

## CMS Appropriate Use Criteria Program HCPCS Modifiers

The following HCPCS modifiers have been established for this program for placement on the same line as the CPT code for the advanced diagnostic imaging service:

MA – Ordering professional is not required to consult a CDSM 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 CDSM due to the significant hardship exception of insufficient internet access

MC – Ordering professional is not required to consult a CDSM due to the significant hardship exception of electronic health record or CDSM vendor issue

MD – Ordering professional is not required to consult a CDSM 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 CDSM consulted by the ordering professional

MF – The order for this service does not adhere to the appropriate use criteria in the **MLN Matters MM11268 Related CR 11268 Page 4 of 7** qualified CDSM consulted by the ordering professional

MG – The order for this service does not have appropriate use CDSM consulted by the ordering professional

MH – Unknown if ordering professional consulted a CDSM for this service, related information was not provided to the furnishing professional or provider

QQ – Ordering professional consulted a qualified CDSM for this service and the related data was provided to the furnishing professional

## CMS Appropriate Use Criteria Program CDSM and Related G-Codes

Claims that report HCPCS modifier ME, MF, or MG on the Advanced Diagnostic Imaging Service claim line should additionally contain a G-code (on a separate claim line) to report which qualified CDSM was consulted:

**Note:** Although these codes are not associated with a payment rate (they are non-payable and are for informational purposes only) there may be circumstances when a nominal charge amount may be necessary for operational reasons related to claims processing. The beneficiary is not responsible for the denied charge.

**G1001** - eviCore Healthcare

**G1002** - MedCurrent OrderWise™

**G1003** - Medicalis

**G1004** - National Decision Support Company CareSelect™ \*

**G1007** - AIM Specialty Health ProviderPortal® \*

**G1008** - Cranberry Peak ezCDS

**G1009** - Sage Health Management Solutions Inc. RadWise®

**G1010** - Stanson

**G1011** - Radrite \*

**G1012** - AgileMD's Clinical Decision Support Mechanism

**G1013** - EvidenceCare's ImagingCar

**G1014** - InveniQA's Semantic Answers in Medicine™

**G1015** - Reliant Medical Group CDSM

**G1016** - Speed of Care CDSM

**G1017** - HealthHelp's Clinical Decision Support Mechanism

**G1018** - INFINX CDSM

**G1019** - LogicNets AUC Solution

**G1020** - Curbside Clinical Augmented Workflow

**G1021** - E\*HealthLine Clinical Decision Support Mechanism

**G1022** - Intermountain Clinical Decision Support Mechanism

**G1023** - Persivia Clinical Decision Support

*\* Free tool*