



Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims

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Note: We revised this article on February 20, 2020, to include the listing of CDSMs (page 6) and to update paper billing instruction to direct providers to the NUBC for instructions on reporting the ordering physician NPI (page 2) and special reporting required for the CDSMs using HCPCS G1011 on paper claims (page 3). The article release date was also changed. All other information is the same.

PROVIDER TYPES AFFECTED

This Special Edition Article is for institutional providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article (SE20002) provides guidance for processing claims for certain institutional claims that are subject to the Appropriate Use Criteria (AUC) program for advanced diagnostic imaging services. The Centers for Medicare & Medicaid Services (CMS) will begin to accept claims with this information as of January 1, 2020. This is the beginning of the education and operations testing period for the AUC program. While there will not be payment penalties during this period, stakeholders and CMS can use this time to practice reporting and accepting AUC information on claims. The K3 segment will be used to report line level ordering professional information on institutional claims.

For other claims processing information for the AUC program including HCPCS modifiers and codes, please see MLN Matters article MM11268, Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>. For general information regarding the AUC program please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index>.

Key Points

During CY 2020, CMS expects ordering professionals to begin consulting qualified clinical decision support mechanisms (CDSMs) and providing information to the furnishing practitioners

and providers for reporting on their claims. Situations in which furnishing practitioners and providers do not receive AUC-related information from the ordering professional can be reported by modifier MH. During this phase of the program claims will not be denied for failing to include AUC-related information or for misreporting AUC information on non-imaging claims, but inclusion is encouraged.

Required Reporting of Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging CDSM G-codes and Modifiers

A modifier (MA-MH) is reported on the same claim line as any Advance Diagnostic Imaging HCPCS code. When a qualified CDSM was consulted, the CDSM HCPCS modifier ME, MF or MG is reported on the Advance Diagnostic Imaging service HCPCS code. Additionally, a separate line with a CDSM G-code is reported.

Each reported CDSM G-code must contain the following line of service information:

- Date of the related Advanced Diagnostic Imaging service
- Nominal charge, e.g., a penny, for institutional claims submitted to the A/B MACs (A).

Reporting the ordering professional's National Provider Identifier (NPI) on institutional claims

In this Special Edition article, CMS clarifies the method of reporting the ordering professional's National Provider Identifier (NPI) on institutional claims for advanced diagnostic imaging services subject to the AUC program. This information, for institutional claims, will be reported using the K3 segment *in electronic claims. For paper claims, contact the NUBC for billing instructions for reporting the ordering professional's NPI.* When reporting the NPI of the Ordering Professional on institutional *electronic* claims, the K301 will use the following values for each service line that needs an Ordering Professional reported:

- **AUC** represents the program
- **LX** represents the service line followed by the service line number reported in LX01
- **DK** represents the Ordering Professional identifier followed by the Ordering Professional's NPI

If an Ordering Professional NPI is the same for multiple service lines, each service must be reported as a separate service line in the K301. The K301 supports 80 characters, which may allow up to four Ordering Professional NPI iterations in a single K301. Providers may send additional K3 segments as needed but each one must begin with the value of AUC as shown below and demonstrated in the attachments to this article.

K3 Examples:

Reporting 1 Ordering Professional NPI

K3*AUC LX1DK111111111~

Reporting 5 Ordering Professional NPIs

K3*AUCLX1DK1111111111LX11DK9999999999LX22DK1111111111LX433DK2222222222~
 K3*AUCLX444DK4444444444~

Qualified CDSM specific HCPCS not yet available

Providers report the CDSM approved HCPCS G-codes for qualified CDSMs, when available. HCPCS G1011 is designated as “Clinical Decision Support Mechanism, qualified tool not otherwise specified”. When a CDSM has been qualified by CMS but has not received an assigned HCPCS G-codes, providers report HCPCS G1011. *For paper claims, contact the NUBC for billing instructions to report HCPCS G1011. For electronic claims, it is important to remember that the key claim segments should be completed as follows:*

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011
SV202-7:	Description	CDSM (<i>insert Name of CDSM</i>)
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1
DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011::::CDSM (*insert Name of CDSM*)*.01*UN*1~DTP*472*D8*20200115~

Example if a claim is billed when AgileMD’s CDSM is consulted prior to receiving HCPCS assignment:

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011

SV202-7:	Description	CDSM AGILEMDS
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1
DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011::::CDSM AGILEMDS*.01*UN*1~DTP*472*D8*20200115~

Multiple consultations of the same CDSM

You can report the qualified CDSM G-codes with the same Revenue code as the Advanced Diagnostic Imaging service or in the Revenue Center that ends in “9” for the Advanced Diagnostic Imaging service.

For example, a CDSM G-code for a CT scan order for the head could be reported with either Revenue Code 0351 (CT SCAN/HEAD), which is the same as the imaging service, or Revenue Code 0359 (CT SCAN/OTHER).

A CDSM G-code on a MRI order for the head could be reported with either Revenue Code 0611 (MRI/BRAIN), which is the same as the imaging service, or 0619 (MRT/OTHER).

A) If the multiple consultations of the same CDSM G-code were for the same revenue code series on the claim, the provider has options:

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in “9” just 1 time with multiple units.

0351 test 1 unit

0352 test 2 unit

0359 CDSM 2 units

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 unit

0352 test 1 unit

0352 CDSM 1 unit

- B) If the multiple consultations were for different revenue code series lines on the claim, there would be at least 1 line for each revenue code series depending on if you use the xxx9 approach for reporting or the specific revenue code approach.

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in "9" just 1 unit for each CDSM query.

0351 test 1 unit

0359 CDSM 1 units

0611 test 1 unit

0619 CDSM 1 unit

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 units

0611 test 1 unit

0611 CDSM 1 unit

Example of 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code

0351 test 1 unit with contrast

0351 test 1 unit without contrast

0351 CDSM 2 units

0611 test 1 unit with contrast

0611 test 1 unit without contrast

0611 CDSM 2 units

Updated G-code Table for Qualified CDSMs

Mechanism Name	Code
Applied Pathways Clinical Decision Support Mechanism	G1000 (Deleted 04/01/2020)
eviCore healthcare's Clinical Decision Support Mechanism	G1001
MedCurrent OrderWise™	G1002
Medicalis Clinical Decision Support Mechanism	G1003
National Decision Support Company CareSelect™	G1004
National Imaging Associates RadMD	G1005
Test Appropriate CDSM	G1006
AIM Specialty Health ProviderPortal®	G1007
Cranberry Peak ezCDS	G1008
Sage Health Management Solutions Inc. RadWise®	G1009

Mechanism Name	Code
Stanson Health's Stanson CDS	G1010
Qualified tool not otherwise specified	G1011
AgileMD's Clinical Decision Support Mechanism	G1012 (effective 4/1/2020)
EvidenceCare's Imaging Advisor	G1013 (effective 4/1/2020)
InveniQA's Semantic Answers in Medicine™	G1014 (effective 4/1/2020)
Reliant Medical Group CDSM	G1015 (effective 4/1/2020)
Speed of Care CDSM	G1016 (effective 4/1/2020)
HealthHelp's Clinical Decision Support Mechanism	G1017 (effective 4/1/2020)

Mechanism Name	Code
INFINX CDSM	G1018 (effective 4/1/2020)
LogicNets AUC Solution	G1019 (effective 4/1/2020)

Claim Examples

The attached advanced diagnostic imaging UB-04 claim examples are provided to help you better understand the claims-based reporting concept of the AUC program. This concept is applicable to any of the claims that require AUC program billing to report information about the ordering professional's consultation with AUC.

ADDITIONAL INFORMATION

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

Various examples of reporting the K3 segment follow the Document History section of this article.

DOCUMENT HISTORY

Date of Change	Description
February 20, 2020	We revised this article to include the listing of CDSMs (page 6) and to update paper billing instruction to direct providers to the NUBC for instructions on reporting the ordering physician NPI (page 2) and special reporting required for the CDSMs using HCPCS G1011 on paper claims (page 3). The article release date was also changed.
January 9, 2020	Initial article released.

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Example 1: An Emergency Room Claim – CT is being rendered to a patient with a suspected or confirmed emergency medical condition, for the MRI there is no suspected or confirmed emergency medical condition.

3a PAT. CNTL.#										4 TYPE OF BILL									
b. MED. REC.#										0131									
5. FED.TAX NO.										6. STATEMENT COVERS PERIOD FROM THROUGH									
										01012020 01012020									
10 BIRTHDATE										11 SEX									
13 HR										14 TYPE									
15 SRC										12 DATE									
16 D HR										17 STAT									
18										19									
20										21									
22										23									
24										25									
26										27									
28										29 ACCT STATE									
30										31 OCCURRENCE DATE									
32										33									
34										35									
36										37									
38										39									
a										b									
b										c									
c										d									
d										e									
42 REV. CD.										43 DESCRIPTION									
1 0352										CT SCAN/BODY									
2 0450										EMERG ROOM									
3 0612										MR/SPINE									
4 0612										MR/SPINE									
5										6									
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99										100									

CT Ordering professional is not required to consult a clinical decision support mechanism for CT.

CDSM consulted for MRI and order adheres to the criteria.



Example 2: An Outpatient Hospital Claim hardship – Ordering Professional had insufficient Internet

Hardship Modifier – Ordering Professional had insufficient Internet.

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0352	CT SCAN/BODY	74261 MB	010120	1	1000.00		
PAGE OF					CREATION DATE	TOTALS	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A						57
B						OTHER
C						PRV ID

56 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		
B		
C		

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q			

74 PRINCIPAL PROCEDURE	75 OTHER PROCEDURE	76 ATTENDING	77 OPERATING	78 OTHER
a. CODE DATE	b. CODE DATE	NPI QUAL LAST FRST	NPI QUAL LAST FRST	NPI QUAL LAST FRST
c. CODE DATE	d. CODE DATE			
e. CODE DATE				

80 REMARKS	81 CC	79 OTHER
	a	NPI QUAL LAST FRST
	b	
	c	
	d	



1		2		3a PAT. CNTRL #		4 TYPE OF BILL	
		Example 3: An Outpatient Hospital Claim hardship – EHR or CDSM vendor Issues		5. MED. REC.#		0131	
				5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
						01012020 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS		10 BIRTHDATE		11 SEX	
a		a		b		c	
13 HR		14 TYPE		15 SRC		12 DATE	
16 D HR		17 STAT		18		19	
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880		881		882			

Example 4: An Outpatient Hospital Claimhardship – Ordering Physician in significant hardship exception of extreme and uncontrollable circumstances										3a PAT. CNTRL #	4 TYPE OF BILL																		
										b. MED. REC #	0131																		
										5. FED. TAX NO.	6. STATEMENT COVERS PERIOD FROM THROUGH																		
										01012020	01012020																		
8 PATIENT NAME a										9 PATIENT ADDRESS a																			
b										c																			
10 BIRTHDATE 11 SEX 13 HR 14 TYPE 15 SRC 12 DATE 16 D HR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										CONDITION CODES																			
31 OCCURENCE DATE			32 OCCURENCE DATE			33 OCCURENCE DATE			34 OCCURENCE DATE			35 OCCURENCE SPAN FROM THROUGH			36 OCCURENCE SPAN FROM THROUGH			37											
38										39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT															
Hardship Modifier – Ordering Physician in significant hardship exception. If hospital was in disaster area, append Condition Code DR to the hospital claim.										a		b		c		d													
42 REV. CD.										43 DESCRIPTION		44 HCPCS/RATES/HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
1										0352 CT SCAN/BODY		74261 MD		010120		1		1000.00											
2																													
3																													
4																													
5																													
6																													
7																													
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17																													
18																													
19																													
20																													
21																													
22																													
23										PAGE OF		CREATION DATE		TOTALS															
50 PAYER NAME										51 HEALTH PLAN ID		52 REL. INFO		53 ASG BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI									
A																		57											
B																		OTHER											
C																		PRV ID											
58 INSURED'S NAME										59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.													
A																													
B																													
C																													
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																	
A																													
B																													
C																													
66 DX										67		A		B		C		D		E		F		G		H		68	
										I		J		K		L		M		N		O		P		Q			
69 ADMIT DX										70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		73							
74										PRINCIPAL PROCEDURE CODE		DATE		a. CODE		OTHER PROCEDURE DATE		b. CODE		OTHER PROCEDURE DATE		c. CODE		OTHER PROCEDURE DATE		75			
76 ATTENDING NPI										QUAL																			
LAST										FIRST																			
77 OPERATING NPI										QUAL																			
LAST										FIRST																			
78 OTHER NPI										QUAL																			
LAST										FIRST																			
80 REMARKS										81 CC		a		b		c		d											



1		2		3		4	
		Example 5: An Outpatient Hospital Claim—Unknown, CDSM not provided with order		3a PAT. CNTRL # b. MED. REC.#		4 TYPE OF BILL 0131	
8 PATIENT NAME		9 PATIENT ADDRESS		5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH 01012020 01012020	
10 BIRTHDATE	11 SEX	13 HR	14 TYPE	15 SRC	12 DATE	16 D HR	17 STAT
CONDITION CODES							
31 OCCURENCE CODE	32 OCCURENCE DATE	33 OCCURENCE CODE	34 OCCURENCE DATE	35 OCCURENCE SPAN FROM	36 OCCURENCE SPAN THROUGH	37	
38				39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Unknown Modifier – CDSM not provided with order </div>				a			
				b			
				c			
				d			
42 REV. CD.	43 DESCRIPTION	44 ICDPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0352 CT SCAN/BODY	74261 MH	010120	1	1000.00		
2							
3							
4							
5							
6							
7							
8							
9							
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11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	PAGE OF		CREATION DATE	TOTALS			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
A							
B							
C							
58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.			
A							
B							
C							
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME					
A							
B							
C							
66	67	A	B	C	D	E	F
68		I	J	K	L	M	N
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73
74	75	76	77	78	79	80	81
PRINCIPAL PROCEDURE CODE	OTHER PROCEDURE CODE	ATTENDING NPI	OPERATING NPI	OTHER NPI	QUAL	QUAL	QUAL
DATE	DATE	LAST	LAST	LAST	FRST	FRST	FRST
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
REMARKS	81CC	a	b	c	d		



1		2		3		4	
		Example 6: An Outpatient Hospital Claim— CDSM consulted and order adheres		3a PAT. CNTRL #		4 TYPE OF BILL	
				5. MED. REC.#		0131	
				5. FED.TAX.NO.		6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS		10 BIRTHDATE		11 SEX	
a		a		b		c	
13 HR		14 TYPE		15 SRC		12 DATE	
16 D HR		17 STAT		18		19	
20		21		22		23	
24		25		26		27	
28		29		30		31	
32		33		34		35	
36		37		38		39	
40		41		42		43	
44		45		46		47	
48		49		50		51	
52		53		54		55	
56		57		58		59	
60		61		62		63	
64		65		66		67	
68		69		70		71	
72		73		74		75	
76		77		78		79	
80		81		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	
100		101		102		103	
104		105		106		107	
108		109		110		111	
112		113		114		115	
116		117		118		119	
120		121		122		123	
124		125		126		127	
128		129		130		131	
132		133		134		135	
136		137		138		139	
140		141		142		143	
144		145		146		147	
148		149		150		151	
152		153		154		155	
156		157		158		159	
160		161		162		163	
164		165		166		167	
168		169		170		171	
172		173		174		175	
176		177		178		179	
180		181		182		183	
184		185		186		187	
188		189		190		191	
192		193		194		195	
196		197		198		199	
200		201		202		203	
204		205		206		207	
208		209		210		211	
212		213		214		215	
216		217		218		219	
220		221		222		223	
224		225		226		227	
228		229		230		231	
232		233		234		235	
236		237		238		239	
240		241		242		243	
244		245		246		247	
248		249		250		251	
252		253		254		255	
256		257		258		259	
260		261		262		263	
264		265		266		267	
268		269		270		271	
272		273		274		275	
276		277		278		279	
280		281		282		283	
284		285		286		287	
288		289		290		291	
292		293		294		295	
296		297		298		299	
300		301		302		303	
304		305		306		307	
308		309		310		311	
312		313		314		315	
316		317		318		319	
320		321		322		323	
324		325		326		327	
328		329		330		331	
332		333		334		335	
336		337		338		339	
340		341		342		343	
344		345		346		347	
348		349		350		351	
352		353		354		355	
356		357		358		359	
360		361		362		363	
364		365		366		367	
368		369		370		371	
372		373		374		375	
376		377		378		379	
380		381		382		383	
384		385		386		387	
388		389		390		391	
392		393		394		395	
396		397		398		399	
400		401		402		403	
404		405		406		407	
408		409		410		411	
412		413		414		415	
416		417		418		419	
420		421		422		423	
424		425		426		427	
428		429		430		431	
432		433		434		435	
436		437		438		439	
440		441		442		443	
444		445		446		447	
448		449		450		451	
452		453		454		455	
456		457		458		459	
460		461		462		463	
464		465		466		467	
468		469		470		471	
472		473		474		475	
476		477		478		479	
480		481		482		483	
484		485		486		487	
488		489		490		491	
492		493		494		495	
496		497		498		499	
500		501		502		503	
504		505		506		507	
508		509		510		511	
512		513		514		515	
516		517		518		519	
520		521		522		523	
524		525		526		527	
528		529		530		531	
532		533		534		535	
536		537		538		539	
540		541		542		543	
544		545		546		547	
548		549		550		551	
552		553		554		555	
556		557		558		559	
560		561		562		563	
564		565		566		567	
568		569		570		571	
572		573		574		575	
576		577		578		579	
580		581		582		583	
584		585		586		587	
588		589		590		591	
592		593		594		595	
596		597		598		599	
600		601		602		603	
604		605		606		607	
608		609		610		611	
612		613		614		615	
616		617		618		619	
620		621		622		623	
624		625		626		627	
628		629		630		631	
632		633		634		635	
636		637		638		639	
640		641		642		643	
644		645		646		647	
648		649		650		651	
652		653		654		655	
656		657		658		659	
660		661		662		663	
664		665		666		667	
668		669		670		671	
672		673		674		675	
676		677		678		679	
680		681		682		683	
684		685		686		687	
688		689		690		691	
692		693		694		695	
696		697		698		699	
700		701		702		703	
704		705		706		707	
708		709		710		711	
712		713		714		715	
716		717		718		719	
720		721		722		723	
724		725		726		727	
728		729		730		731	
732		733		734		735	
736		737		738		739	
740		741		742		743	
744		745		746		747	
748		749		750		751	
752		753		754		755	
756		757		758		759	
760		761		762		763	
764		765		766		767	
768		769		770		771	
772		773		774		775	
776		777		778		779	
780		781		782		783	
784		785		786		787	
788		789		790		791	
792		793		794		795	
796		797		798		799	
800		801		802		803	
804		805		806		807	
808		809		810		811	
812		813		814		815	
816		817		818		819	
820		821		822		823	
824		825		826		827	
828		829		830		831	
832		833		834		835	
836		837		838		839	
840		841		842		843	
844		845		846		847	
848		849		850		851	
852		853		854		855	
856		857		858		859	
860		861		862		863	
864		865		866		867	
868		869		870		871	
872		873		874		875	
876		877		878		879	
880		881		882		883	

1		2		3		4	
		Example 7: An Outpatient Hospital Claim— CDSM consulted and order does not adhere		3a PAT. CNTRL # b. MED. REC.# 5. FED.TAX NO.		4 TYPE OF BILL 0131	
8 PATIENT NAME		9 PATIENT ADDRESS		6 STATEMENT COVERS PERIOD FROM 01012020		7 THROUGH 01012020	
10 BIRTHDATE	11 SEX	13 HR	14 TYPE	15 SRC	12 DATE	16 D HR	17 STAT
CONDITION CODES							
31 OCCURENCE CODE	32 OCCURENCE DATE	33 OCCURENCE CODE	34 OCCURENCE DATE	35 OCCURENCE SPAN FROM	36 OCCURENCE SPAN THROUGH	37	
38				39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> CDSM Non-Adherence Modifier – CDSM consulted and order does not adhere </div>				a			
				b			
				c			
				d			
42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0352 CT SCAN/BODY	74261 MF	010120	1	1000.00		
2	0359 CT SCAN/OTHER	G10xx	010120	1	.01		
23		PAGE OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57	
58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		67		68		69	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		80		81	
80 REMARKS		81CC		82		83	



Example 8: An Outpatient Hospital Claim— CDSM consulted but no AUC for service

3a PAT. CNTRL #
b. MED. REC.#
5. FED.TAX NO.
6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020
4. TYPE OF BILL: 0131

8 PATIENT NAME a
9 PATIENT ADDRESS a
b
c
d
e

10 BIRTHDATE 11 SEX 13 HR 14 TYPE 15 SRC 12 DATE 16 D HR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30

31 OCCURENCE DATE 32 OCCURENCE DATE 33 OCCURENCE DATE 34 OCCURENCE DATE 35 OCCURENCE SPAN FROM THROUGH 36 OCCURENCE SPAN FROM THROUGH 37

38

CDSM No AUC for service Modifier – CDSM consulted but no AUC for service

39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT
a
b
c
d

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0352	CT SCAN/BODY	74261 MG	010120	1	1000.00		
0359	CT SCAN/OTHER	G10xx	010120	1	.01		
PAGE OF					CREATION DATE	TOTALS	

50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG BEN 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 57
A
B
C OTHER
PRV ID

58 INSURED'S NAME 59 P. REL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.
A
B
C

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME
A
B
C

66 67 A B C D E F G H I J K L M N O P Q

69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI 73

74 PRINCIPAL PROCEDURE DATE a. CODE OTHER PROCEDURE DATE CODE OTHER PROCEDURE DATE 75
c. OTHER PROCEDURE DATE d. OTHER PROCEDURE DATE e. OTHER PROCEDURE DATE

76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST

80 REMARKS 81 CC a b c d



1		2		3		4	
		Example 9: An Outpatient Hospital Claim— Multiple services ordered same Ordering Provider, Same CDSM tool		3a PAT. CNTRL # b. MED. REC.#		4 TYPE OF BILL 0131	
8 PATIENT NAME		9 PATIENT ADDRESS		5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
						01012020 01012020	
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
14 TYPE		15 SRC		16 D HR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42 REV. CD.		43 DESCRIPTION		44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	
1		0351 CT SCAN/HEAD		70450 ME		010120	
2		0352 CT SCAN/BODY		74261 ME		010120	
3		0359 CT SCAN/OTHER		G10xx		010120	
4							
5							
6							
7							
8							
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10							
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13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		PAGE OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
A							
B							
C							
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57	
58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A							
B							
C							
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A							
B							
C							
66		67		68		69	
A		B		C		D	
E		F		G		H	
I		J		K		L	
M		N		O		P	
Q							
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
a		b		c		d	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
DATE		DATE		QUAL		QUAL	
				LAST		LAST	
78 OTHER NPI		79 OTHER NPI		80 OTHER NPI		81 OTHER NPI	
QUAL		QUAL		QUAL		QUAL	
LAST		LAST		LAST		LAST	
82 REMARKS		83		84		85	
		a		b		c	
		d		e		f	

CDSM Modifier – Multiple services ordered same Ordering Provider, Same CDSM



1		2		3a PAT. CNTRL #		4 TYPE OF BILL	
		Example 10: An Outpatient Hospital Claim— Multiple services ordered same Ordering Provider, different CDSM		5. MED. REC.#		0131	
8 PATIENT NAME		9 PATIENT ADDRESS		5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
a		a				7 010120 010120	
10 BIRTHDATE		11 SEX		13 HR		14 TYPE	
15 SRC		12 DATE		16 D HR		17 STAT	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
		a		b		c	
		b		c		d	
		c		d			
42 REV. CD.		43 DESCRIPTION		44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	
1		0351 CT SCAN/HEAD		70450 ME		010120	
2		0359 CT SCAN/OTHER		G10xb		010120	
3		0612 MRI/SPINE		72148 ME		010120	
4		0619 MRT/OTHER		G10xa		010120	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		PAGE OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
A							
B							
C							
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57	
						OTHER	
						PRV ID	
58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A							
B							
C							
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A							
B							
C							
66		67		68		69	
A		B		C		D	
E		F		G		H	
I		J		K		L	
M		N		O		P	
Q							
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
a		b		c		d	
73		74		75		76	
PRINCIPAL PROCEDURE DATE		OTHER PROCEDURE DATE		OTHER PROCEDURE DATE		76 ATTENDING NPI	
CODE		CODE		CODE		QUAL	
						LAST	
						FRST	
77		78		79		80	
OTHER PROCEDURE DATE		OTHER PROCEDURE DATE		OTHER PROCEDURE DATE		77 OPERATING NPI	
CODE		CODE		CODE		QUAL	
						LAST	
						FRST	
80 REMARKS		81 CC		82		83	
		a		b		c	
		b		c		d	
		c		d		e	
		d		e		f	
						78 OTHER NPI	
						QUAL	
						LAST	
						FRST	

CDSM Modifier – Multiple services ordered same Ordering Provider, different CDSM.



Example 11: An Outpatient Hospital Claim – Multiple services ordered different Ordering Provider, different CDSMs										3a PAT. CNTL.# 5. MED. REC.# 5. FED.TAX.NO.	4 TYPE OF BILL 0131				
8 PATIENT NAME a										9 PATIENT ADDRESS a					
10 BIRTHDATE 11 SEX 13 HR 14 TYPE 15 SRC 12 DATE 16 D HR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										6 STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020					
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
38										39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
CDSM Modifier – Multiple services ordered different Ordering Provider, different CDSMs										a		b		c	
42 REV. CD. 43 DESCRIPTION 44 HCPCS/RATES/HPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49															
1	0351	CT SCAN/HEAD		70450	ME	010120	1	1000.00							
2	0359	CT SCAN/OTHER		G10xa		010120	1	.01							
3	0612	MRI/SPINE		72148	ME	010120	1	1500.00							
4	0619	MRT/OTHER		G10xb		010120	1	.01							
23 PAGE OF CREATION DATE TOTALS															
50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG BEN 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI										57					
58 INSURED'S NAME 59 P. REL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.										63					
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME										66					
67 A B C D E F G H I J K L M N O P Q										68					
69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI 73															
74 PRINCIPAL PROCEDURE CODE DATE a. CODE OTHER PROCEDURE DATE b. CODE OTHER PROCEDURE DATE c. CODE OTHER PROCEDURE DATE d. CODE OTHER PROCEDURE DATE e. CODE OTHER PROCEDURE DATE										75					
76 ATTENDING NPI LAST FIRST QUAL										77 OPERATING NPI LAST FIRST QUAL					
78 OTHER NPI LAST FIRST QUAL										79 OTHER NPI LAST FIRST QUAL					
80 REMARKS 81 CC a b c d															

