

AUC - Frequently Asked Questions

What does AUC stand for?

AUC stands for “Appropriate Use Criteria” which is the name of the overall policy and program. 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.

What does CDSM stand for?

CDSM stands for “Clinical Decision Support Mechanism” and qCDSM stands for qualified CDSMs. A CDSM is an interactive, electronic tool for clinician 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.

Who is a furnishing professional?

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.

Who is an ordering professional?

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.

What are priority clinical areas?

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.

What is “advanced” imaging?

Full definition can be found in the Social Security Act at 1834(e)(1)(B). Advanced imaging services include Computed Tomography, Magnetic Resonance Imaging, Positron Emission Tomography (PET), and Nuclear Medicine.

Reference: https://www.ssa.gov/OP_Home/ssact/title18/1834.htm

Where can I find a list of qCDSMs?

CMS maintains a list of qCDSMs, [click here](#) to view the list.

What is the difference between AUC and CDSM?

Appropriate Use Criteria is both the name for the overall policy and the name for the specific sets of criteria ordering clinicians need to consult through the Clinical Decision Support Mechanism.

The Clinical Decision Support Mechanisms are the portals through which the ordering clinician accesses the appropriate use criteria programs. Ordering professionals must use “qualified” Clinical Decision Support Mechanisms (qCDSMs) for the purposes of this policy.

What is a provider-led entity (PLE)?

Provider-led entities maintain the sets of Appropriate Use Criteria that are accessed through the qCDSM for the purposes of the AUC program. Per the name, they must be led by providers and their job is to ensure that their Appropriate Use Criteria reflects their clinical consensus on the appropriate uses of advanced imaging.

A list of PLEs is maintained by CMS, [click here](#) to view the list.

Can imaging providers perform AUC on behalf of the ordering physician?

No, the mandate states that the ordering professional must perform the AUC consultation.

Who is allowed to perform the qCDSM consultation?

The consultation can be performed by the ordering clinician or a delegate, under the clinician's direction, who has sufficient clinical knowledge, qCDSM expertise, and the means to communicate the AUC results to the ordering clinician. The AUC information (G-code and modifier) must accompany the order for the advanced diagnostic imaging study.

Do Medicare Advantage plans have to comply with the CMS AUC mandate?

At this time, AUC only applies to traditional Medicare Part B.

Why does the AUC policy matter for imaging centers?

If you perform any outpatient advanced imaging for Medicare patients, you will need to comply with this policy in order to get that claim reimbursed.

When does the AUC program begin?

The voluntary reporting period has already begun (started in July 2018). The voluntary reporting period allowed claims to include the modifier “QQ” to certify that the ordering professional consulted AUC through a qCDSM.

The “educational and operational testing period” begins on January 1, 2020. Full implementation begins on January 1, 2022.

Reference: <https://www.federalregister.gov/d/2018-24170/p-2157>

What does the educational and operational testing period entail?

The educational and operational testing period began January 1, 2020 and will last through December 31, 2021.

UPDATE: CMS has clarified that for CY 2020, applicable imaging claims with no AUC-related information will not be denied.

From CMS:

"During CY 2020, CMS expects ordering professionals to begin consulting qualified 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. Even though claims will not be denied during this Educational and Operations Testing Period, inclusion is encouraged."

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

How will this program affect my department or center?

Imaging departments and centers will need to pass along AUC information from the ordering professional to your billing professionals in order if you want these Medicare claims to be reimbursed.

When does the AUC policy apply?

The AUC policy applies to all Medicare advanced imaging performed in an applicable site through an applicable payment system.

The Secretary of Health and Human Services may add additional applicable settings in the future, but as of today the applicable settings include:

- Clinician office
- hospital outpatient department (including emergency departments)
- Ambulatory Surgical Center
- Independent Diagnostic Testing Facility

Applicable payment systems include:

- Physician Fee Schedule (PFS)
- Hospital Outpatient Prospective Payment System (HOPPS)
- Ambulatory Surgical Center (ASC) payment system

Reference: <https://www.federalregister.gov/d/2018-24170/p-2173>

Reference: <https://www.federalregister.gov/d/2018-24170/p-2205>

What are the exceptions or exemptions to the AUC policy?

Ordering professionals can claim exemptions to the AUC policy if:

- 1-the patient is deemed to be in an emergency medical condition
- 2-the ordering professional has a hardship exemption for any of the following reasons:
 - insufficient internet access
 - EHR or CDSM vendor issues

-extreme and uncontrollable circumstances

If the ordering professional is claiming any of the above exceptions or exemptions this must be indicated via a modifier code on the claim.

Reference: <https://www.federalregister.gov/d/2018-24170/p-2241>

When can the emergency exception be claimed?

Ordering professionals may claim the emergency exemption if the patient is deemed to be in a “emergency medical condition.” This term is defined in the SSA 1867 (e)(1) as:

- (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—
- (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 - (ii) serious impairment to bodily functions, or
 - (iii) serious dysfunction of any bodily organ or part; or
- (B) with respect to a pregnant woman who is having contractions—
- (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

Reference: https://www.ssa.gov/OP_Home/ssact/title18/1867.htm

Is AUC applicable to the Professional Component, the Technical Component, or both?

The AUC information must be present on all applicable claims including professional component billing, technical component billing, and global billing.

Reference: <https://www.federalregister.gov/d/2018-24170/p-2206>

What information must be present on applicable claims?

There are 3 AUC data elements that must be included on every applicable claim.

- 1-The NPI of the ordering professional
- 2-The qCDSM used by the ordering professional
- 3-Whether the image ordered adhered, did not adhere, or was not applicable to the AUC

How will we report the required information on applicable claims?

- 1-The NPI of the ordering professional will go in a designated field
- 2-The qCDSM will be indicated on the claim via a G-code on its own line
- 3-The adhere, did not adhere, or not applicable result will be indicated via modifier on the same line as the advanced imaging HCPCs code.

Reference: <https://www.federalregister.gov/d/2018-24170/p-2240>

Will Medicare still pay if the ordering professional orders an image that does not adhere to the AUC?

Yes. Medicare will still pay the claim even if the result of the AUC consultation does not adhere. Eventually, ordering clinicians who have the highest rates of non-adherence will be subject to a form a pre-authorization. Ordering clinicians will be evaluated based on the “clinical priority areas” and the exact details of which ordering professionals will be subject to pre-authorization and when they will be subject to pre-authorization are still to be determined by CMS.

Reference: <https://www.federalregister.gov/d/2018-24170/p-2274>

Can an imaging center use the qCDSM to find this information for the ordering professional?

No. The ordering professional must consult the AUC through a qCDSM themselves or have clinical staff under the direction of the ordering professional consult the AUC on their behalf.

The individual performing the consultation must have “sufficient clinical knowledge to interact with the CDSM and communicate with the ordering professional.”

Reference: <https://www.federalregister.gov/d/2018-24170/p-2204>