



APPROPRIATE USE CRITERIA FOR ADVANCED DIAGNOSTIC IMAGING

Target Audience: Medicare Part B Practitioners and Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

A Quick Guide

Beginning in 2020, if you order Medicare Part B advanced diagnostic imaging services, you must consult appropriate use criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM). You must also provide the information to furnishing professionals and facilities, because they must report AUC consultation information on their Medicare claims. Until **January 1, 2020**, participating in the AUC program is voluntary.

If you choose to participate during the [voluntary period](#) available beginning **July 1, 2018**, the furnishing professional and facility may append a new HCPCS modifier to the CPT code on the claim to denote AUC consultation occurred:

QQ: Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional

When we use “you” in this document, we are referring to physicians, other practitioners, and facilities ordering advanced diagnostic imaging services and/or furnishing Part B advanced diagnostic imaging services to Medicare beneficiaries and billing Medicare Administrative Contractors (MACs).

Review the following topics to learn about the AUC for Advanced Diagnostic Imaging:

- Purpose
- Definitions
- Statutory Background
- Developing Appropriate Use Criteria
- Qualified Clinical Decision Support Mechanisms
- Priority Clinical Areas
- Setting and Payment for AUC Consultation
- Exceptions
- Resources

Purpose

The purpose of the AUC program is to enable you to order the most appropriate test for your patient. The Centers for Medicare & Medicaid Services (CMS) will use data collected from the program to identify outlier ordering professionals who will become subject to prior authorization.

Definitions

Advanced diagnostic imaging services includes:

- Services defined in [Section 1834\(e\)\(1\)\(B\)](#) of the Social Security Act (the Act)
 - Diagnostic magnetic resonance imaging, computed tomography, and nuclear medicine (including positron emission tomography)

AUC is criteria only developed or endorsed by national professional medical specialty societies or other provider-led entities (PLEs), so ordering and furnishing professionals can make the most patient-appropriate treatment decision for the specific clinical condition. To the extent possible, criteria must be evidence based.

A **CDSM** is an interactive, electronic tool for clinicians that gives the user AUC information. You can use this information to make the most patient-appropriate treatment decision for the specific clinical condition. Tools may be modules within or available through certified electronic health record (EHR) technology (as defined in [Section 1848\(o\)\(4\)](#) of the Act), private sector mechanisms independent from certified EHR technology, or those established by CMS.

A **furnishing professional** is a physician (as defined in Section 1861(r) of the Act) or a practitioner described in Section 1842(b)(18)(C) of the Act who furnishes an applicable imaging service.

An **ordering professional** is a physician (as defined in Section 1861(r) of the Act) or a practitioner described in Section 1842(b)(18)(C) of the Act who orders an applicable imaging service.

Priority clinical areas are clinical conditions, diseases, or symptom complexes and associated imaging services CMS identifies through annual rulemaking and in consultation with stakeholders. These areas may be used in the determination of outlier ordering professionals.

Statutory Background

The [Protecting Access to Medicare Act](#) (PAMA) of 2014, Section 218(b), amended [Section 1834\(q\)](#) of the Act to establish the AUC program to increase the use of AUC for advanced diagnostic imaging services provided to Medicare patients.

Developing Appropriate Use Criteria

Qualified PLEs develop AUC. They may also modify or endorse AUC developed by another qualified PLE. A qualified PLE that develops their own AUC may endorse the AUC of another qualified PLE thereby creating a larger, more comprehensive library of available AUC. In developing or modifying AUC, PLEs must:

- Use an evidence-based peer-review process, including a literature review and assessment of the strength of the evidence
- Have an interdisciplinary team with at least seven members and have a publicly transparent process for identifying and disclosing potential conflicts of interest for their members
- Publish all AUC on their websites and identify the applicable priority clinical area for each set or individual criterion
- Label each key point in a criterion as “evidence-based” or “consensus-based”
- Indicate the strength of evidence for each key point
- Publicly post their process for AUC development or modification to their website
- Review each criterion at least every year and update them as needed
- Disclose external parties to the PLE when involved in the AUC development process

To become a qualified PLE, entities must apply to CMS. CMS qualifies PLEs for 5 years. Their applications and subsequent reapplications must document adherence to the requirements listed above. For more detailed information on the requirements and application process to become a qualified PLE, refer to [42 Code of Federal Regulations \(CFR\) 414.94\(c\)](#). For a current list of qualified PLEs, refer to the [Provider Led Entities](#) webpage.

Qualified Clinical Decision Support Mechanisms

While qualified PLEs develop AUC, qualified CDSMs are developed as interactive electronic tools that communicate AUC information and the most appropriate treatment decision for a patient’s specific clinical condition. Tools may be within or independent from certified EHR technology. Qualified CDSMs must meet certain requirements and have specific capabilities. They must:

- Identify and make AUC and supporting documentation available from qualified PLEs
- Contain AUC that address all common and important clinical scenarios within all priority clinical areas
- Be capable of incorporating AUC from more than one qualified PLE
- Have processes in place to update, modify, or remove AUC under specific timelines
- Meet privacy, storage, and security standards under applicable provisions of law

- Provide ordering professionals aggregate feedback on consultations. For each consultation, qualified CDSMs must:
 - Determine and generate documentation on whether the service ordered would or would not adhere to AUC or whether the AUC consulted was not applicable to the service ordered
 - Include the name and National Provider Identifier (NPI) of the ordering professional
 - Include a unique consultation identifier

To become a qualified CDSM, developers must apply to CMS. CMS qualifies CDSMs for 5 years. Their applications and subsequent reapplications must document adherence to the requirements discussed above and listed in the regulation. For more information on the application process to become a qualified CDSM, refer to [42 CFR 414.94\(g\)](#). For a current list of qualified CDSMs, refer to the [Clinical Decision Support Mechanisms](#) webpage.

Priority Clinical Areas

In establishing priority clinical areas, CMS considers how common and widespread a condition, disease, or symptom complex is, the variation of image ordering, and the strength of evidence supporting particular imaging services. CMS also considers the relevance to the Medicare population.

CMS identified the following **eight priority areas** that may be used in the determination of outlier ordering professionals in the future:

- Coronary artery disease (suspected or diagnosed)
- Suspected pulmonary embolism
- Headache (traumatic and nontraumatic)
- Hip pain
- Low back pain
- Shoulder pain (to include suspected rotator cuff injury)
- Cancer of the lung (primary or metastatic, suspected or diagnosed)
- Cervical or neck pain

The list may be updated and can be found on the [Priority Clinical Areas](#) webpage. Upon full program implementation, please note that AUC consultation is required for all advanced diagnostic imaging services, not just those within the priority clinical areas.

Setting and Payment for AUC Consultation

An AUC consultation must occur for advanced diagnostic imaging services that are performed in a physician's office, a hospital outpatient department (including an emergency department), an ambulatory surgical center, an independent diagnostic testing facility (IDTF) or any other provider-led outpatient setting CMS determines appropriate.

Claims from the professional and facility for advanced diagnostic imaging services furnished in these settings and paid by CMS using one of the following payment systems will be required to append AUC consultation information. The AUC consultation information must be provided to the furnishing professional and facility from the ordering professional. The setting the service is furnished in determines which payment system CMS uses to pay a properly documented claim for advanced diagnostic imaging services:

- Physician Fee Schedule
- Outpatient Prospective Payment System
- Ambulatory Surgical Center Payment System

During the voluntary participation period beginning July 1, 2018, the –QQ modifier may be appended to the claims that bill a CPT code identified in the [Appropriate Use Criteria for Advanced Diagnostic Imaging](#) MLN Matters® article to denote that AUC consultation through a qualified CDSM by the ordering professional occurred at the time the advanced diagnostic imaging service was ordered.

Beginning January 1, 2020, you must use a qualified CDSM and report AUC consultation information on the professional and facility claims for the service. Specific claims processing instructions will be issued closer to 2020. Claims for advanced diagnostic imaging services will include information on:

- The ordering professional's NPI
- Which CDSM was consulted (there are multiple qualified CDSMs available)
- Whether the service ordered would or would not adhere to consulted AUC or whether consulted AUC was not applicable to the service ordered

As the ordering professional, you may delegate the AUC consultation to clinical staff acting under your direction if you do not personally perform the AUC consultation yourself.

CMS does not currently have guidance regarding what the claims-based reporting requirements will be in 2020, when the AUC program will no longer be voluntary.

Exceptions

CMS may make the following AUC reporting requirements exceptions for:

- Emergency services, when provided to patients with certain emergency medical conditions (as defined in [Section 1867\(e\)\(1\)](#) of the Act)
- Inpatients and for which Medicare Part A payment is made
- Ordering professionals, when experiencing a significant hardship including:
 - Insufficient internet access
 - EHR or CDSM vendor issues
 - Extreme and uncontrollable circumstances

Questions regarding this program may be submitted to the CMS Imaging AUC resource mailbox at ImagingAUC@cms.hhs.gov.

Resources

Table 1. Resources

For More Information About...	Resource
Appropriate Use Criteria for Advanced Diagnostic Imaging—Voluntary Participation and Reporting Period—Claims Processing Requirements—HCPCS Modifier QQ, MLN Matters® Article MM10481	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf
Appropriate Use Criteria Program	CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program
42 Code of Federal Regulations (CFR) 414.94	https://www.ecfr.gov/cgi-bin/text-idx?SID=46428cb8794a545aea4f63693d7e419&mc=true&node=se42.3.414_194&rgn=div8
Updates to the AUC Program Calendar Year (CY) 2019 Physician Fee Schedule (PFS) Final Rule (pages 59688–59701 and 60074)	GPO.gov/fdsys/pkg/FR-2018-11-23/pdf/2018-24170.pdf
AUC Consultation and Reporting by Ordering and Furnishing Professionals CY 2018 PFS Final Rule (pages 53187–53201 and 53363)	GPO.gov/fdsys/pkg/FR-2017-11-15/pdf/2017-23953.pdf
Mechanisms for Consultation with AUC CY 2017 PFS Final Rule (pages 80403–80428 and 80554–80555)	GPO.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf
Establishment of the AUC CY 2016 Physician Fee Schedule (PFS) Final Rule with Comment Period (pages 71102–71116 and 71380–71382)	GPO.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf
Questions about the AUC Program	ImagingAUC@cms.hhs.gov

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
42 Code of Federal Regulations (CFR) 414.94(c) 42 CFR 414.94(g)	https://www.ecfr.gov/cgi-bin/text-idx?SID=46428cb8794a545aea4f63693d7e419&mc=true&node=se42.3.414_194&rqn=div8
Appropriate Use Criteria for Advanced Diagnostic Imaging	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf
Clinical Decision Support Mechanisms	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html
Priority Clinical Areas	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/PCA.html
Protecting Access to Medicare Act	https://www.ssa.gov/OP_Home/comp2/F113-93.html
Provider Led Entities	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/PLE.html
Section 1834(e)(1)(B)	https://www.ssa.gov/OP_Home/ssact/title18/1834.htm#act-1834-e-1
Section 1834(q)	https://www.ssa.gov/OP_Home/ssact/title18/1834.htm#act-1834-q
Section 1848(o)(4)	https://www.ssa.gov/OP_Home/ssact/title18/1848.htm#act-1848-o-4
Section 1867(e)(1)	https://www.ssa.gov/OP_Home/ssact/title18/1867.htm#act-1867-e-1
Voluntary Period	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf

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