



## Appropriate Use Criteria for Advanced Diagnostic Imaging: CY 2024 Update

Related CR Release Date: February 15, 2024

MLN Matters Number: MM13485

Effective Date: January 1, 2024

Related Change Request (CR) Number: [CR 13485](#)

Implementation Date: January 3, 2025

Related CR Transmittal Number: R12508OTN

Related CR Title: Appropriate Use Criteria for Advanced Diagnostic Imaging Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule

### Affected Providers

---

- Physicians
- Providers
- Suppliers
- Other Medicare providers billing Medicare Administrative Contractors (MACs) for advanced diagnostic imaging services they provide to Medicare patients

### Action Needed

---

Make sure your billing staff knows about:

- Rescinding of Appropriate Use Criteria (AUC) Program regulations
- Pausing the AUC Program for Advanced Diagnostic Imaging for reevaluation
- Elimination of AUC consultation information on Medicare Fee-for-Service (FFS) claims

### Background

---

CR 13485 advises MACs of policy updates for the AUC Program for Advanced Diagnostic Imaging resulting from changes specified in the CY 2024 Physician Fee Schedule (PFS) [final rule](#) (88 FR 78818).

Section 218 of the [Protecting Access to Medicare Act of 2014](#) (PAMA) established the Medicare AUC for Advanced Diagnostic Imaging Program to increase the appropriateness of advanced diagnostic imaging. Examples of advanced diagnostic imaging services include:

- Computed tomography
- Positron emission tomography
- Nuclear medicine
- Magnetic resonance imaging

Since 2015, CMS has worked to implement the statutory requirements in notice and comment rulemaking and the Program has operated in the educational and operations testing period on January 1, 2020, during which there were no payment penalties.

We created a number of HCPCS G codes to identify Clinical Decision Support Mechanisms and modifiers to help implement the AUC Program. These G codes include G1000 – G1024 and modifiers include MA – MH and QQ.

The AUC Program, as authorized in PAMA, required practitioners that order advanced diagnostic imaging services to consult AUC using an electronic Clinical Decision Support Mechanism (CDSM) tool when ordering these imaging services. Practitioners that provide the imaging services reported the AUC consultation information obtained by the ordering practitioner on the claims for the imaging services.

We finalized in the CY 2024 PFS final rule a pause to the AUC Program for reevaluation. We also rescinded the current AUC Program regulations at 42 CFR 414.94 and reserved this section of the regulations for future use. As described in the CY 2024 PFS final rule, we've exhausted all reasonable options for fully operationalizing the AUC Program consistent with the statutory provisions directing us to require real-time claims-based reporting to collect information on AUC consultation as a condition of payment and identify imaging patterns for advanced diagnostic imaging services to ultimately inform outlier identification and prior authorization.

We aren't specifying a time frame for the start of programmatic and operational efforts. We'll continue efforts to identify a workable approach and will propose to adopt any such approach through subsequent rulemaking, including implementing any amendments Congress might make to the AUC Program statutory provisions.

Effective January 1, 2024, providers and suppliers should no longer include AUC consultation information on Medicare FFS claims. However, claims containing AUC-related codes with dates of service in 2023 and 2024 will continue to process.

Also, we'll no longer qualify provider-led entities (PLEs) or CDSMs and have removed this information from the AUC website. The claims processing instructions and guidance for the previous voluntary period and educational and operations testing period will be removed, but archived versions will continue to be available at [CMS Transmittals](#).

Consistent with the AUC Program pause and reevaluation authorized in the CY 2024 PFS final rule, we're instructing MACs and our shared system maintainers (SSMs) to:

- Remove and archive systems edits related to the AUC Program
- Process any advanced imaging claims that erroneously include AUC Program G codes G1000 – G1024 or modifiers MA – MH and QQ
- Not reject or return claims to providers because of such erroneous attachment through CY 2024

Our plan is to end the above described HCPCS G codes and modifiers, effective December 31, 2024, to assist in claims processing and data analysis.

We're instructing the MACs and SSMs to not reject or return advanced diagnostic imaging claims to providers with dates of service from January 1, 2024 – December 31, 2024 simply because an AUC Program G code or modifiers are submitted along with the advanced diagnostic imaging HCPCS procedure code. MACs and SSMs will continue to process advanced diagnostic imaging claims as usual through CY 2024 to allow time for provider education and for providers to update their own processes and systems.

CR 13485 supersedes all prior CRs and other MAC and SSM instructions related to the AUC Program.

## More Information

---

We issued CR 13485 to your MAC as the official instruction for this change. Attachment 1 to this CR details the affected codes and modifiers and includes descriptors for codes G1000 – G1024.

For more information, [find your MAC's website](#). Also view the [CMS Appropriate Use Criteria Program](#) website.

## Document History

---

Date of Change	Description
February 21, 2024	Initial article released.

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).