

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12508</b>	<b>Date: February 15, 2024</b>
	<b>Change Request 13485</b>

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

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to make contractors aware of policy updates for the Appropriate Use Criteria for Advanced Diagnostic Imaging (AUC) program resulting from changes specified in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule (88 FR 78818), published in the Federal Register (FR) on November 16, 2023.

**EFFECTIVE DATE: January 1, 2024**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 3, 2025**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12508	Date: February 15, 2024	Change Request: 13485
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**EFFECTIVE DATE: January 1, 2024**

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**IMPLEMENTATION DATE: January 3, 2025**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to make contractors aware of policy updates for the Appropriate Use Criteria for Advanced Diagnostic Imaging (AUC) program resulting from changes specified in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule (88 FR 78818), published in the Federal Register on November 16, 2023.

The AUC Program was established in the Protecting Access to Medicare Act of 2014 (PAMA) to increase the appropriateness of advanced diagnostic imaging. Examples of advanced diagnostic imaging services include computed tomography, positron emission tomography, nuclear medicine, and 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 since January 1, 2020, during which there have been no payment penalties.

Between CY 2015-2020, CMS issued a number of CRs and have created a number of Healthcare Common Procedure Coding System (HCPCS) G Codes to identify Clinical Decision Support Mechanisms and Modifiers to facilitate implementation of the AUC program. Past CRs include CR 11571, Transmittal 2425 One-Time Notification (OTN) dated January 31, 2020, and CR 11268, Transmittal 2404 OTN dated December 6, 2019. G Codes include G1000 through G1024 and Modifiers include MA through MH and QQ.

The AUC program 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 furnish the imaging services then reported the AUC consultation information obtained by the ordering practitioner on the claims for the imaging services.

**B. Policy:** CMS has finalized its proposal in the CY 2024 PFS Final Rule to pause the AUC program for reevaluation and to rescind the current AUC program regulations at 42 Code of Federal Regulations (CFR) 414.94 (reserving this section of regulatory text for future use). As described in the CY 2024 PFS Final Rule, CMS has exhausted all reasonable options for fully operationalizing the AUC program consistent with the statutory provisions- that is, directing CMS to require real-time claims-based reporting to collect information on AUC consultation (as a condition of payment) and imaging patterns for advanced diagnostic imaging services to ultimately inform outlier identification and prior authorization. CMS is not specifying a time frame within which programmatic and operational efforts may commence.

Consistent with and in support of the CY 2024 PFS Final Rule provisions to pause AUC program implementation efforts for reevaluation and rescind the AUC program regulations, CMS is providing instruction to the Medicare Administrative Contractors (MACs) and Shared System Maintainers (SSMs) to remove and archive systems edits related to the AUC program. Effective January 1, 2024, providers and suppliers should no longer include AUC consultation information (above described HCPCS G codes and Modifiers) on Medicare Fee For Service claims. CMS intends to terminate the above described HCPCS G Codes and Modifiers after December 31, 2024, to facilitate final claims with dates of service of 2023 and 2024 to process through December 31, 2024. Medicare claims for advanced diagnostic imaging services

containing AUC G codes and modifiers shall continue to process through calendar year 2024 to allow time for providers and suppliers to adjust their internal operations and claims systems.

CMS is instructing the MACs and SSMs to not reject or RTP advanced diagnostic imaging claims with dates of services from 1/1/2024 to 12/31/2024 simply because an AUC program G code or Modifiers are submitted along with the advanced diagnostic imaging HCPCS procedure code. The outcome that CMS requires is that contractors continue to process advanced diagnostic imaging claims as usual through 2024 to allow time for provider education and for providers to update their own processes and systems. Effective for claims with dates of service on or after 1/1/2025, we are instructing contractors to remove all national and local edits related to the AUC program. This CR supersedes all prior CRs and other contractor instructions related to the AUC program.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13485.1	Contractors shall be aware of the policy update that, effective January 1, 2024, the AUC Program is paused for re-evaluation, as authorized in the CY 2024 PFS Final Rule. Associated regulations at 42 CFR 414.94 are rescinded and reserved for future use.	X	X							
13485.1.1	Effective for claims with dates of service on and between January 1, 2024 to December 31, 2024, contractors shall continue to process claims with advanced diagnostic imaging HCPCS procedure codes that erroneously include the below referenced AUC program G Codes and/ or Modifiers. Contractors shall ensure that any claims with advanced diagnostic imaging HCPCS procedure codes that erroneously include the following AUC program G Codes and/ or Modifiers continue to be processed and are not rejected or returned to provider for the reason of the erroneous attachment of the AUC G Code and/ or Modifier by the provider or supplier. <ul style="list-style-type: none"> <li>G1000 through G1024</li> </ul>	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	<ul style="list-style-type: none"> <li>Modifiers MA through MH and QQ</li> </ul> <p>Note: see attachment for applicable Advanced Imaging HCPCS Procedure Codes, G Codes and Modifiers.</p>									
13485.1.2	Effective for claims with dates of service on and after January 1, 2025, contractors shall end date AUC program related edits.	X	X							

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13485.2	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X	X			

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 1**

## Attachment 1

### Medicare Appropriate Use Criteria Program for Advanced Diagnostic Imaging – Code List

#### Advanced Imaging HCPCS Procedure Codes

##### **Magnetic Resonance Imaging/ Magnetic Resonance Angiography/ Magnetic Resonance Spectroscopy**

70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76498, 76390, 77046, 77047, 77048, 77049

##### **Computerized Tomography**

70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74712, 74713, 75571, 75572, 75573, 75574, 75635, 76380, 76497

##### **Nuclear Medicine**

78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185, 78191, 78195, 78199, 78201, 78202, , 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78267, 78268, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428, 78429, 78430, 78431, 78432, 78433, 78434, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78835, 78999

##### **C codes**

C8900, C8901, C8902, C8903, C8905, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936

#### HCPCS Modifiers

- MA Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition
- MB Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access
- 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
- MD Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances
- ME The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

MF	The order for this service does not adhere to the appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional
MG	The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
MH	Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider
QQ	Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional

### **G codes for Clinical Decision Support Mechanisms**

- G1001 Clinical decision support mechanism evicore, as defined by the medicare appropriate use criteria program
- G1002 Clinical decision support mechanism medcurrent, as defined by the medicare appropriate use criteria program
- G1003 Clinical decision support mechanism medicalis, as defined by the medicare appropriate use criteria program
- G1004 Clinical decision support mechanism national decision support company, as defined by the medicare appropriate use criteria program
- G1005 Clinical decision support mechanism national imaging associates, as defined by the medicare appropriate use criteria program
- G1006 Clinical decision support mechanism test appropriate, as defined by the medicare appropriate use criteria program
- G1007 Clinical decision support mechanism aim specialty health, as defined by the medicare appropriate use criteria program
- G1008 Clinical decision support mechanism cranberry peak, as defined by the medicare appropriate use criteria program
- G1009 Clinical decision support mechanism sage health management solutions, as defined by the medicare appropriate use criteria program
- G1010 Clinical decision support mechanism stanson, as defined by the medicare appropriate use criteria program
- G1011 Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the medicare appropriate use criteria program
- G1012 Clinical decision support mechanism agilemd, as defined by the medicare appropriate use criteria program
- G1013 Clinical decision support mechanism evidencicare imagingcare, as defined by the medicare appropriate use criteria program
- G1014 Clinical decision support mechanism inveniq semantic answers in medicine, as defined by the medicare appropriate use criteria program
- G1015 Clinical decision support mechanism reliant medical group, as defined by the medicare appropriate use criteria program
- G1016 Clinical decision support mechanism speed of care, as defined by the medicare appropriate use criteria program
- G1017 Clinical decision support mechanism healthhelp, as defined by the medicare appropriate use criteria program
- G1018 Clinical decision support mechanism infinx, as defined by the medicare appropriate use criteria program

- G1019 Clinical decision support mechanism logicnets, as defined by the medicare appropriate use criteria program
- G1020 Clinical decision support mechanism curbside clinical augmented workflow, as defined by the medicare appropriate use criteria program
- G1021 Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the medicare appropriate use criteria program
- G1022 Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the medicare appropriate use criteria program
- G1023 Clinical decision support mechanism persivia clinical decision support, as defined by the medicare appropriate use criteria program
- G1024 Clinical decision support mechanism radrite, as defined by the medicare appropriate use criteria program