

## Imaging Appropriate Use Claims Requirement

### *Expanse*

#### Release(s)

Expanse 2.1 pp 17

Expanse 2.2 pp 4

#### Overview

Within Expanse 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 can also be entered manually through the Scheduling to Order link in Community Wide Scheduling (CWS) and in Imaging and Documentation Management (IDM). 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 Parameter setup. The setup for the Revenue Cycle Management (RCG) application can be referenced in the Imaging Appropriate Use Criteria (AUC) Claims Billing Setup Guide.

#### MEDITECH Applications

- Ambulatory (AMB)
- Community Wide Scheduling (CWS)
- Emergency Department Management (EDM)
- Management Information Systems (MIS)
- Imaging and Documentation Management (IDM)
- 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 Imaging Appropriateness Decision Support overlay appears. The response to the reason for exam query seeds the indication list and the provider selects the clinical indication.

*Clinical > Web Acute Status Board > Order*

The screenshot shows the MEDITECH interface with the 'Imaging Appropriateness Decision Support' overlay. The overlay has a blue header with the title and patient information: 'stapler,wanda 66 F Allergy/Adv: Not Recorded'. Below the header are two tabs: 'SELECT INDICATION' (active) and 'RECOMMENDATIONS'. The 'SELECT INDICATION' tab contains a search bar with the text 'Order: CT head/brain wo con' and a red box around it. Below the search bar is a text input field with the text '\*Reason for Exam' and 'head trauma', also with a red box around it. To the right of the input field are two buttons: 'I can't find a match' and 'Emergent Patient Bypass'. Below the input field is a list of indications, each with a checkbox and a label. A red arrow points to the 'Head trauma, mod-severe' option. The list of indications includes: 'Head trauma, penetrating', 'Ataxia, post head trauma', 'Head trauma, mod-severe', 'Head trauma, visual loss', 'Head trauma, minor', 'Head trauma, vascular injury suspected', 'Injury, cranial nerve', 'Polytrauma, critical, head/C-spine injury suspected', 'Neoplasm: head', 'Skull fracture', and 'Hyperostosis, skull'. The background of the interface shows a navigation bar with icons for 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Discharge', 'Break', 'Compose', 'Menu', 'Settings', and 'Close'. The 'Orders' button is highlighted in the background.

Order Summary

Imaging Appropriateness Decision Support

stapler,wanda 66 F Allergy/Adv: Not Recorded

SAVE 1

Cancel Save

SELECT INDICATION RECOMMENDATIONS

Order: CT head/brain wo con

\*Reason for Exam head trauma

I can't find a match Emergent Patient Bypass

- ☐ Head trauma, penetrating
- ☐ Ataxia, post head trauma
- ☐ Head trauma, mod-severe
- ☐ Head trauma, visual loss
- ☐ Head trauma, minor
- ☐ Head trauma, vascular injury suspected
- ☐ Injury, cranial nerve
- ☐ Polytrauma, critical, head/C-spine injury suspected
- ☐ Neoplasm: head
- ☐ Skull fracture
- ☐ Hyperostosis, skull

Home Meds

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.

*Clinical > Web Acute Status Board > Orders*

**Order Summary**

**Imaging Appropriateness Decision Support** Cancel Save

stapler,wanda 66 F Allergy/Adv: Not Recorded

SELECT INDICATION **RECOMMENDATIONS**

Order: CT head/brain wo con

**Head trauma, mod-severe**

PROCEDURE	SCORE	COST	RELATIVE RADIATION LEVEL
<input checked="" type="radio"/> CT head/brain wo con	9	\$\$	☢☢☢
<input type="radio"/> MR head wo con (MRI)	2	\$\$	0
<input type="radio"/> MR head/brain wo con (MRI)	2	\$\$	0
<input type="radio"/> CT head/brain w con (CT)	1	\$\$	☢☢☢
<input type="radio"/> CT head/brain wo/w con (CT)	1	\$\$	☢☢☢
<input type="radio"/> MR head wo/w con (MRI)	1	\$\$\$	0
<input type="radio"/> MR head/brain wo/w con (MRI)	1	\$\$\$	0
<input type="radio"/> PET brain metabolic evaluation (PET)	1	\$	☢☢☢☢
<input type="radio"/> PET brain perfusion evaluation (PET)	1	\$	☢☢☢☢
<input type="radio"/> XR skull <4V (XR)	1	\$	☢
<input type="radio"/> XR skull min 4V (XR)	1	\$	☢

Home Meds

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 > Web Acute Status Board > Orders*

Return To

Home

Workload

Chart

Document

Orders

Discharge

Break

Compose

Menu

Settings

Close

Order Summary

SAVE 1

CURRENT

ENTER

RECONCILE

TRANSFER

Next Req Field >

Patient Claustrophobic

Yes

No

Reason for Exam

Imaging Appropriate Use Criteria

Claim Modifier

ME - Adheres to AUC

Vendor G-code

G1004

Vendor Name

Natl Dec Supp Co (NDSC)

ID

5146528

Appropriateness

9

Score

9

Override Reason

Clinical Indication

Head trauma, mod-severe

\*Problem (Required)

\*Diagnosis Code (Required)

stapler,wanda

66, F

MRN# MR00015989

ADM IN, Main ED

Acc#

MG0000018489

Code Status Not Ordered

No Hx Avail

Search Chart

Allergies

No Data to Display

Problems

ONSET

Abdominal aorta injury

Ankle fracture

Asthma

Vital Signs

No Data to Display

Home Meds

## Procedure Does Not Adhere to Appropriate Use Criteria

The provider clicks the Orders button and places an AUC-eligible procedure. Upon saving, the Imaging Appropriateness Decision Support overlay appears. The response to the reason for exam query seeds the indication list and the provider selects the clinical indication.

*Clinical > Web Acute Status Board > Order*

The screenshot shows a medical software interface with a top navigation bar containing buttons like 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Discharge', 'Break', 'Compose', 'Menu', and 'Close'. Below this is a 'Order Summary' section. A blue overlay titled 'Imaging Appropriateness Decision Support' is active, showing patient information 'stapler,wanda 66 F' and 'Allergy/Adv: Not Recorded'. The overlay has two tabs: 'SELECT INDICATION' (active) and 'RECOMMENDATIONS'. Under 'SELECT INDICATION', there is a text field 'Order: CT head/brain w con' and a 'Reason for Exam' field containing 'dizziness'. Below these are several checkboxes for clinical indications: 'Vertigo, peripheral', 'Vertigo, central', 'Dizziness, non-specific' (highlighted with a red arrow), 'Dizziness, dehydration or hypotension', 'Dizziness, arrhythmia or new vasoactive medication', and 'Dizziness, persistent/recurrent, cardiac or vascular cause suspected'. There are also buttons for 'I can't find a match' and 'Emergent Patient Bypass'. The bottom of the overlay shows a 'Home Meds' section.

Based on the clinical indication selected, the CT head/brain w con order receives a score of 1 indicating that it's not appropriate.

Clinical > Web Acute Status Board > Orders

Order Summary

Imaging Appropriateness Decision Support

stapler,wanda 66 F Allergy/Adv: Not Recorded

Cancel Save

SELECT INDICATION RECOMMENDATIONS

Order: CT head/brain w con

Dizziness, non-specific

PROCEDURE	SCORE	COST	RELATIVE RADIATION LEVEL
<input checked="" type="radio"/> CT head/brain w con	1	\$\$	☢☢☢
<input type="radio"/> CA dobutamine stress echo (CA)	2	\$\$	0
<input type="radio"/> CA echo stress exercise (CA)	2	\$\$	0
<input type="radio"/> CT head/brain wo con (CT)	2	\$\$	☢☢☢
<input type="radio"/> MR head wo con (MRI)	2	\$\$	0
<input type="radio"/> MR head/brain wo con (MRI)	2	\$\$	0
<input type="radio"/> US carotid doppler BI (US)	2	\$\$	0
<input type="radio"/> US carotid doppler LT (US)	2	\$\$	0
<input type="radio"/> US carotid doppler RT (US)	2	\$\$	0
<input type="radio"/> US carotid duplex BI (US)	2	\$\$	0
<input type="radio"/> US carotid duplex LT (US)	2	\$\$	0

Home Meds

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 > Web Acute Status Board > Orders*

**Order Summary** SAVE 2

**CURRENT** **ENTER** **RECONCILE** **TRANSFER**

Save As Set Next Req Field >

Reaction

**Imaging Appropriate Use Criteria**

Claim Modifier: MF - Does Not Adhere to AUC

Vendor G-code: G1004

Vendor Name: Natl Dec Supp Co (NDSC)

ID: 5146624

Appropriateness: 1

Score: 1

Override Reason: Consulted with Radiology

Clinical Indication: Dizziness, non-specific

\*Problem (Required)

\*Diagnosis Code (Required)

\*Start Date: Today

**stapler,wanda**  
66, F  
MRN# MR00015989

ADM IN, Main ED

Acc# MG0000018489 **Code Status Not Ordered**  
No Hx Avail

Search Chart

**Allergies**  
No Data to Display

**Problems**  
ONSET  
Abdominal aorta injury  
Ankle fracture  
Asthma

**Vital Signs**  
No Data to Display

**Home Meds**

## 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 > Web Acute Status Board > Orders

The screenshot displays the 'Imaging Appropriateness Decision Support' window within a clinical application. The window title bar includes 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Discharge', 'Break', 'Compose', 'Menu', 'Settings', and 'Close'. The main content area shows an 'Order Summary' for 'stapler, wanda 66 F' with 'Allergy/Adv: Not Recorded'. The 'SELECT INDICATION' tab is active, showing a list of indications for 'CT lumbar spine w con'. The 'Reason for Exam' is 'back pain'. A red box highlights the message 'I can't find a match' next to the 'Emergent Patient Bypass' option. The 'SAVE' button is also highlighted with a red box. The 'Home Meds' section is visible at the bottom right.

Order Summary

stapler, wanda 66 F (Allergy/Adv: Not Recorded)

Imaging Appropriateness Decision Support

Cancel Save

SELECT INDICATION RECOMMENDATIONS

Order: CT lumbar spine w con

\*Reason for Exam back pain

I can't find a match Emergent Patient Bypass

☐ Back pain or radiculopathy, > 6 wks

☐ Back pain, progressive neurologic deficit

☐ Back pain or radiculopathy, trauma

☐ Back pain or radiculopathy, immunocompromised

☐ Back pain or radiculopathy, osteoporosis presence or risk

☐ Back pain or radiculopathy, cancer or infection suspected

☐ Back pain or radiculopathy, < 6 wks, uncomplicated

☐ Back pain, cauda equina syndrome suspected

☐ Back pain or radiculopathy, prior surgery, new symptoms

Home Meds



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

## Additional Notes

- *No Content* exams do not require the user to interact with the AUC overlay. 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 AUC overlay to allow selection of a Clinical Indication, in case that changes the score. Once one is selected, if there is no score, it displays as:

### Clinical > Web Acute Status Board > Orders

**Order Summary** SAVE 1

CURRENT ENTER RECONCILE TRANSFER Next Req Field >

**Imaging Appropriate Use Criteria**

Claim Modifier	MG - No AUC Available
Vendor G-code	G1004
Vendor Name	Natl Dec Supp Co (NDSC)
ID	5143917
Appropriateness	No Score
Score	
Override Reason	

\*Problem (Required)

\*Diagnosis Code (Required)

\*Start Date: Today

Start Time: 16:51

\*Freq: Routine

Notify

**stapler,wanda**  
66, F  
MRN# MR00015989

ADM IN, Main ED

Acc# MG0000018489 Code Status Not Ordered  
No Hx Avail

Search Chart

**Allergies**  
No Data to Display

**Problems**  
ONSET  
Abdominal aorta injury  
Ankle fracture  
Asthma

**Vital Signs**  
No Data to Display

**Home Meds**

## Extreme & Uncontrollable Circumstances

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

*Clinical > Web Acute Status Board > Orders*

The screenshot displays the MEDITECH Orders interface. The top navigation bar includes 'Return To', 'Home', 'Chart', 'Document', 'Orders', 'Discharge', 'Sign', 'Workload', 'Menu', and 'Close'. The 'Orders' tab is active, showing a 'SUBMIT 1' button. Below the navigation bar, there are tabs for 'CURRENT', 'ENTER', 'RECONCILE', and 'TRANSFER'. The 'ENTER' tab is selected, and there are buttons for 'Add New' and 'Process Orders'. A search bar is present with the text 'Search All' and a filter dropdown set to 'All'. The main content area shows a list of orders for 'CT head/brain w con [CT] Routine'. The first order is highlighted, showing details: 'CT head/brain w con [CT] Routine', 'Ordered 06/18/2020 15:52', 'Routine', 'New', and '06/18/2020 16:16'. Below the order details, there is a section for 'Reason For Exam' and 'Imaging Appropriate Use Criteria'. The 'Claim Modifier' field is highlighted with a red box, showing 'MD - Uncontrolled Circumstance'. Other fields include 'Vendor G-code', 'Vendor Name', 'ID', 'Appropriateness', 'Score', and 'Override Reason'. On the right side, there is a patient information panel for 'Fallow, Joshua', '77, M', '07/07/1942', 'MRN# MR00017831'. It also shows 'ADM INO, IN1MCAHSN IN1CAHSNR2 -2', 'Acc# MC0000002631', and 'Code Status Not Ordered No Hx Avail'. Below this, there are sections for 'Allergies', 'Problems', 'Special Indicators', and 'Medications', all showing 'No Data to Display'. At the bottom, there are date and time pickers for '\*Start Date' (Today) and 'Start Time' (16:16).

## Emergency Exception

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

*Clinical > ED Tracker > Chart*

The screenshot displays the MEDITECH ED Tracker Chart interface for patient Fox, Lenny (77, M, MRN# MR00101254). The 'Orders' tab is selected in the top navigation bar. The interface is divided into several sections:

- Summary:** Shows widget data for 06/19/2020 (PRE ER). The 'Triage' section indicates 'Priority' as 'Emergent'.
- Current Medications:** Shows 'No Data to Display'.
- Care Team:** Lists 'Temporary Provider' and 'Emergency Provider'.
- Orders Snapshot:** Shows 'No Data to Display'.
- Patient Demographics:** Includes fields for Portal, Address, Next of Kin, Person to Notify, and Primary Insurance.
- Right Sidebar:** Contains patient information, account number (MG0000039850), resus status (Not Ordered), allergies, special indicators, and vitals.

When the patient's ED priority is listed in the Emergency Bypass parameter, the AUC overlay 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 > ED Tracker > Orders*

**Order Summary** SAVE 1

**CURRENT** **ENTER** **RECONCILE** **TRANSFER**

Additional Notes/Special Instructions

**Imaging Appropriate Use Criteria**

Claim Modifier: MA - Emergent Condition

Vendor G-code

Vendor Name

ID

Appropriateness

Score

Override Reason

Problem

Diagnosis Code

\*Start Date: Today

Start Time: 10:10

\*Freq: Urgent

**Fox, Lenny**  
77, M  
MRN# MR00101254

PRE ER, Emergency Room

Acc# MG0000039850 **Resus Status Not Ordered**  
No Hx Avail

Search Chart

**Allergies**  
No Data to Display

**Special Indicators**  
No Data to Display

**Vitals - Initial & Most Recent**  
No Data to Display

**Current**  
No Current Problems on File

Orders Snapshot

## 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 (DEVN.US)**

Smith, Robert  
68 M  
REG CLI RAD.MTGH  
Resus Status Not Ordered  
No Hx Avail  
MG0000039853  
None  
MR00101258  
D45641847  
Allergy/Adv: Not Recorded

Orders | OV Order ID

User: MT  
Order Status: Logged  
Patient: MG0000039853 SMITH, ROBERT

Technologist: JABATE  
Attend Dr: JABATE  
\* Order Doctor: JABATE  
Arrival Time: W  
Source: W

	Category	* Procedure	Procedure Name	* Priority	Qty	* Date	Time	Dur	Series
1	CT	ANKLTW	CT ankle LT w con	R	1	T+			
2									
3									

Category Screen | Procedure Screen

Mode of Transport:   
Comment:

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 lookups. After selecting the Vendor GCode, 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 > Manual AUC*

**RAD.STD - Technologist Desktop (DEVN.US)**

Return To: **E**

Smith, Robert  
68 M  
REG CLI RAD.MTGH  
Resus Status Not Ordered No Hx Avail MG0000039853 MR00101258  
None D45641847  
Allergy/Adv: Not Recorded

Orders OV Order ID

**RAD.STD - Imaging AUC**

\* Claim Modifier ME Adheres to AUC

\* Vendor G-Code G1003

\* Vendor Name Medicalis

ID 31409221  
Appropriateness Score 8  
Override Reason

Cancel Save

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

## Monitoring Utilization & Deficiencies

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

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

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

Return To

**AUC Deficiency and Utilization Report (DEV.US)**

More

Close

\* From Service Date

06/12/2020

\* Thru Service Date

06/19/2020

Restrict to Category

MRI

CT Scan

Nuclear Medicine

PET

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

MEDITECH												
1 MEDITECH Circle												
Imaging Appropriate Use Criteria Deficiency and Utilization Report												
Service Dates: 06/18/2020 - 06/19/2020												
Page: 1 of 3												
Date: 06/19/2020 15:30												
User: JOBS, Meditech DONOT EDIT												
Service												
Date	Time	Category	OM Order Number	Status	Order Doctor	Facility	Modifier	Name	Status	Account #	Unit #	Prim. Fin. Class
Procedure	Priority	Phone #	Order Source	AUC Entry Type	DOB	Account #	Unit #					
06/18/2020		CT.RAD	200618-095404655	Logged	LaPorte, Leonlongnamefortestng	MTGH	MC	LAPORTE, ALICE B	SP			
HEADNO, CT.RAD	Routine	781-774-3676	W	CDSM	01/01/1951	DIS IN	MG0000019751	MR00092316				
06/18/2020		MR.RAD	200617-190226163	Logged	Parker, Sarah	MTGH	ME	Parker-Jenkins, Amber	SP			
HEADNW, MR.RAD	Routine		PROVIDER	CDSM	07/31/1980	PRI CLI	MG0000039771	MR00101205				
06/18/2020		PET.RAD	200618-161843802	Logged	Parker, Sarah	MTGH	<No Modifier>	Meddy, Katie	MCD			
LM, PET.RAD	Urgent		PROVIDER		07/31/1980	PRI CLI	MG0000039831	MR00101204				
06/18/2020		NM.RAD	200618-155828901	Verified	Parker, Sarah	MTCH	MG	Meddy, Katie	MCD			
KNORDER	Routine		PROVIDER	Exception	07/31/1980	RES CLI	MG0000000235	MR00101204				
Errors: Procedure not mapped to CDSM												
06/18/2020 07:37		CT.RAD	200618-073719326	Unverified	ALEXANDER, DEBBIE	CH	<No Modifier>	Alexander, Colette	SP			
ABDPFLW, CT.RAD	Routine		PROVIDER		11/24/1987	ADM IN	CH0000000160	CR00000871				
06/18/2020 08:49		CT.RAD	200618-085028513	Logged	Mt, Meditech	MTGH	MG	Picard, Adam	MCR			
ABDPFLW, CT.RAD	Routine	DO NOT EDIT USER	W	CDSM	01/17/1985	ADM IN	MG0000039464	MR00004707				
06/18/2020 09:02		CT.RAD	200618-090309578	Logged	Mt, Meditech	MTGH	MG	Picard, Adam	MCR			
HEADNW, CT.RAD	Routine	DO NOT EDIT USER	W	CDSM	01/17/1985	ADM IN	MG0000039464	MR00004707				
06/18/2020 09:23		CT.RAD	200618-092339538	Unverified	Durant, Christine	MTGH	MA	Sanders, Olivia	SP			
ABDPFLW, CT.RAD	Routine		PROVIDER	Exception	02/15/1986	ADM IN	MG0000039782	MR00101214				
06/18/2020 12:36		CT.RAD	200618-123720765	Completed	Roychowdhury, Patralekha	MTGH	<No Modifier>	Black, Jack Joe	SP			
AGARD, CT.RAD	Routine	508-100-0101	W		09/10/1918	DIS SDC	MG0000039803	MR00101223				
06/18/2020 13:19		CT.RAD	200617-151803401	Logged	Melachouris, William	MTGH	MG	Document, Will	SP			
ABNO, CT.RAD	Routine		PROVIDER	CDSM	05/22/1996	ADM IN	MG0000038281	MR00100571				
06/18/2020 16:00		CT.RAD	200616-155726341	Logged	Mt, Meditech	MTGH	MA	mich, one	SP			
ABOW, CT.RAD	Routine	DO NOT EDIT USER	W	Manual Entry	06/12/1965	ADM IN	MG0000039567	MR00101107				
06/18/2020 19:03		CT.RAD	200618-110040131	Logged	Parker, Sarah	MTGH	ME	Parker-Jenkins, Clinton	MCR			
ABOW, CT.RAD	Urgent		PROVIDER	CDSM	05/04/1938	PRI CLI	MG0000039800	MR00101219				

MEDITECH - 16 of 31  
Last Updated: May 13, 2021



## 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 > Parameters (M-AT)*

**MIS Parameters (M-AT) (DEV21.US)** Last Edit: 06/08/20 07:55

General Coding Direct **Clinical** Acceptable Use

Default Patient's Facility for Referral Lookup Yes

Imaging Appropriate Use Criteria

CDSM - Queries	
Claim Modifier	CDSMCLMOD
Vendor G-code	CDSMVENG
Vendor Name	CDSMVENN
ID	AUC.ID
Appropriateness	AUC.APPR
Score	AUC.SCORE
Override Reason	AUC.OVERRIDE

Reason For Exam - Queries

ITS.REASON

Extreme Circumstances Bypass AUC

MEDITECH Critical Access

MEDITECH Memorial Hospital

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 > Parameters (M-AT)*

**MIS Parameters (M-AT) (DEV.US)** Last Edit: 06/19/2020 08:46

Return To More Close

MEDITECH Critical Access  
MEDITECH Memorial Hospital

Facility  
MEDITECH Critical Access  
MEDITECH Memorial Hospital  
**MEDITECH General Hospital**

**Dose Range Checks**

Renal Lab Test

Hepatic Lab Test

From Age	Sex	Low Acceptable	High Acceptable

**Imaging Appropriate Use Criteria**

Enable for Applications  
AMB  
ITS  
OM

Include Registration Types  
Clinical  
Emergency  
Inpatient

Include Financial Classes  
Blue Cross  
Commercial  
Medicare

**ED Priority Exceptions**  
Resuscitation  
Emergent  
Urgent

History Cancel ?

View  
Edit  
Report

## 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*

MEDITECH Gen. Hosp. - DEV21.US		Group Response Dictionary (Detail)		Page: 1	
1 MEDITECH Circle		Include Detail: All		Date: 07/07/2020 10:23	
Westwood, MA 02090				User: Mt,Meditech	
Mnemonic	CDSMCLMOD	Name CDSM Claim Modifier	Active Yes	Status	
Maximum Element Length 10					
Element Mnemonic	Element Name	Rank	Value	Normal	Element Long Name
MA	Emergent Condition				
MB	Insufficient Internet				
MC	EHR/CDSM Issue				
MD	Uncontrolled Circumstance				
ME	Adheres to AUC				
MF	Does Not Adhere to AUC				
MG	No AUC Available via CDSM				
MH	No AUC Provided for Order				
QQ	CDSM Consulted				
Query	Active Text				
CDSMCLMOD	Yes	CDSM Claim Modifier			

## 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.

## Vendor G-Code Query

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

MEDITECH Gen. Hosp. - DEV21.US		Group Response Dictionary (Detail)		Page: 1	
1 MEDITECH Circle		Include Detail: All		Date: 07/07/2020 11:09	
Westwood, MA 02090				User: Mt,Meditech	
Mnemonic	CDSMVENG	Name	CDSM Vendor G-Code	Active	Yes Status
Maximum Element Length 10					
Element Mnemonic	Element Name	Rank	Value	Normal	Element Long Name Active
G1001	eviCore healthcare				
G1002	MedCurrent OrderWise				
G1003	Medicalis				
G1004	NDSC CareSelect				
G1005	Natl Imaging Assoc RadMD				
G1006	Test Appropriate				
G1007	AIM Specialty Health				
G1008	Cranberry Peak esCDS				
G1009	Sage Health Mgmt RadWise				
G1010	Stanson CDS				
G1011	Not Otherwise Specified				
G1012	AgileMD's CDSM				
G1013	EvidenceCare Imaging Adv				
G1014	InveniQA Semantic Answers				
G1015	Reliant Medical Group				
G1016	Speed of Care				
G1017	HealthHelp				
G1018	INFINK				

MEDITECH Gen. Hosp. - DEV21.US		Group Response Dictionary (Detail)		Page: 2
1 MEDITECH Circle		Include Detail: All		Date: 07/07/2020 11:09
Westwood, MA 02090				User: Mt,Meditech
G1019		LogicNets AUC Solution		
<hr/>				
Query	Active Text			
CDSMVENG	Yes	CDSM Vendor G-Code (Optional)		
CDSMVENG	Yes	CDSM Vendor G-Code (Group Response)		

In the case where the CDSM vendor is not provided or does not appear on the list of Vendor G-Codes, the G-Code of G1011 can be applied and the vendor name can be entered, or the response: “this is a new AUC vendor” can be chosen.

### Vendor Name (Unspecified G-Code/Vendor)

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

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

MEDITECH Gen. Hosp. - DEV21.US				Group Response Dictionary (Detail)				Page: 1	
1 MEDITECH Circle				Include Detail: All				Date: 07/07/2020 11:15	
Westwood, MA 02090								User: Mt,Meditech	
Mnemonic		CDSMVNO		Name CDSM Vendor Name		Active Yes		Status	
Maximum Element Length 10									
Element Mnemonic		Element Name		Rank	Value	Normal	Element Long Name		Active
1		This is a new AUC 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*

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

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 Transaction Queries	
Duration	
Ambulance Point of Origin Zip	AMB.ZIP
Chain of Custody	CUSTODY
Single Dose Vial Wasted	MEDI.WASTE
Multi Dose Vial Used	MEDI.NWASTE
Performing LAB Site	

Medical Necessity Queries	
Valid Diagnosis	MDN.VALICD
Patient Signed ABN Waiver	MDN.PTSIGN
ABN Comment	

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	
Query 3	
Query 4	

## 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 (M-AT)*

The screenshot shows the 'Screen Dictionary (DEV21.US)' window. The title bar includes 'Return To' and 'More' buttons. The main area is titled 'CDSM BAR ACCT - CDSM BAR Account' with a 'Last Edit: 02/13/20 13:14' timestamp. Below the title bar are tabs for 'Main', 'Screen Definitions', 'Preview Edit', and 'Preview View'. The 'Main' tab is active, showing a 'Screen' dropdown set to 'CDSM BAR ACCT'. Below this is a table with the following data:

Mnemonic	CDSM BAR ACCT
Active	Yes
Name	CDSM BAR Account
Customer-Defined Data Record	Bar Account Transactions
Menu/Procedure Access allowable to edit	

The screenshot shows the 'Screen Dictionary (DEV21.US)' window with the 'Screen Definitions' tab active. The title bar includes 'Return To' and 'More' buttons. The main area is titled 'CDSM BAR ACCT - CDSM BAR Account' with a 'Last Edit: 02/13/20 13:14' timestamp. Below the title bar are tabs for 'Main', 'Screen Definitions', 'Preview Edit', and 'Preview View'. The 'Screen Definitions' tab is active, showing a table with the following data:

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

Below the table are fields for 'On Entry Rule', 'On Exit Rule', 'Text', and 'Print'. Below these are two tables for query definitions:

Type	Query	Text	Lines
Query	CDSMVENG	CDSM Vendor G-Code (Optional)	
Query	CDSMVENN	CDSM Vendor Name (Comment)	

Below the query tables are fields for 'Default', 'Default String', 'Default Rule', 'Editable Rule', 'Required Rule', 'Required Rule', 'Suppress Rule', 'Suppress Rule', 'Valid Response Rule', 'On Change Rule', and 'On After Change Rule'.

The above setup will need 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 will 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 will allow for entering and editing. Otherwise, the CDSs can be defined on specific charge codes in the CDM.

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

Charge Category Dictionary (DEV21.US)

032x - Radiology - Diagnostic Last Edit: 05/01/20 12:18

Main Requirements

Batch Screen	Account Screen	Requirements	Action	Suppress Warning
Customer Defined Screen				
CDSM BAR Batch Txn	CDSM BAR Account			
Medical Necessity				
Modifier				
Ordering/Referring Provider				

View Report



Customer Defined Screens can also be 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 > Txn Detail*

E

Return To

Charge Description Master Dictionary (DEV21.US)

More

Close

31101100 - Cytology Molecular

Last Edit: 02/19/2020 08:20

Main

Prices

GL Data

Txn Detail

Claims

Reimbursement

Phys Fee Sch

CDS

Components

Facility

Active

DO NOT EDIT - Coll by Acct

Yes

MEDITECH Ambulatory Practice

Yes

MEDITECH Behavioral Health

Yes

MEDITECH Critical Access

Yes

MEDITECH General Hospital

Yes

Charge Amount Editable

Yes

No

Eligible for Client Discount

Yes

No

Customer Defined Screen

Batch Screen

CDSM BAR Batch Txn

Account Screen

CDSM BAR Account

Requirements

Performing Provider

Use ER Provider as Performing Provider

Ordering/Referring Provider

Supervising Provider

Rejection

Account Check

Rejection

Account Check

Rejection

Account Check

Rejection

Account Check

Suppress Warning

View

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 can then be used 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 example of charge entry using Quick Transactions in the Patient Accounting Desktop with newly available CDS and Queries below.

Post Charge							
Journal: CHG GEN				Total Amount: 100.00		Total Quantity: 1	
* Service Date	Service Time	Rev Site/Perf Loc	* Charge Code	* Qty	* Amount	Total Amount	Cost
06/29/20			31101100	1	100.00	100.00	
+ x							
Description: Cytology Molecular							
Modifiers							
Mod 1: <input type="text"/>							
Mod 2: <input type="text"/>							
Mod 3: <input type="text"/>							
Mod 4: <input type="text"/>							
Mod 5: <input type="text"/>							
LAB Site							
Performing LAB Site: <input type="text"/>							
Customer Defined Query							
AUC CDSM Info							
CDSM Vendor G-Code (Optional): <input type="text"/>							
CDSM Vendor Name (Comment): <input type="text"/>							

## 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 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 will be referenced by the claim for the AUC modifier placement.

*Financial > Patient Accounting > Dictionaries > Claim > Data Set*

**Claim Data Set Dictionary (DEV21.US)**

AUC HCPCS - AUC HCPCS Last Edit: 06/30/2020 17:12

Claim Data Set: AUC HCPCS

Mnemonic: AUC HCPCS  
 Active: Yes  
 Name: AUC HCPCS  
 Type: List  
 Use Dictionary:   
 Panel Code:

**Data Values**

72126
74160
74177
74178
76498

**Data Value Ranges**

From	Thru
70480	70482
70486	70488
70542	70549
70551	70555
78012	78016

[View](#)  
[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 will enable the fields on the Claim Type Fields tab.

*Financial > Patient Accounting > Dictionaries > Claim > Format*

**Claim Format Dictionary (TEST21.CMS)**

EIMCRO - 837 Inst Medicare Outpatient Last Edit: 01/22/2020 11:44

[Main](#) [Claim Checks](#) [Fields](#) [Detail](#) [Codes](#) [Claim Type Fields](#) [Custom Type 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: 01/01/2007

**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"/> Institutional Rehabilitation	<input type="checkbox"/> Drug Information
<input checked="" type="checkbox"/> <b>AUC for Imaging</b>	<input type="checkbox"/> Institutional	<input type="checkbox"/> No Pay/Benefit Exhaust
<input checked="" type="checkbox"/> Codes	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Outpatient
<input 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 checked="" type="checkbox"/> Therapy

**Claim Status Request**

Queue Claim Status Request: ☐ Auto ☐ Manual ☐ No

[View](#)  
[Edit](#)  
[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 > Format

The screenshot displays the 'Claim Format Dictionary (TEST21.CMS)' window. The 'Appropriate Use Criteria for Advanced Diagnostic Imaging' section is highlighted with a red box. This section contains the following settings:

- AUC HCPCS/CPT List: [Empty field]
- AUC Modifier List: [Empty field]
- Modifier Placement: **End** (selected from a dropdown menu)
- Revenue Code for G-Code: **Use Imaging Proc Rev Code** (selected from a dropdown menu)
- Charge Amount for G-Code: **0.01** (selected from radio buttons)
- Include G-Code Amount in Claim Total: **Yes** (selected from radio buttons)

Other visible settings include 'Referral Type Priority' (dropdown), 'Institutional' options (Payer ID, Health Plan ID, Override), and various checkboxes for reporting and suppression.

## Revenue Cycle: Optional AUC Functionality & Setup

### Account Checks: AUC VENDOR NAME

- This check will fail 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 will fail 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 will fail 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 will report on claims:

**Note:** The Ordering Provider's NPI will only generate if the Ordering/Referring Txn 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

- The Imaging Charge Procedure and Modifier will print on the 2400/SV2 loop and segment.
- The AUC G-Code will print 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, will depend on the settings of the AUC for Imaging Claim Type within the Claim Format.

An example of an 837 Professional Claim with the Imaging Charge Procedure service line and the G-Code service line:

Financial > Patient Accounting > Patient Accounting Desktop

**Patient Accounting Desktop (DEV21.US)**

Return To: Shaw, Lois Anna 65 F 11/07/1954 REG ER 03/09/2020 15:12 - Spec Indicators: None CIGNA ER MG0000024108 4,840.01 BD MR00013280 D111111411

Provider Subscriber Patient Claim Services

Bill: 2 Insurance: CIGNA Claim: GH 837PROF CSID: MGAA0000501368

Loop/Segment	Segment Name
1 2400/SV1	Professional Service Line Segment
1 2400/DTP01	Date - Service Date
1 2400/REF04	Line Item Control Number
2 2400/SV1	Professional Service Line Segment
2 2400/DTP01	Date - Service Date

SV1\*HC:74178;25;GA:ME\*135\*UN\*1\*22\*\*1~

Field	Field Name	Field Value
2400/SV1-1/01/01	Service Line - Proc Id Qualifier	HC
2400/SV1-1/01/02	Service Line - Procedure Code	74178
2400/SV1-1/01/03	Service Line - Procedure Modifier	25
2400/SV1-1/01/04	Service Line - Procedure Modifier	GA
2400/SV1-1/01/05	Service Line - Procedure Modifier	ME
2400/SV1-1/01/06	Service Line - Procedure Modifier	
2400/SV1-1/01/07	Service Line - Description	
2400/SV1-1/02	Service Line - Line Item Charge Amount	135

**Patient Accounting Desktop (DEV21.US)**

Return To: Shaw, Lois Anna 65 F 11/07/1954 REG ER 03/09/2020 15:12 - Spec Indicators: None CIGNA ER MG0000024108 4,840.01 BD MR00013280 D111111411

Provider Subscriber Patient Claim Services

Bill: 2 Insurance: CIGNA Claim: GH 837PROF CSID: MGAA0000501368

Loop/Segment	Segment Name
1 2400/SV1	Professional Service Line Segment
1 2400/DTP01	Date - Service Date
1 2400/REF04	Line Item Control Number
2 2400/SV1	Professional Service Line Segment
2 2400/DTP01	Date - Service Date

SV1\*HC:G1011;::::GHIMAGE\*0\*UN\*1\*22\*\*1~

Field	Field Name	Field Value
2400/SV1-2/01/01	Service Line - Proc Id Qualifier	HC
2400/SV1-2/01/02	Service Line - Procedure Code	G1011
2400/SV1-2/01/03	Service Line - Procedure Modifier	
2400/SV1-2/01/04	Service Line - Procedure Modifier	
2400/SV1-2/01/05	Service Line - Procedure Modifier	
2400/SV1-2/01/06	Service Line - Procedure Modifier	
2400/SV1-2/01/07	Service Line - Description	GHIMAGE
2400/SV1-2/02	Service Line - Line Item Charge Amount	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 will print in field 80 if the G-Code is G1011. The field references which service line has the G-Code, followed by a colon and then the vendor name. For example, if G-Code G1011 was on line 3 and the Vendor Name was AgileMD, field 80 would print: 3:G1011:AgileMD.
- The Ordering Provider's NPI prints in field 80. The field references the service line number of the Imaging Procedure followed by a colon, and then the DK qualifier and the NPI number. For example, if the AUC imaging procedure was on line 2 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, will depend 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, will depend 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.