



Tuesday, June 25, 2019

9:00 am – 12:00 pm

Teleconference/WebEx OPTION - ([Participant Instructions](#))

HealthPartners (Bloomington, 8170 Building, 1st Floor – St. Croix Room)

AUC Medical Code TAG

AGENDA

1. Meeting to Order
2. Welcome & Introductions
3. Anti-trust Statement – www.health.state.mn.us/facilities/auc/about/docs/antitrust.pdf
4. CMS Appropriate Use Criteria Program
5. MN Department of Human Service Update
 - a) Reporting mental health crisis services
6. Review/Update MN Uniform Companion Guide (MUCG) for Claims – Appendix A
7. Other Business
8. Next Meeting – HealthPartners, Teleconference/WebEx OPTION (9am-12pm)

August 20, 2019

AUC Medical Code TAG

June 25, 2019

ACT Agenda 6-24-19

[Order of agenda items may change]

- Meeting to Order
- Welcome & Introductions
- Anti-trust Statement –
<http://www.health.state.mn.us/auc/pdfs/antitrust.pdf>
- CMS Appropriate Use Criteria program
- MN Department of Human Service Update -- reporting mental health crisis services
- Review/update MN Uniform Companion Guide (MUCG) for Claims – Appendix A
- Other

CMS Appropriate Use Criteria

MN Department of Human Service Update -- reporting mental health crisis services

- From:
 - S9484 -- Crisis intervention mental health services, **per hour**
- To:
 - H2011 -- Crisis intervention service, **per 15 minutes**
- Same modifiers

Minnesota Uniform Companion Guide (MUCG) “maintenance”

- Regularly review/revise MUCG as needed
 - Correct, clear, relevant, helpful, easy to use
- Standard process
 - TAG review
 - Full AUC review
 - MDH review of AUC recommendation, publishes State Register notice announcing proposed changes, 30-day public comment period
 - Review public comments with TAG, full AUC
 - MDH review of comments, final AUC recommendations, publishes announcement in State Register of adoption into rule of any changes

Minnesota Uniform Companion Guide (MUCG) “maintenance”

General themes --

- In a transition period
- “Less is more”
- Consistent treatment of MN Dept. of Human Services (DHS)-specific information
- Foster ongoing dialogue/problem solving

Comparison with Medicare

- Comparison with Medicare coding requirements
 - Law requires consistency with Medicare
 - Except where modifications may be needed
 - Note: MUCG do not apply to Medicare
- So – created “Table A.5.1”
 - “Minnesota Coding Specifications: When to use codes different from Medicare”
- Table A.5.1 now and going forward
 - Continued purpose/need/use/value?
 - Criteria/rules of thumb for what to include in the table and when?
 - Change/delete “Follow Medicare ...” and “Not applicable...”?
 - Other changes/additions/deletions?



CMS Appropriate Use Criteria Program

- What it is
- Why of interest to MN AUC (why discussing it today)
- What is required
- Timeline

CMS Appropriate Use Criteria Program - what it is

- Program to increase the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries.
- Examples of such advanced imaging services include:
 - computed tomography (CT)
 - positron emission tomography (PET)
 - nuclear medicine, and
 - magnetic resonance imaging (MRI)
- CMS will use data collected from the program to identify outlier ordering professionals who will become subject to prior authorization.

Requirements

- **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).
 - CDSMs are electronic portals through which appropriate use criteria (AUC) is accessed.
 - The CDSM provides a determination of whether the order adheres to AUC, or if the AUC consulted was not applicable (e.g., no AUC is available to address the patient's clinical condition).
- You must also provide the information to physicians, practitioners and facilities that furnish advanced diagnostic imaging services, **because they must report AUC consultation information on their Medicare claims.**

Why of interest to MN AUC – broad impact

- Program impacts:
 - all physicians and practitioners that order advanced diagnostic imaging services and
 - physicians, practitioners and facilities that furnish advanced diagnostic imaging services
 - in a physician's office, hospital outpatient department (including the emergency department), an ambulatory surgical center or an independent diagnostic testing facility (IDTF)
 - and whose claims are paid under the physician fee schedule, hospital outpatient prospective payment system or ambulatory surgical center payment system.
- Briefly discussed and noted at most recent AUC Operations Committee meeting

Appropriate Use Criteria Program Timing

- Until January 1, 2020, participating in the AUC program is voluntary.
- If choosing to participate during the voluntary period the furnishing professional and facility may append a new HCPCS modifier (QQ) 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

Appropriate Use Criteria Program Timing (cont.)

- 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

**-- 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*

Appropriate Use Criteria Program

Example resources:

[Appropriate Use Criteria Program](https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/appropriate-use-criteria-program/index.html) (<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/appropriate-use-criteria-program/index.html>)

[Appropriate Use Criteria for Advanced Diagnostic Imaging](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf) (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf>)

[Appropriate Use Criteria for Advanced Diagnostic Imaging – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf) (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf>)