

Imaging Appropriate Use Claims Requirement

MAGIC

Release(s)

MAGIC 5.67 pp35

Overview

Within Provider Order Management and Ambulatory Order Management (AOM), 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 Entry link in Community Wide Scheduling (CWS) and in Imaging and Therapeutic Services (ITS) or \$T Radiology (RAD). 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 Claims Dictionary setup.

MEDITECH Applications

- Ambulatory Order Management (AOM)
- Community Wide Scheduling (CWS)
- Emergency Department Management (EDM)
- Management Information Systems (MIS)
- Imaging and Therapeutic Services (ITS) or \$T Radiology (RAD)
- Provider Order Management (POM)
- Claims (CL)

MEDITECH's Recommended Workflow

Procedure adheres to Appropriate Use Criteria

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

Emergency Department Management > Provider Order Management > Orders > NDSC UI

The screenshot displays the NDSC UI for a patient named FOX, LENNY, 87, Male, born 03/03/1933. The patient's U# is 0000016668 and A# is 000000424710. The ordering provider is MEDITECH, FRANK OT, and the location is ED. The interface shows a search for a reason for exam, with 'head trauma' entered. The results are focused on head trauma (12), and 'Head trauma, mod-severe' is selected. The appropriateness for a 87 Year Old Male is shown, with 'IA CT head/brain wo con' having a score of 9, indicated by a green bar and four dollar signs (\$\$\$\$). The 'Confirm & Order' button is highlighted. Below this, 'Other Alternative Exams' are listed, including 'IA MR head wo con' with a score of 2, indicated by a red bar and two dollar signs (\$\$).

FOX, LENNY 87 Male 03/03/1933 U#: 0000016668 A#: 000000424710
REG ER Ordering Provider: MEDITECH, FRANK OT 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 87 Year Old Male

View Evidence for Exams
— Requested Exam —

IA CT head/brain wo con
9
\$\$\$\$

Confirm & Order Cancel Order

— Other Alternative Exams —

IA MR head wo con
2
\$\$

Replace & 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.

Emergency Department Management > Provider Order Management > Review Patient's Orders > Imaging Appropriate Use Criteria

OE.P (AI/S5.6.7.MIS/1004/.) - MEDITECH,USER MD.

Review Patient's Orders Thu, Aug 6

FOX, LENNY - 87/M DOB 03/03/33 REG ER ED
U/A 0000016668/000000424710

Allergies/ADRs:

Preview/Edit

Add More Add to Favorites
Clear Unchecked Save as Set

Enter/Edit Responses : IA CT head/brain wo con

Procedure Ordered

Imaging Appropriate Use Criteria

Test Ordered
IA CT head/brain wo con

| | | |
|-----------------|--------------------------|----------------|
| Claim Modifier | ME | Adheres to AUC |
| Vendor G-Code | G1004 | |
| Vendor Name | Natl Dec Supp CareSelect | |
| ID | 5270952 | |
| Appropriateness | 9 | |
| Score | 9 | |
| Override Reason | | |

Close

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 UI launches. The response to the *reason for exam* query seeds the indication list and the provider selects the clinical indication. 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.

Emergency Department Management > Provider Order Management > Orders > NDSC UI

Appropriate Use Criteria Desktop

d567mg-restapps-stable.meditech.com/AUCViewer/index.html

FOX, LENNY 87 Male 03/03/1933 U#: 0000016668 A#: 000000424710
REG ER Ordering Provider: MEDITECH, FRANK OT Location: ED

Cancel IA CT head/brain w con

Clinical Decision Support for
IA CT head/brain w con

Search for a Reason for Exam

dizziness

Dizziness, non-specific

Results focused on dizziness (6) Reset

- ☐ Dizziness, arrhythmia or new vasoactive medication
- ☐ Dizziness, dehydration or hypotension
- ☒ Dizziness, non-specific
- ☐ Dizziness, persistent/recurrent, cardiac or vascular cause suspected
- ☐ Vertigo, central
- ☐ Vertigo, peripheral

Appropriateness for a 87 Year Old Male

— Requested Exam —

IA CT head/brain w con

1

Confirm & Order Cancel Order

— Other Alternative Exams —

IA CT head/brain wo con

2

Replace & Order

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.

Emergency Department Management > Provider Order Management > Review Patient's Orders > Imaging Appropriate Use Criteria

OE.P (AI/S5.6.7.MIS/931/) - MEDITECH,USER MD.

Review Patient's Orders Tue, Aug 11

FOX,LENNY - 87/M DOB 03/03/33 REG ER ED
U/A 0000016668/000000424710

Allergies/ADRs:

Preview/Edit

Add More Add to Favorites
Clear Unchecked Save as Set

Enter/Edit Responses : IA CT head/brain w con

Procedure Ordered

Imaging Appropriate Use Criteria

Test Ordered
IA CT head/brain w con

| | | |
|-----------------|--------------------------|------------------------|
| Claim Modifier | MF | Does Not Adhere to AUC |
| Vendor G-Code | G1004 | |
| Vendor Name | Natl Dec Supp CareSelect | |
| ID | 5283821 | |
| Appropriateness | 1 | |
| Score | 1 | |
| Override Reason | Consulted with Radiology | |

Close

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-ed 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.

Emergency Department Management > Provider Order Management > Orders > NDSC UI

The screenshot shows a web browser window with the URL `d567mg-restapps-stable.meditech.com/AUCViewer/index.html`. The page displays patient information for FOX, LENNY, 87, Male, born 03/03/1933, with U# 0000016668 and A# 000000424805. The ordering provider is MEDITECH, FRANK OT, and the location is ED. The main content area is titled 'Clinical Decision Support for IA CT wrist LT w con' and prompts the user to 'Search for a Reason for Exam'. A search bar contains the text 'PAIN'. Below the search bar, a red box highlights the message 'I Can't Find a Match'. Below this, a section titled 'Results focused on PAIN (23)' lists 23 potential reasons for the exam, each with a checkbox. The list includes: 'Soft tissue infection suspected, wrist, initial exam', 'Wrist pain, carpal tunnel syndrome suspected, neg xray', 'Wrist pain, ganglion cyst suspected, neg xray', 'Wrist pain, gout suspected', 'Wrist pain, infection suspected', 'Wrist pain, inflammatory arthritis suspected, neg xray', 'Wrist pain, initial exam', 'Wrist pain, lateral/radial, neg xray', 'Wrist pain, medial/ulnar, neg xray', and 'Wrist pain, occult fracture suspected, nondiagnostic xray'.

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

Additional Notes

- *No Content* exams do not require the user to interact with the NDSC UI. In the background, the Vendor, G-Code, and MG modifier are automatically applied. There is no value in the Appropriateness or Score fields.
- 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, it displays below as:

Emergency Department Management > Provider Order Management > Review Patient's Orders > Imaging Appropriate Use Criteria

OE.P (AI/S5.6.7.MIS/1048/) - MEDITECH,USER MD. Tue, Aug 18

Review Patient's Orders

FOX, LENNY - 87/M DOB 03/03/33 PRE ER ED U/A 0000016668/000000424805

Allergies/ADRs:

Preview/Edit

Add More Add to Favorites
Clear Unchecked Save as Set

Enter/Edit Responses : IA CT wrist LT w con

Procedure Ordered

Imaging Appropriate Use Criteria

| Test Ordered | |
|----------------------|--|
| IA CT wrist LT w con | |

| | | |
|-----------------------|--------------------------|------------------|
| Claim Modifier | MG | No AUC Available |
| Vendor G-Code | 61004 | |
| Vendor Name | Natl Dec Supp CareSelect | |
| ID | 5301542 | |
| Appropriateness Score | No Score | |
| Override Reason | | |

Close

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 then removed from the parameter when the extreme or uncontrollable circumstance has passed.

Emergency Department Management > Provider Order Management > Review Patient's Orders > Imaging Appropriate Use Criteria

OE.P (AI/S5.6.7.MIS/1048/A) - MEDITECH,USER MD.

Review Patient's Orders Tue, Aug 18

FOX,PETER - 87/M DOB 06/15/33 PRE ER ED FAC A
U/A KS00000811/KW0000001208

Allergies/ADRs:

Preview/Edit

Add More Add to Favorites
Clear Unchecked Save as Set

Enter/Edit Responses : IA CT head/brain wo con

Procedure Ordered

Imaging Appropriate Use Criteria

Test Ordered
IA CT head/brain wo con

| | | |
|-----------------------|----|---------------------------|
| Claim Modifier | MD | Uncontrolled Circumstance |
| Vendor G-Code | | |
| Vendor Name | | |
| ID | | |
| Appropriateness Score | | |
| Override Reason | | |

Close

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 MIS Imaging Appropriate Use Criteria dictionary. When the patient's ED priority is listed in the Emergency Bypass field, 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.

Emergency Department Management > Provider Order Management > Review Patient's Orders > Imaging Appropriate Use Criteria

The screenshot displays the MEDITECH software interface for reviewing patient orders. The window title is "OE.P (AI/S5.6.7.MIS/1048/) - MEDITECH,USER MD.". The main header shows "Review Patient's Orders" and the date "Tue, Aug 18".

Patient information is displayed in a green bar: **HANSON, MASON - 86/M**, **DOB 01/02/34**, **PRE ER**, and **ED**. Below this, the text "U/A 0000013457/000000424813" is visible. A red text label "Allergies/ADRs:" is present.

Below the patient information, there are buttons: "Add More", "Add to Favorites", "Clear Unchecked", and "Save as Set".

The main section is titled "Enter/Edit Responses : IA CT head/brain w con". Below this, a section labeled "Procedure Ordered" shows "Imaging Appropriate Use Criteria".

A table titled "Test Ordered" is visible, with the following content:

| Test Ordered |
|------------------------|
| IA CT head/brain w con |

Below the table, there is a form with the following fields:

| | | |
|-----------------------|----|--------------------|
| Claim Modifier | MA | Emergent Condition |
| Vendor G-Code | | |
| Vendor Name | | |
| ID | | |
| Appropriateness Score | | |
| Override Reason | | |

A "Close" button is located at the bottom right of the form.

Manual Entry

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

Imaging and Therapeutic Services > Process Orders > Enter Orders > Edit Imaging AUC

ITS.P (AI/S5.6.7.MIS/1048/./MAIN/DI) - MEDITECH,USER MD.

Enter Orders

User: MEDITECH, MEDITECH,USER MD. A/S: 87 M Admit: 07/17/20
Technologist: Loc: ED Status: REG ER
Order Status: Logged RM: Unit #: 0000016668
BD: Dep #:
Patient: 000000424710 FOX,LENNY
Attend Dr: MEDITECH, MEDITECH, FRANK OT Source: W
Order Dr: MEDITECH, MEDITECH, FRANK OT Arrival Time: Image:
Edit Imaging AUC

Claim Modifier:
Vendor G-Code:
Vendor Name:
ID:
Appropriateness Score:
Override Reason:
Reason For Exam:
Last IACT order: IA CT head/brain w con. 08/12/20 at Main Site (Logged)
Change Category Change Patient Exam Codes

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."

Imaging and Therapeutic Services > Process Orders > Enter Orders > Edit Imaging AUC

ITS.P (AI/S5.6.7.MIS/1048/./MAIN/DI) - MEDITECH,USER MD.

Enter Orders

| | | | | | | |
|--------------|------------------------|--------------------|--------------|------|--------|------------|
| User | MEDITECH | MEDITECH,USER MD. | A/S | 87 M | Admit | 07/17/20 |
| Technologist | | | Loc | ED | Status | REG ER |
| Order Status | Logged | | RM | | Unit # | 0000016668 |
| | | | BD | | Dep # | |
| Patient | 000000424710 FOX,LENNY | | | | | |
| Attend Dr | MEDITECH | MEDITECH, FRANK OT | Source | W | | |
| Order Dr | MEDITECH | MEDITECH, FRANK OT | Arrival Time | | Image | |

Edit Imaging AUC

| | | |
|-----------------------|----------------|----------------|
| Claim Modifier | ME | Adheres to AUC |
| Vendor G-Code | G1003 | |
| Vendor Name | Medicalis CDSM | |
| ID | | |
| Appropriateness Score | | |
| Override Reason | | |

Reason For Exam

Last IACT order: IA CT head/brain w con, 08/12/20 at Main Site (Logged)

[Change Category](#) [Change Patient](#) [Exam Codes](#)

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 patient types
- Restrict to financial classes
- Restrict to provider(s)
- Include orders with specific modifier(s) or no modifiers
- Restrict to AUC source
 - **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.

Order Entry > Ancillary > Imaging AUC Deficiency and Utilization Report

OE.P (AI/S5.6.7.MIS/590/) - MEDITECH,USER MD.

Imaging AUC Deficiency and Utilization Report

From Service Date

08/11/20

Thru Service Date

08/18/20

Restrict To

Category

Facility

Patient Type

Financial Class

Provider

AUC Source

Claim Modifier

Include Orders With No Modifier?

Order Entry > Ancillary > Imaging AUC Deficiency and Utilization Report

| ROW DATE: 08/18/20 | | | | | | OE Source Release 5.6.7 | | | | | | PAGE 1 | |
|------------------------------------|----------------------|-----------------|-----|--------|-------------------------------------|-----------------------------------------------|---------------------------|--------------|----------|--------------|------------|----------------|-----------------|
| ROW TIME: 1246 | | | | | | Imaging AUC Deficiency and Utilization Report | | | | | | | |
| ROW USER: MEDITECH | | | | | | | | | | | | | |
| SERVICE DATES: 08/11/20 - 08/18/20 | | | | | | | | | | | | | |
| CATEGORIES: IACT, IAMRI | | | | | | | | | | | | | |
| SERVICE DATE | CATEGORY | OE ORDER NUMBER | PAI | STATUS | ORDER DOCTOR PHONE # | ORDER SOURCE FACILITY | CLAIM MODIFIER AUC SOURCE | PATIENT NAME | DOB | ACCOUNT # | UNIT # | PATIENT STATUS | FINANCIAL CLASS |
| 08/12/20 | 1601 IACT IAREADW | 0812-0001 | S | LOGGED | MEDITECH, FRANK OT (781)555-2574 | POM . | MC Manual Entry | FOX, LENNY | 03031933 | 000000424710 | 0000016668 | REG ER | MCR |
| ERRORS: User Proceeded without AUC | | | | | | | | | | | | | |

Setup

MIS Imaging Appropriate Use Dictionary

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.

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.

MIS > Clinical Dictionaries > Dictionaries F-O-R > Imaging Appropriate Use Dictionary

| Facility | Enable for Application | Include Registration Type | Include Financial Class | ED Priority Exceptions |
|----------|------------------------|---------------------------|-------------------------|------------------------|
| A | AOM | CLI | BC | 1 |
| MPMB | ITS | ER | CI | 2 |
| | ONC | IN | CO | |

| Claim Modifier | Vendor G-Code | Vendor Name | ID | Appropriateness | Score | Override Reason | Reason for Exam |
|----------------|---------------|-------------|--------|-----------------|-----------|-----------------|-----------------|
| CDSMCLMOD | CDSMVENG6 | CDSMVENN | CDSMID | CDSMAPPR | CDSMSCORE | CDSMRSN | HLM.RSN.1 |
| | | | | | | | HLM.RSN.2 |
| | | | | | | | IA.REASON |
| | | | | | | | IA.RFE |
| | | | | | | | IA.RFE2 |
| | | | | | | | ITS.RSN |
| | | | | | | | ITSEDMRFE |

MIS Group Response Query

New Group Response Queries should be created for Claim Modifiers, Vendor G-Code, and Vendor Name in the Query and Group Response Dictionaries. The examples below were sourced from CMS.gov and abbreviations were applied where needed.

Modifier Query

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

MIS > Custom Defined Menu > Group Response

| Element Code | Element Name | Abnormal | Rank | Value | Bullet | Comment |
|--------------|---------------------------|----------|------|-------|--------|---------|
| MA | Emergent Condition | N | | | | |
| MB | Insufficient Internet | N | | | | |
| MC | EHR/CDSM Issue | N | | | | |
| MD | Uncontrolled Circumstance | N | | | | |
| ME | Adheres to AUC | N | | | | |
| MF | Does Not Adhere to AUC | N | | | | |
| MG | No AUC Available | N | | | | |
| MH | No AUC Provided | N | | | | |
| QQ | CDSM Consulted | N | | | | |

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.

MIS > Custom Defined Menu > Group Response

Enter/Edit MIS Group Response Dictionary Page 1

Mnemonic: Last Edited by: on:

Active? ☒ Source:

Name:

Maximum Element Length:

Edit Users Edit Groups

| Element Code | Element Name | Abnormal | Rank | Value | Bullet | Comment |
|--------------|---------------------------|----------|------|-------|--------|---------|
| G1001 | eviCore healthcare CDSM | N | | | | |
| G1002 | MedCurrent OrderWise | N | | | | |
| G1003 | Medicalis CDSM | N | | | | |
| G1004 | Natl Dec Supp CareSelect | N | | | | |
| G1005 | Natl Imaging Assoc RadMD | N | | | | |
| G1006 | Test Appropriate CDSM | N | | | | |
| G1007 | AIM Spec Hlth ProviderPtl | N | | | | |
| G1008 | Cranberry Peak ezCDS | N | | | | |
| G1009 | Sage Hlth Mngt Solutions | N | | | | |
| G1010 | Stanson Health's Stanson | N | | | | |

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.

MIS > Custom Defined Menu > Group Response

MIS (AI/S5.6.7.MIS/590) - MEDITECH,USER MD.

Enter/Edit MIS Group Response Dictionary Page 1

Mnemonic Last Edited by on

Active? ☒ Source

Name

Maximum Element Length

Edit Users

Edit Groups

| Element Code | Element Name | Abnormal | Rank | Value | Bullet | Comment |
|--------------|--------------------------|----------|------|-------|--------|---------|
| New | This is a new AUC vendor | N | | | | |

Revenue Cycle: Required AUC Setup

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

Customer-Defined Screen

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

Note: The vendor name is only needed if reporting G-Code G1011.

MIS > 50. Custom Defined Menu > 11. Enter/Edit Customer-Defined Screen Dictionary

MIS (AI/55.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit Customer-Defined Screen Dictionary Page 1

Mnemonic: AUC Last Edited by: MEDITECH on: 06/11/2020-0823

Active? ☒ Edit User: Edit Group:

Description: AUC

Type: BAR TXNS Max Rows: 6 Max Cols: 92 Display Font: FIXED

PCI Data Source:

| Fld# | Query | Prompt | Row | Col | Text | <-Response-> | Edit | A/D | A | D |
|------|-----------|--------|-----|-----|-----------------------------|--------------|------|-----|---|---|
| 1 | CDSMCLMOD | | 1 | 1 | CDSM Claim Modifier | SAME 21 | | | | |
| 2 | CDSMVENG | | 2 | 1 | CDSM Vendor G-Code (Group) | SAME 28 | | | | |
| 3 | BAR MOD1 | | 5 | 1 | CPT CODE MODIFIER1 | NEXT 1 | | | | |
| 4 | CDSMVENN | | 6 | 4 | CDSM Vendor Name (Optional) | SAME 32 | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |

First Field: Page: Section:

Mark required fields? ☐ Display Screen? ☐

Charge Procedure/Charge Category

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

B/AR > 90. Dictionaries > 91. Charge Procedures ^ 1. Enter/Edit B/AR Procedure Dictionary > Page 2

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Procedure Dictionary (Charges) Page 2

Mnemonic Description

GL Acct Override

GL Stats Component

| | O/D | Expression | Override | Value |
|---|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Alt Code Type →

| Eff Date | Alt Code | Alt Code Desc |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Charges From Clinical Modules

| Rev Site | Substitute Code | Dept | Corp |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Replacement Codes

| Claim Group → | Eff Date | Multiplier |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Customer Defined
Screen

B/AR > 90. Dictionaries > 9. Enter/Edit Charge Category Dictionary

The screenshot shows a software window titled "BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD." with a standard Windows-style title bar. On the right side of the window is a vertical toolbar with various icons including a green checkmark, a red X, a question mark, a magnifying glass, a printer, a key, a star, a green checkmark with "ALL", and several arrow icons. In the center of the window is a smaller dialog box titled "Enter/Edit B/AR Charge Category Dictionary". This dialog box has four labeled text input fields: "Mnemonic" with the value "350", "Active" with the value "Y", "Name" with the value "CAT SCANS", and "Customer Defined Screen" with the value "AUC". The "Customer Defined Screen" field and its label are enclosed in a red rectangular border.

Additional Note: The "Ordering/Referring MD" Prompt on Page 1 should be set to Y to ensure the correct physician is captured for the procedure(s) in question and reported on the claim.

Revenue Cycle: Claim Setup

Claim Fields

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

Claim Check Data Dictionary

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

B/AR > 90. Dictionaries > 92. Claim > 11. Enter/Edit Claim Check Data Dictionary

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit Claim Check Data

Mnemonic Active

Name

-List Data Values-

45678
70450
70496
70546
70553A
70553C
70560
73200

-List Data Values As Range-

From Thru

Claim Map Dictionary

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

B/AR > 90. Dictionaries > 92. Claim > 3. Enter/Edit Claim Map Dictionary

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Claim Map Dictionary Page 1

Mnemonic Active ☐ Name Panel

If Data Value In File Is

| | |
|------|--------------------------|
| 359 | CAT SCAN OTHER/350M-PEF |
| 0359 | CAT SCAN OTHER 0350M-PEF |
| 350 | CAT SCAN OTHER/350M-PEF |
| 0350 | CAT SCAN OTHER 0350M-PEF |

If Data Value In File Is In The Range:

| From | Thru | Use This Value On Claim |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

For Other Data Values, Use

If There Is No Data Value, Use

Claim Dictionary

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

B/AR > 90. Dictionaries > 92. Claim > 5. Enter/Edit Claim Dictionary

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Claim Dictionary Page 2

Mnemonic Name

Check Action OCE

NDC Format

| Field | Code Type | Over-ride Value | Map |
|------------------|-----------|-----------------|-----|
| AUC | CONSTANT | Y Y | |
| AUC ALT CD | LIST | Y AUC ALT CD | |
| AUC PENNY | CONSTANT | Y N | |
| AUC REV CODE OTH | CONSTANT | Y Y | |
| PROTOCOL | CONSTANT | Y WORKSTATION | |

| Claim Section | Charge Category | Procedure Code | Covered |
|---------------|-----------------|----------------|---------|
| 1 110 | 110 | | C |
| 2 110 | 113 | | C |
| 3 110 | ICU | | C |
| 4 120 | 120 | | C |
| 5 180 | 180 | | N |

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

B/AR > 90. Dictionaries > 92. Claim > 5. Enter/Edit Claim Dictionary

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Claim Dictionary Page 2

Mnemonic Name

| Check | Action | OCE |
|----------------|--------|-----|
| AUC REQ GCD | REJECT | |
| AUC REQ MOD | REJECT | |
| AUC REQ NPI | REJECT | |
| AUC REQ VEN NM | REJECT | |

One Svc Dt Per Line

24E Diagnoses Format

NDC Format

| Field | Code Type | Over-ride Value | Map |
|----------------|-----------|-----------------|-----|
| 2010CA/REF2/01 | CONSTANT | Y XX | |
| 2010CA/REF2/02 | CONSTANT | Y NEWREF2NUMBER | |
| AUC | CONSTANT | Y Y | |
| AUC ALT CD | LIST | Y AUC ALT CD | |
| AUC PENNY | CONSTANT | Y Y | |

| Claim Section | Charge Category | Procedure Code | Covered |
|---------------|-----------------|----------------|---------|
| 1 1500 | 250 | | C |
| 2 1500 | 300 | | C |
| 3 1500 | 320 | | C |
| 4 1500 | 350 | | C |
| 5 1500 | 440 | | C |

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

B/AR > 90. Dictionaries > 92. Claim > 5. Enter/Edit Claim Dictionary

BAR.P (AI/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Claim Dictionary Page 2

Mnemonic Name

Check Action OCE

NDC Format

| Field | Code Type | Over-ride | Value | Map |
|------------------|-----------|-----------|------------|----------|
| AUC | CONSTANT | Y | Y | |
| AUC ALT CD | LIST | Y | AUC ALT CD | |
| AUC DESC MAP | MAP | Y | | AUC DESC |
| AUC PENNY | CONSTANT | Y | N | |
| AUC REV CODE OTH | CONSTANT | Y | N | |

| Claim Section | Charge Category | Procedure Code | Covered |
|---------------|-----------------|----------------|---------|
| 1 110 | 110 | | C |
| 2 120 | 120 | | C |
| 3 180 | 180 | | C |
| 4 210 | 210 | | C |
| 5 258 | 260 | | C |

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

B/AR > 90. Dictionaries > 92. Claim > 5. Enter/Edit Claim Dictionary

BAR.P (A/S5.6.7.MIS/29) - MEDITECH,USER MD.

Enter/Edit B/AR Claim Dictionary Page 2

Mnemonic: 1500 AUC Name: 1500 12 - AUC TESTING PEF

Check: ☐ Action OCE 1500 Form Only: ☐

One Doctor Per Page: Y
 Total Per Page: Y
 Date Format: N D Y
 One Svc Dt Per Line: Y
 24E Diagnoses Format: ALL

NDC Format:

| Field | Code Type | Over-ride Value | Map |
|------------|-----------|-----------------|-----|
| 24MOD | CUST-DEF | Y BAR.MOD1 | |
| AUC | CONSTANT | Y Y | |
| AUC 24SUPP | CONSTANT | Y Y | |
| AUC ALT CD | LIST | Y AUC ALT CD | |
| AUC PENNY | CONSTANT | Y N | |

| Claim Section | Charge Category | Procedure Code | Covered |
|---------------|-----------------|----------------|---------|
| 1 1500 | 110 | | C |
| 2 1500 | 210 | | C |
| 3 1500 | 250 | | C |
| 4 1500 | 280 | | C |
| 5 1500 | 300 | | C |

Claim Checks:

AUC REQ MOD

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

AUC REQ GCD

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

AUC REQ VEN NM

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

AUC REQ NPI

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

Claim Output

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

837 Institutional & 837 Professional

- The imaging charge procedure and modifier print on the 2400/SV2 loop and segment.

```
SV2*0350*HC>12346>ME*200*UN*1~  
DTP*472*D8*20200406~  
REF*6R*3502.20200406.4~  
LX*5~  
SV2*0350*HC>12346>ME*200*UN*1~  
DTP*472*D8*20200406~  
REF*6R*3502.20200406.5~  
NM1*DN*1*WESTING*MARIAH****XX*4567891450~  
LX*6~
```

- 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.

```
SV2*0359*HC>G1002*.01*UN*1~  
DTP*472*D8*20200406~  
REF*6R*.20200406.6~  
LX*7~  
SV2*0359*HC>G1004*.01*UN*1~  
DTP*472*D8*20200406~  
REF*6R*.20200406.7~  
LX*8~  
SV2*0359*HC>G1011*.03*UN*3~  
DTP*472*D8*20200406~  
REF*6R*.20200406.8~
```

- 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.

```
K3*AUC LX1DK4444444440LX2DK1591591593LX3DK4444444440LX4DK1591591593~
K3*AUC LX5DK4567891450~
```

- On an 837 Professional Claim, the ordering provider's NPI prints in the 2420E/NM1 loop and segment.

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

- The rest of the information that reports, such as the charge amount and modifier placement, depends on the settings of the AUC for the imaging claim.

UB04

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

| | | | | | | | |
|------|-----|------|----------|-----------|--------|---|-------|
| 0350 | CAT | SCAN | GEN--350 | 12345RTME | 040620 | 1 | 10000 |
| 0350 | CAT | SCAN | GEN--350 | 12345RTME | 040620 | 1 | 10000 |
| 0350 | CAT | SCAN | GEN--350 | 1234657ME | 040620 | 1 | 20000 |
| 0350 | CAT | SCAN | GEN--350 | 12346ME | 040620 | 1 | 20000 |
| 0350 | CAT | SCAN | GEN--350 | 12346ME | 040620 | 1 | 20000 |
| 0350 | CAT | SCAN | GEN--350 | G1002 | 040620 | 1 | 01 |
| 0350 | CAT | SCAN | GEN--350 | G1004 | 040620 | 1 | 01 |
| 0350 | CAT | SCAN | GEN--350 | G1011 | 040620 | 3 | 03 |

- 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 one and the ordering provider's NPI was 4444444440, field 80 would print: 1:DK4444444440.

```
1:DK4444444440
2:DK1591591593
3:DK4444444440
4:DK1591591593
```

- The rest of the information that reports, such as the charge amount and the modifier placement, depends on the settings of the AUC for the imaging claim.

1500-12

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

[illegible]

- The rest of the information that reports, such as the charge amount and the modifier placement, depends on the settings of the AUC for the imaging claim.

Supporting Documentation

CMS.Gov

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

Magic Workflow Guides:

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

Questions

Please contact your MEDITECH Order Management or Claims specialist.