



# **COMING SOON!**

Medicare Mandate for Radiology Referrals

#### **Clinical Decision Support - Appropriate Use Criteria**

for Advanced Diagnostic Imaging

Your office regularly refers patients to our practice for advanced diagnostic imaging services.

Therefore, FRC wants to make sure you are aware of an upcoming mandate for

Medicare patients to avoid disruptions in care for your patients.

#### What is Clinical Decision Support?

Under the Protecting Access to Medicare Act (PAMA), referring providers will be required to consult appropriate use criteria (AUC) with a qualified Clinical Decision Support Mechanism (CDSM) prior to ordering advanced diagnostic imaging services for Medicare patients.

- An ordering provider must consult AUC for every Medicare Part B advanced imaging order (including CT, MRI, nuclear medicine and PET scans).
- Providers can access imaging AUC either by a stand-alone CDS system or via CDS software integrated into a practice's electronic health record system. Check with your EHR vendor to see if CDS is incorporated into your normal workflow.
- In the future, CMS will review the interactions to determine "outliers" referring professionals who have low adherence rates to AUC and who will be subject to additional prior authorization processes for the exams they order.
- CMS has created a series of G-codes and modifiers that radiology providers must document on all
  claims for advanced diagnostic imaging, thus reflecting your consultation with a qualified CDSM.
   For your convenience we have listed the G-codes and modifiers on the back of this fact sheet.
   In order to avoid unnecessary delays in patient care, beginning January 1, 2020, please
  provide our office the appropriate G-code and modifier when ordering advanced
  diagnostic imaging studies.

### What is the timeline for Clinical Decision Support?

Beginning January 2020, the AUC testing period will begin. This will give you an opportunity to implement this change into your operational strategy without penalties. Full implementation is expected in January 2021.

#### How will FRC support you?

We know that operational procedures will be affected. As you internally adjust to comply with this mandate, we hope to partner with you as a resource. As we continue to develop our operational procedures, we will share information with you.

For additional information, visit fairfaxradiology.com/physicianresources.

## **Appropriate Use Criteria**

Modifier	Purpose	Does it need a G-Code?
MA	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with <b>a suspected or confirmed emergency medical condition</b>	NO
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of <i>insufficient internet access</i>	NO
MC	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues	NO
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances	NO
ME	The order for this service <b>adheres to the appropriate use criteria</b> in the clinical decision support mechanism consulted by the ordering professional	YES
MF	The order for this service <b>does not adhere to the appropriate use criteria</b> in the qualified clinical decision support mechanism consulted by the ordering professional	YES
MG	The order for this service <b>does not have appropriate use criteria</b> in the clinical decision support mechanism consulted by the ordering professional	YES
МН	<b>Unknown if ordering professional consulted a clinical decision support mechanism</b> for this service, related information was not provided to the furnishing professional or provider	NO
QQ	Ordering professional consulted a qualified clinical decision support mechanism	N/A

G-Codes — These indicate which CDSM was consulted, these are to be used in conjunction with HCPCS codes ME, s, and MG.

G-Code	CDSM	
G1000	Clinical Decision Support Mechanism <b>Applied Pathways</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1001	Clinical Decision Support Mechanism <b>eviCore</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1002	Clinical Decision Support Mechanism <b>MedCurrent</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1003	Clinical Decision Support Mechanism <b>Medicalis</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1004	Clinical Decision Support Mechanism <b>National Decision Support Company</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1005	Clinical Decision Support Mechanism <b>National Imaging Associates</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1006	Clinical Decision Support Mechanism <b>Test Appropriate</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1007	Clinical Decision Support Mechanism <b>AIM Specialty Health</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1008	Clinical Decision Support Mechanism <b>Cranberry Peak</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1009	Clinical Decision Support Mechanism <b>Sage Health Management Solutions</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1010	linical Decision Support Mechanism <b>Stanson</b> , as defined by the Medicare Appropriate Use Criteria Program	
G1011	Clinical Decision Support Mechanism, <b>qualified tool not otherwise specified</b> , as defined by the Medicare Appropriate Use Criteria Program	

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