

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 'Clinical Decision Support for IA CT head/brain wo con' 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. A search bar for 'Reason for Exam' contains 'Head Trauma', which has seeded a list of indications. The 'Head trauma, mod-severe' option is selected. On the left, a list of 12 results is shown, with 'Head trauma, mod-severe' checked. On the right, the 'Appropriateness for a 78 Year Old Female' section shows a score of 9 for the 'IA CT head/brain wo con' exam, with a 'Confirm & Order' button. Below this, the 'CT head/brain wo con' exam is also shown with a score of 9 and a 'Replace & Order' button.

Waters, Doris 78 Female 02/12/1942 U#: MR00026845 A#: AC0000063998
REG ED Ordering Provider: Meditech, Joseph Location: ED

Cancel IA CT head/brain wo con

Clinical Decision Support for
IA CT head/brain wo con

Search for a Reason for Exam

Head Trauma

Head trauma, mod-severe

Results focused on Head Trauma (12) Reset

- ☐ Ataxia, post head trauma
- ☐ CSF leak suspected
- ☐ Facial fracture, follow up
- ☐ Facial trauma
- ☐ Facial trauma, penetrating
- ☐ Head trauma, minor
- ☒ Head trauma, mod-severe
- ☐ Head trauma, penetrating
- ☐ Head trauma, vascular injury suspected
- ☐ Head trauma, visual loss

Appropriateness for a 78 Year Old Female

View Evidence for Exams

Requested Exam

IA CT head/brain wo con

9

Confirm & Order Cancel Order

Appropriate Exams

CT head/brain wo con

9

Replace & Order

Other Alternative Exams

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:1.66m² BMI:26.2kg/m²
Allergy/Adv: amoxicillin

AC0000063998 MR00026845 L4354355794

Edit Order

Order	Start/Stop	Status
IA CT head/brain w/ 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:

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

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 the National Decision Support Company (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 heading is "Clinical Decision Support for IA CT head/brain w con". Below this is a search bar for "Reason for Exam" containing the text "dizziness". A dropdown menu shows "Dizziness, non-specific" selected. On the left, under "Results focused on dizziness (6)", several checkboxes are listed, with "Dizziness, non-specific" checked. On the right, under "Appropriateness for a 78 Year Old Female", the "Requested Exam" section shows "IA CT head/brain w con" with a score of 1, indicated by a red bar and four dollar signs (\$\$\$\$). Below this, the "Other Alternative Exams" section shows "CT head/brain wo con" with a score of 2, indicated by a red bar and four dollar signs (\$\$\$\$). Buttons for "Confirm & Order", "Cancel Order", and "Replace & Order" are visible.

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/T6.1.5F/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:1.66m² BMI:26.2kg/m²
Allergy/Adv: amoxicillin

AC0000063998

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

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

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 the National Decision Support Company (NDSC) User Interface. At the top, a patient header shows: Waters, Doris, 78, Female, 02/12/1942, U#: MR00026845, A#: AC0000063998, REG ED, Ordering Provider: Meditech, Joseph, Location: ED. Below this, a red error message states: "Cancel IA CT wrist LT w con". The main section 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 bar contains the text "wrist pain" and a magnifying glass icon. Below the search bar, a red box highlights the message "I Can't Find a Match". Underneath, it says "Results focused on wrist pain (23)" with a "Reset" link. A list of 23 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
5ft 2in 64.864kg BSA:1.66m² BMI:26.2kg/m²
Allergy/Adv: amoxicillin

AC0000063998 MR00026845 L4354355794

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: 1.66m² BMI: 26.2kg/m²
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
5ft 2in 64.864kg BSA:1.66m² BMI:26.2kg/m²
Allergy/Adv: amoxicillin

AC0000063998 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

*Allergic to Contrast No

Imaging Appropriate Use Criteria

*Claim Modifier MA - Emergent Condition

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

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 ? ? ? ? ? ?

Worklist Find Patient New Order Modify Order View Detail Performing Record Exam Exam Codes Charge/Credit Questionnaire Findings Copies To Edit Batch Follow-Up EMR <F11> Laboratory ARM PCS MAR Images Patient Data Record Inquiry Schedule History

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 'Waters, Doris' is shown, including birth date (02/12/1942), gender (F), and insurance details. A red box highlights the 'Claim Modifier' field, which is set to 'ME' with the description 'Adheres to AUC'. Below this, the 'Vendor G-Code' is 'G1004' and the 'Vendor Name' is 'Nat'l Dec Supp Co (NDSC)'. The 'ID' field contains '31409221', 'Appropriateness' is 'Appropriate', and 'Score' is '8'. The 'Override Reason' field is empty. The window has 'Cancel' and 'Save' buttons at the bottom right. The background shows a sidebar with various menu options like 'Order', 'Exam', 'Codes', and 'History'.

*Claim Modifier	ME	Adheres to AUC
*Vendor G-Code	G1004	
*Vendor Name	Nat'l Dec Supp Co (NDSC)	
ID	31409221	
Appropriateness	Appropriate	
Score	8	
Override Reason		

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

AUC Deficiency and Utilization Report - HIM Dept: AHIM/Facility: ACUTE (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech,Joseph Jr (Papale,Michael) [EDT]

*From Service Date 06/12/2020
*Thru Service Date 06/20/2020

Restrict to Category

- Imaging Appropriateness MRI
- Imaging Appropriateness CT
- Imaging Appropriateness XR
- Imaging Appropriateness US

Restrict to Facility

Restrict to Registration Type

Restrict to Financial Class

Restrict to Provider

Include Orders With No Modifier ☒ Yes ☐ No ☐ Only

Restrict to AUC Modifier

Restrict to AUC Entry Type

- ☒ CDSM
- ☐ Manual Entry
- ☒ Exception
- ☐ Other Vendor
- ☐ Entered without AUC

OK ? ? ? ? ?

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 Procedure	CM Order Number	Status Priority	Order Doctor Phone #	Facility Order Source	Modifier AUC Entry Type	Name DOB	Status	Account #	Prim. Fin. Class Unit #
06/12/2020		IACT.RAD	200612-110512680	Logged	Earp, Kevin	ACUTE	MG	WALLACE, ELI			MCR
		UNMAPPED.IACT.RAD		Stat		PROVIDER	Exception	08/08/1980	ADM IN	AC0000063574	MR00039141
Errors: Procedure not mapped to CDSM											
06/14/2020 7:41 am		IACT.RAD	200614-074152287	Logged	Earp, Kevin	ACUTE	MH	PORTLY, 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	PORTLY, 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	PORTLY, VANESSA			MCR
		IABRAINWO.IAMRI.RAD		Stat		PROVIDER	Exception	02/15/1941	REG CLI	AC0000063762	MR00039248
06/14/2020 8:52 am		IAMRI.RAD	200614-085252556	Logged	Earp, Kevin	ACUTE	MH	PORTLY, 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	PORTLY, TYLER			MCR
		IABRAINWO.IAMRI.RAD		Urgent		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249
06/14/2020 9:00 am		IAMRI.RAD	200614-090130502	Logged	Earp, Kevin	ACUTE	MH	PORTLY, TYLER			MCR
		IABRAINWO.IAMRI.RAD		Stat		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249
06/14/2020 9:00 am		IAMRI.RAD	200614-090130502	Logged	Earp, Kevin	ACUTE	MH	PORTLY, TYLER			MCR
		IABRAINWW.IAMRI.RAD		Urgent		PROVIDER	Exception	08/08/1940	REG CLI	AC0000063764	MR00039249
06/14/2020 8:58 am		IAMRI.RAD	200614-182753142	Logged	Earp, Kevin	ACUTE	MH	VALEN, 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 ? ? ? ? ?

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)

The screenshot shows the 'MIS Parameters (M-AT)' window. The title bar indicates the user is 'Meditech, Joseph Jr (Papale, Michael) [EDT]' and the last edit was on '07/21/2020 1:43 pm'. The window contains several sections for configuration:

- ITS TEAM**: A dropdown menu.
- Extreme Circumstances Bypass AUC**: A list with 'ACUTE 1' selected.
- Clinical Facility**: A list with 'ACUTE 1', 'Acute', and 'Ambulatory'.
- Imaging Appropriate Use Criteria**:
 - Enable for Applications**: A list with 'AMB', 'ITS', and 'OM'.
 - Include Registration Types**: A list with 'Clinical', 'Emergency Dept', and 'Emergency Dept [ER]'.
 - Include Financial Classes**: A list with 'Blue Cross' and 'SPAUF'.
- ED Priority Exceptions**: A list with 'Emergent' selected. This section is highlighted with a red box.

On the right side, there are buttons for 'View', 'Edit', and 'Report'. At the bottom, there is a 'History' button and a 'Cancel' button. The bottom right corner contains a toolbar with icons for 'Save', 'Help', 'Print', 'Refresh', and 'Exit'.

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

Document Comment Text

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

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

CDSMVENG - CDSM Vendor G-Code Last Edit: 04/15/2020 1:52 pm

Main Elements

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

+ X

Element Long Name

Descriptor Text

Mnemonic E & M Coding Bullet Name

Document Comment Text

History Cancel Save ? [Icons]

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

Group Response Dictionary - HIM Dept: AHIM (UPD615/615.TESTF/615.TESTF) - (TEST 6.15) - MT,Meditech [EDT]

CDSM.VENDOR - CDSM Vendor Last Edit: 01/02/2019 11:52 am

Main Elements

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

+ X

Element Long Name

Descriptor Text

Mnemonic E & M Coding Bullet Name

Document Comment Text

View New Edit Report

History Cancel Save

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

Charge Description Master Parameters - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT]

Last Edit: 07/31/2020 1:59 pm

Special Codes Txn Queries Charge Rejections Physician Billing Facility

General Therapy AUC Imaging

Transaction Queries sent from Other Applications

AUC for Advanced Diagnostic Imaging Queries	
Vendor G-Code	CDSMVENG
Vendor Name	CDSMVENN

View Edit Report

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

Charge Description Master Parameters - (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT]

Last Edit: 08/27/2020 4:22 pm

Special Codes Txn Queries Charge Rejections Physician Billing Facility

General Therapy AUC Imaging

Transaction Queries sent from Other Applications

Charge Transaction Queries	
Duration	BAR.DURATION
Ambulance Point of Origin Zip	AMBZIP1
Chain of Custody	CUS
Single Dose Vial Wasted	MEDI.WASTE
Multi Dose Vial Used	MEDI.NWASTE
Performing LAB Site	LAB SITE

Medical Necessity Queries	
Valid Diagnosis	MDN.VALIDCD
Patient Signed ABN Waiver	MDN.PTSIGN2
ABN Comment	MDN.ABNCOM

Charge Transaction Modifier Queries	
Query 1	MDN.MOD1
Query 2	MDN.MOD2
Query 3	MDN.MOD3
Query 4	MDN.MOD4
Query 5	MDN.MOD5

Charge Transaction Diagnosis Queries	
Query 1	DIAG
Query 2	DIAGNOSIS
Query 3	
Query 4	

View Edit Report

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 the 'Screen Dictionary - Main' window. The title bar reads 'Screen Dictionary - HIM Dept: AHIM (MTUNV615/T6.1.5F/T6.1.5F.US) - Meditech, Joseph Jr [EDT]'. The window has a tabbed interface with tabs for 'Main', 'Screen Definitions', 'Preview Edit', and 'Preview View'. The 'Main' tab is active. The window title is 'AUC BAR ACCT - AUC CDSM BAR ACCT' and the last edit timestamp is '06/11/2020 9:48 am'. The main area contains a form for defining the screen. The 'Screen' field is 'AUC BAR ACCT'. The 'Mnemonic' field is 'AUC BAR ACCT'. The '*Active' field is a dropdown menu set to 'Yes'. The '*Name' field is 'AUC CDSM BAR ACCT'. The 'Data Record' field is 'Bar Account Transactions'. Below this is a section for 'Menu/Procedure Access allowable to edit' with three empty rows. On the right side of the window, there are three buttons: 'View', 'New', and 'Edit'.

Field	Value
Screen	AUC BAR ACCT
Mnemonic	AUC BAR ACCT
*Active	Yes
*Name	AUC CDSM BAR ACCT
Data Record	Bar Account Transactions

Menu/Procedure Access allowable to edit

View
New
Edit

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

AUC BAR ACCT - AUC CDSM BAR ACCT Last Edit: 06/11/2020 9:48 am

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

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

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

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

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

270.00

1

*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

Contrast X-Ray Spine

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]

AUC CPTS - AUC CPT Codes Last Edit: 06/11/2020 11:35 am

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]

AUC MODS - AUC Modifiers Last Edit: 06/11/2020 11:32 am

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 top right corner indicates 'Last Edit: 10/07/2019 8:54 am'. The main area has tabs: 'Main', 'Claim Checks', 'Fields', 'Detail', 'Codes', 'Claim Type Fields', and 'Custom Type Fields'. The 'Main' tab is active. It contains several sections: 'Claim Format' with a dropdown set to 'EIMCRO'; 'Mnemonic' set to 'EIMCRO'; '*Active' set to 'Yes'; '*Name' set to '837 Inst Medicare Outpatient'; 'Claim Program' set to '837 Institutional 5010 EDI'; '*Generation Group' set to '837 Institutional Claims'; 'Suppress Expected Payments' set to 'No'; '*Effective Date Event' set to 'Calendar Date'; and an 'Effective Date' field with '11/01/2014' selected. Below these is a 'Claim Types' section with a grid of checkboxes. The 'AUC for Imaging' checkbox is checked. Other checked boxes include 'Institutional', 'Laboratory', 'Outpatient', 'Critical Access', 'Medicare RHC/FQHC', and 'Medicare Secondary Payer'. At the bottom is a 'Claim Status Request' section with radio buttons for 'Queue Claim Status Request' (Auto, Manual, No), where 'No' is selected. On the right side of the window, there are buttons for 'View', 'New', 'Edit', and 'Report'.

Claim Types		
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Inpatient Medicare B	<input type="checkbox"/> Mother and Baby
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Inpatient Rehabilitation	<input checked="" type="checkbox"/> Drug Information
<input checked="" type="checkbox"/> AUC for Imaging	<input checked="" type="checkbox"/> Institutional	<input type="checkbox"/> No Pay/Benefit Exhaust
<input checked="" type="checkbox"/> Codes	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Outpatient
<input checked="" type="checkbox"/> Critical Access	<input type="checkbox"/> Leave Of Absence	<input type="checkbox"/> Secondary Provider IDs
<input type="checkbox"/> ESA/ESRD	<input type="checkbox"/> Medicare RHC/FQHC	<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Inpatient	<input checked="" type="checkbox"/> Medicare Secondary Payer	<input type="checkbox"/> Therapy

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]

EIMCRO - 837 Inst Medicare Outpatient Last Edit: 10/07/2019 8:54 am

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 Modifier List

Modifier Placement

Revenue Code for G-Code

Charge Amount for G-Code ☐ 0.00 ☒ 0.01

Include G-Code Amount in Claim Total ☒ Yes ☐ No

AUC CPT Codes

AUC Modifiers

End

Use Imaging Proc Rev Code

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>

Expanse Workflow Guides:

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

Questions

Please contact your MEDITECH Order Management or RCG Claims specialist.