient Accounting Desktop - Bus Unit: BU 1 (MTUNV615/D6.15F/S6.1.5F) - Meditech, Joseph Jr [EDT]

**Pappas, Audrey** 04/17/20 11:00 - AB0000092867 MR21137776  
 65 F 07/15/1955 Spec Indicators: None H10280912  
 REG AMB MCRB AMB 458.22 AR

Provider Subscriber Patient Claim Services

**Insurance: MCRB Claim: EPMCRAMB CSID: ABCA002475292**

Loop/Segment	Segment Name
3 2400/SV1	Professional Service Line Segment
3 2400/DTP01	Date - Service Date
3 2400/REF04	Line Item Control Number
3 2420E/NM1	Ordering Provider Name Segment
4 2400/SV1	Professional Service Line Segment

SV1\*HC:G1009\*0\*UN\*1\*\*\*1~

Field	Field Name	Field Value
2400/SV1-4/01/01	Service Line - Proc Id Qualifier	HC
2400/SV1-4/01/02	Service Line - Procedure Code	G1009
2400/SV1-4/01/03	Service Line - Procedure Modifier	
2400/SV1-4/01/04	Service Line - Procedure Modifier	
2400/SV1-4/01/05	Service Line - Procedure Modifier	
2400/SV1-4/01/06	Service Line - Procedure Modifier	
2400/SV1-4/01/07	Service Line - Description	
2400/SV1-4/02	Service Line - Line Item Charge Amo...	0

**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.

- 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 the vendor name.
  - **For example**, if g-code G1011 was on line three 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, the DK qualifier, and the NPI number.
  - **For example**, if the AUC imaging procedure was on line two and the ordering provider's NPI was 9876543210, field 80 would print: 2:DK9876543210.
- 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 Type within the claim format.

#### 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.
- 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 type within the claim format.

### MEDITECH Output Formats

- Imaging AUC Deficiency and Utilization Report

### Supporting Documentation

CMS.Gov

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>

Expansive Workflow Guides:

<https://customer.meditech.com/en/d/iaucresources/pages/616aucimpguide.htm>

### Questions

Please contact your MEDITECH Order Management or RCG Claims specialist.