



Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims

MLN Matters Number: SE20002

Related Change Request (CR) Number: N/A

Related CR Release Date: January 9, 2020

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: January 1, 2020

PROVIDER TYPES AFFECTED

This Special Edition Article is for institutional providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article (SE20002) provides guidance for processing claims for certain institutional claims that are subject to the Appropriate Use Criteria (AUC) program for advanced diagnostic imaging services. The Centers for Medicare & Medicaid Services (CMS) will begin to accept claims with this information as of January 1, 2020. This is the beginning of the education and operations testing period for the AUC program. While there will not be payment penalties during this period, stakeholders and CMS can use this time to practice reporting and accepting AUC information on claims. The K3 segment will be used to report line level ordering professional information on institutional claims.

For other claims processing information for the AUC program including HCPCS modifiers and codes, please see MLN Matters article MM11268, Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>. For general information regarding the AUC program please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index>.

Key Points

During CY 2020, CMS expects ordering professionals to begin consulting qualified clinical decision support mechanisms (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. During this phase of the program claims will not be denied for failing to include

AUC-related information or for misreporting AUC information on non-imaging claims, but inclusion is encouraged.

Required Reporting of Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging CDSM G-codes and Modifiers

A modifier (MA-MH) is reported on the same claim line as any Advance Diagnostic Imaging HCPCS code. When a qualified CDSM was consulted, the CDSM HCPCS modifier ME, MF or MG is reported on the Advance Diagnostic Imaging service HCPCS code. Additionally, a separate line with a CDSM G-code is reported.

Each reported CDSM G-code must contain the following line of service information:

- Date of the related Advanced Diagnostic Imaging service
- Nominal charge, e.g., a penny, for institutional claims submitted to the A/B MACs (A).

Reporting the ordering professional's National Provider Identifier (NPI) on institutional claims

In this Special Edition article, CMS clarifies the method of reporting the ordering professional's National Provider Identifier (NPI) on institutional claims for advanced diagnostic imaging services subject to the AUC program. This information for institutional claims, will be reported using the K3 segment. When reporting the NPI of the Ordering Professional on institutional claims, the K301 will use the following values for each service line that needs an Ordering Professional reported:

- **AUC** represents the program
- **LX** represents the service line followed by the service line number reported in LX01
- **DK** represents the Ordering Professional identifier followed by the Ordering Professional's NPI

If an Ordering Professional NPI is the same for multiple service lines, each service must be reported as a separate service line in the K301. The K301 supports 80 characters, which may allow up to four Ordering Professional NPI iterations in a single K301. Providers may send additional K3 segments as needed but each one must begin with the value of AUC as shown below and demonstrated in the attachments to this article.

K3 Examples:

Reporting 1 Ordering Professional NPI

K3*AUCLX1DK111111111~

Reporting 5 Ordering Professional NPIs

K3*AUCLX1DK111111111LX11DK999999999LX22DK111111111LX433DK222222222~

K3*AUCLX444DK444444444~

Qualified CDSM specific HCPCS not yet available

Providers report the CDSM approved HCPCS G-codes for qualified CDSMs, when available. HCPCS G1011 is designated as “Clinical Decision Support Mechanism, qualified tool not otherwise specified”. When a CDSM has been qualified by CMS, but has not received an assigned HCPCS G-codes, providers report HCPCS G1011. It is important to remember that the key claim segments should be completed as follows:

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011
SV202-7:	Description	CDSM (<i>insert Name of CDSM</i>)
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1
DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011::::CDSM (*insert Name of CDSM*)*.01*UN*1~DTP*472*D8*20200115~

Example if a claim is billed when AgileMD’s CDSM is consulted prior to receiving HCPCS assignment:

2400 — SERVICE LINE

LX01:	Assigned Number	(Depends on claim service line #)
SV201:	Service Line Revenue Code	0359
SV202-1:	Product/Service ID Qualifier	HC
SV202-2:	Product/Service ID	G1011
SV202-7:	Description	CDSM AGILEMDS
SV203:	Line Item Charge Amount	.01
SV204:	Unit or Basis for Measurement Code	UN
SV205:	Service Unit Count	1

DTP01:	Date/Time Qualifier	472
DTP02:	Date Time Period Format Qualifier	D8
DTP03:	Date Time Period	20200115

LX*#~SV2*0359*HC:G1011::::CDSM AGILEMDS*.01*UN*1~DTP*472*D8*20200115~

Multiple consultations of the same CDSM

You can report the qualified CDSM G-codes with the same Revenue code as the Advanced Diagnostic Imaging service or in the Revenue Center that ends in "9" for the Advanced Diagnostic Imaging service.

For example, a CDSM G-code for a CT scan order for the head could be reported with either Revenue Code 0351 (CT SCAN/HEAD), which is the same as the imaging service, or Revenue Code 0359 (CT SCAN/OTHER).

A CDSM G-code on a MRI order for the head could be reported with either Revenue Code 0611 (MRI/BRAIN), which is the same as the imaging service, or 0619 (MRT/OTHER).

A) If the multiple consultations of the same CDSM G-code were for the same revenue code series on the claim, the provider has options:

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in "9" just 1 time with multiple units.

0351 test 1 unit

0352 test 2 unit

0359 CDSM 2 units

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 unit

0352 test 1 unit

0352 CDSM 1 unit

- B) If the multiple consultations were for different revenue code series lines on the claim, there would be at least 1 line for each revenue code series depending on if you use the xxx9 approach for reporting or the specific revenue code approach.

Option One

1 line would be reported rolling up all the CDSM queries into 1 Revenue code ending in "9" just 1 unit for each CDSM query.

0351 test 1 unit

0359 CDSM 1 units

0611 test 1 unit

0619 CDSM 1 unit

-or use the alternate approach -

Option Two

Every specific revenue code that had a CDSM queried, would be reported with the exact same Revenue Code (again, you could see roll-ups if there were 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code).

0351 test 1 unit

0351 CDSM 1 units

0611 test 1 unit

0611 CDSM 1 unit

Example of 2 separate CPT codes used for the same service where one had with contrast and one had without contrast for the same specific Revenue Code.

0351 test 1 unit with contrast

0351 test 1 unit without contrast

0351 CDSM 2 units

0611 test 1 unit with contrast

0611 test 1 unit without contrast

0611 CDSM 2 units

Claim Examples

The attached advanced diagnostic imaging UB-04 claim examples are provided to help you better understand the claims-based reporting concept of the AUC program. This concept is applicable to any of the claims that require AUC program billing to report information about the ordering professional's consultation with AUC.

ADDITIONAL INFORMATION

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging fact sheet is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf>.

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period - Claims Processing Requirements is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

Various examples of reporting the K3 segment follow the Document History section of this article.

DOCUMENT HISTORY

Date of Change	Description
January 9, 2020	Initial article released.

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Example 1: An Emergency Room Claim – CT is being rendered to a patient with a suspected or confirmed emergency medical condition, for the MRI there is no suspected or confirmed emergency medical condition.

39 PAT. CONT. #										4 TYPE OF BILL									
6 MED. REC. #										0131									
5. FED. TAX NO.										6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020									
10 BIRTHDATE										11 SEX									
13 HR										14 TYPE									
12 DATE										16 DHR									
17 STAT										18									
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29 ACCT STATE										30									
31 OCCURRENCE DATE										32 OCCURRENCE DATE									
33 OCCURRENCE DATE										34 OCCURRENCE DATE									
35 OCCURRENCE SPAN FROM										36 OCCURRENCE SPAN THROUGH									
37										38									
39 VALUE CODES										40 VALUE CODES									
41 VALUE CODES										42									
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CT Ordering professional is not required to consult a clinical decision support mechanism for CT.

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/PPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0352 DK9876543210	74261 MA	010120	1	1000.00		1
2	0450 EMERG ROOM	99285	010120	1	2000.00		2
3	0612 DK0123456789	72148 ME	010120	1	1500.00		3
4	0612 MRI/SPINE	G10xx	010120	1	.01		4
5							5
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23	PAGE OF		CREATION DATE	TOTALS			23

CDSM consulted for MRI and order adheres to the criteria.

50 PAYER NAME										51 HEALTH PLAN ID									
52 REL INFO										53 ASG BEN									
54 PRIOR PAYMENTS										55 EST. AMOUNT DUE									
56 NPI										57									
58 INSURED'S NAME										59 P. REL.									
60 INSURED'S UNIQUE ID										61 GROUP NAME									
62 INSURANCE GROUP NO.										63 TREATMENT AUTHORIZATION CODES									
64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME									
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69 ADMIT DX										70 PATIENT REASON DX									
71 PRINCIPAL PROCEDURE										72 OTHER PROCEDURE									
73 CODE										74 CODE									
75 DATE										76 DATE									
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Example 2: An Outpatient Hospital Claim hardship – Ordering Professional had insufficient Internet

Hardship Modifier – Ordering Professional had insufficient Internet.

3a PAT. CNTL.#	4 TYPE OF BILL																														
5. MED. REC.#	0131																														
5. FED.TAX NO.	6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020																														
8 PATIENT NAME	9 PATIENT ADDRESS																														
10 BIRTHDATE	11 SEX	13 HR	14 TYPE	15 SRC	12 DATE	16 D HR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30											
31 OCCURENCE CODE	32 OCCURENCE DATE	33 OCCURENCE CODE	34 OCCURENCE DATE	35 OCCURENCE CODE	36 OCCURENCE DATE	37	38	39 VALUE CODES	40 VALUE CODES	41 VALUE CODES	42	43	44	45	46	47	48	49													
42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	<p>PAGE ____ OF ____</p> <p>CREATION DATE</p> <p>TOTALS →</p>																							
0352	DK9876543210	74261 MB	010120	1	1000.00																										
60 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57																								
A																															
B																															
C																															
58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.																											
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME																													
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69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73																								
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80 REMARKS												81 CC	a	b	c	d	78 OTHER	NPI	QUAL	LAST	FIRST										

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC™ National Uniform Billing Committee LIC3810506 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



1		2		3a PAT. CNTRL #		4 TYPE OF BILL	
		Example 3: An Outpatient Hospital Claim hardship – EHR or CDSM vendor Issues		5. MED. REC.#		0131	
				5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
						01012020 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS		c		d	
10 BIRTHDATE		11 SEX		13 HR		14 TYPE	
12 DATE		16 DHR		17 STAT		18	
19		20		21		22	
23		24		25		26	
27		28		29 ACCT STATE		30	
31 OCCURENCE DATE		32 OCCURENCE DATE		33 OCCURENCE DATE		34 OCCURENCE DATE	
35 CODE		36 CODE		37 CODE		38 CODE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
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d		e		f		g	
42 REV. CD.		43 DESCRIPTION		44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
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721		722		723		724	
725		726		727		728	
729		730		731		732	
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737		738		739		740	
741		742		743		744	
745		746		747		748	
749		750		751		752	
753		754		755		756	
757		758		759		760	
761		762		763		764	
765		766		767		768	
769		770		771		772	
773		774		775		776	
777		778		779		780	
781		782		783		784	
785		786		787		788	
789		790		791		792	
793		794		795		796	
797		798		799		800	
801		802		803		804	
805		806		807		808	
809		810		811		812	
813		814		815		816	
817		818		819		820	
82							

Example 4: An Outpatient Hospital Claimhardship – Ordering Physician in significant hardship exception of extreme and uncontrollable circumstances

3a PAT. CNTL #		4 TYPE OF BILL	
b. MED. REC.#		0131	
5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS	
10 BIRTHDATE		11 SEX	
12 DATE		13 STAT	
14 TYPE		15 SRC	
16 D HR		17 STAT	
18		19	
20		21	
22		23	
24		25	
26		27	
28		29 ACCT STATE	
30		31 OCCURRENCE DATE	
32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE	
36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
38		39 VALUE CODES AMOUNT	
40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION	
0352		DK9876543210	
44 HCPCS/RATES/HPPS CODE		45 SERV. DATE	
74261 MD		010120	
46 SERV. UNITS		47 TOTAL CHARGES	
1		1000.00	
48 NON-COVERED CHARGES		49	
PAGE ____ OF ____		CREATION DATE	
TOTALS		→	
50 PAYER NAME		51 HEALTH PLAN ID	
52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
56 NPI		57	
58 INSURED'S NAME		59 P. REL.	
60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES	
64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67	
68		69	
70 PATIENT REASON DX		71 PPS CODE	
72 ECI		73	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE	
76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI	
80 REMARKS		81C	

Hardship Modifier – Ordering Physician in significant hardship exception. If hospital was in disaster area, append Condition Code DR to the hospital claim.

1		2 Example 5: An Outpatient Hospital Claim—Unknown, CDSM not provided with order		3a PAT. CNTL.# 3. MED. REC.# 5. FED.TAX NO.		4 TYPE OF BILL 0131	
8 PATIENT NAME		9 PATIENT ADDRESS		6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020		7	
10 BIRTHDATE	11 SEX	13 HR	14 TYPE	15 SRC	12 DATE	16 DHR	17 STAT
CONDITION CODES							
31 OCCURENCE CODE	32 OCCURENCE DATE	33 OCCURENCE DATE	34 OCCURENCE DATE	35 OCCURENCE DATE	36 OCCURENCE SPAN FROM	37 OCCURENCE SPAN THROUGH	38 OCCURENCE SPAN THROUGH
38				39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42 VALUE CODES AMOUNT
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Unknown Modifier – CDSM not provided with order </div>				a	b	c	d
42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0352	DK9876543210	74261 MH	010120	1	1000.00		
23 PAGE ___ OF ___		CREATION DATE		TOTALS →			
60 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A		B		C	D	E	F
B		C		D	E	F	G
C		D		E	F	G	H
58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A		B		C		D	
B		C		D		E	
C		D		E		F	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
A		B		C			
B		C		D			
C		D		E			
66 DX	67	A	B	C	D	E	F
I	J	K	L	M	N	O	P
69 ADMIT REASON DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80	81
c	d	e	f	g	h	i	j
80 REMARKS		81 CC	a	b	c	d	e

UB-04 CMS-1450

APPROVED OMB NO. 0938-0997

NUBC™ National Uniform

Billing Committee LIC3810506

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



1		2		3a PAT. CNTL.#		4 TYPE OF BILL	
		Example 6: An Outpatient Hospital Claim—CDSM consulted and order adheres		5. MED. REC.#		0131	
				5. FED.TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
						01012020 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 STATE	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
31 OCCURENCE DATE		32 OCCURENCE DATE		33 OCCURENCE DATE		34 OCCURENCE DATE	
35 OCCURENCE DATE		36 OCCURENCE DATE		37 OCCURENCE DATE		38 OCCURENCE DATE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
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b		c		d		e	
c		d		e		f	
d		e		f		g	
e		f		g		h	
f		g		h		i	
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z		aa		ab		ac	
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al		am		an		ao	
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an		ao		ap		aq	
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ap		aq		ar		as	
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az		ba		bb		bc	
ba		bb		bc		bd	
bb		bc		bd		be	
bc		bd		be		bf	
bd		be		bf		bg	
be		bf		bg		bh	
bf		bg		bh		bi	
bg		bh		bi		bj	
bh		bi		bj		bk	
bi		bj		bk		bl	
bj		bk		bl		bm	
bk		bl		bm		bn	
bl		bm		bn		bo	
bm		bn		bo		bp	
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bq		br		bs		bt	
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bw		bx		by		bz	
bx		by		bz		ca	
by		bz		ca		cb	
bz		ca		cb		cc	
ca		cb		cc		cd	
cb		cc		cd		ce	
cc		cd		ce		cf	
cd		ce		cf		cg	
ce		cf		cg		ch	
cf		cg		ch		ci	
cg		ch		ci		cj	
ch		ci		cj		ck	
ci		cj		ck		cl	
cj		ck		cl		cm	
ck		cl		cm		cn	
cl		cm		cn		co	
cm		cn		co		cp	
cn		co		cp		cq	
co		cp		cq		cr	
cp		cq		cr		cs	
cq		cr		cs		ct	
cr		cs		ct		cu	
cs		ct		cu		cv	
ct		cu		cv		cw	
cu		cv		cw		cx	
cv		cw		cx		cy	
cw		cx		cy		cz	
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dl		dm		dn		do	
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dn		do		dp		dq	
do		dp		dq		dr	
dp		dq		dr		ds	
dq		dr		ds		dt	
dr		ds		dt		du	
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du		dv		dw		dx	
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ei		ej		ek		el	
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el		em		en		eo	
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en		eo		ep		eq	
eo		ep		eq		er	
ep		eq		er		es	
eq		er		es		et	
er		es		et		eu	
es		et		eu		ev	
et		eu		ev		ew	
eu		ev		ew		ex	
ev		ew		ex		ey	
ew		ex		ey		ez	
ex		ey		ez		fa	
ey		ez		fa		fb	
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fa		fb		fc		fd	
fb		fc		fd		fe	
fc		fd		fe		ff	
fd		fe		ff		fg	
fe		ff		fg		fh	
ff		fg		fh		fi	
fg		fh		fi		fj	
fh		fi		fj		fk	
fi		fj		fk		fl	
fj		fk		fl		fm	
fk		fl		fm		fn	
fl		fm		fn		fo	
fm		fn		fo		fp	
fn		fo		fp		fq	
fo		fp		fq		fr	
fp		fq		fr		fs	
fq		fr		fs		ft	
fr		fs		ft		fu	
fs		ft		fu		fv	
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fv		fw		fx		fy	
fw		fx		fy		fz	
fx		fy		fz		ga	
fy		fz		ga		gb	
fz		ga		gb		gc	
ga		gb		gc		gd	
gb		gc		gd		ge	
gc		gd		ge		gf	
gd		ge		gf		gg	
ge		gf		gg		gh	
gf		gg		gh		gi	
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gj		gk		gl		gm	
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gl		gm		gn		go	
gm		gn		go		gp	
gn		go		gp		gq	
go		gp		gq		gr	
gp		gq		gr		gs	
gq		gr		gs		gt	
gr		gs		gt		gu	
gs		gt		gu		gv	
gt		gu		gv		gw	
gu		gv		gw		gx	
gv		gw		gx		gy	
gw		gx		gy		gz	
gx		gy		gz		ha	
gy		gz		ha		hb	
gz		ha		hb		hc	
ha		hb		hc		hd	
hb		hc		hd		he	
hc		hd		he		hf	
hd		he		hf		hg	
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hg		hh		hi		hj	
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hq		hr		hs		ht	
hr		hs		ht		hu	
hs		ht		hu		hv	
ht		hu		hv		hw	
hu		hv		hw		hx	
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ic		id		ie		if	
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ii		ij		ik		il	
ij		ik		il			

1		2 Example 7: An Outpatient Hospital Claim- CDSM consulted and order does not adhere		3a PAT. CNTL.#	4 TYPE OF BILL
				3b MED. REG.#	0131
				5. FED.TAX NO.	6. STATEMENT COVERS PERIOD FROM: 01012020 THROUGH: 01012020
8 PATIENT NAME		9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE	
13 HR		14 TYPE		15 SRC	
16 DHR		17 STAT		18	
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22		23		24	
25		26		27	
28		29		30	
31 OCCURENCE CODE		32 OCCURENCE DATE		33 OCCURENCE DATE	
34 OCCURENCE DATE		35 OCCURENCE DATE		36 OCCURENCE DATE	
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Example 8: An Outpatient Hospital Claim- CDSM consulted but no AUC for service

3a PAT. CNTY. #		4 TYPE OF BILL	
E. MED. REC.#		0131	
5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020	
8 PATIENT NAME		9 PATIENT ADDRESS	
10 BIRTHDATE		11 SEX	
13 HR		14 TYPE	
15 SRC		12 DATE	
16 DHR		17 STAT	
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Example 9: An Outpatient Hospital Claim— Multiple services ordered same Ordering Provider, Same CDSM tool

3a PAT. CNTL.# 4 TYPE OF BILL 0131
 5. FED.TAX NO. 6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020

8 PATIENT NAME a 9 PATIENT ADDRESS b c d e

10 BIRTHDATE 11 SEX 13 HR. 14 TYPE 15 SRC 12 DATE 16 D HR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30

31 OCCURENCE DATE 32 OCCURENCE DATE 33 OCCURENCE DATE 34 OCCURENCE DATE 35 OCCURENCE SPAN FROM THROUGH 36 OCCURENCE SPAN FROM THROUGH 37

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CDSM Modifier – Multiple services ordered same Ordering Provider, Same CDSM

39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HOPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0351	DK9876543210	70450 ME	010120	1	1000.00		
0352	DK9876543210	74261 ME	010120	1	1000.00		
0359	CT SCAN/OTHER	G10xx	010120	2	.02		

23 PAGE OF CREATION DATE TOTALS

60 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG BEN 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 57 OTHER PRV ID

58 INSURED'S NAME 59 P. REL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 67 A B C D E F G H I J K L M N O P Q

69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI 73

74 OTHER PROCEDURE DATE CODE OTHER PROCEDURE DATE CODE OTHER PROCEDURE DATE CODE OTHER PROCEDURE DATE CODE 75

76 ATTENDING NPI QUAL LAST FIRST 77 OPERATING NPI QUAL LAST FIRST 78 OTHER NPI QUAL LAST FIRST

80 REMARKS 81 CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC™ National Uniform THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF. Billing Committee LIC3810506



Example 10: An Outpatient Hospital Claim- Multiple services ordered same Ordering Provider, different CDSM

4 TYPE OF BILL: **0131**

6. STATEMENT COVERS PERIOD FROM: **01012020** THROUGH: **01012020**

8 PATIENT NAME: a _____ 9 PATIENT ADDRESS: a _____

10 BIRTHDATE: _____ 11 SEX: _____ 13 HR: _____ 14 TYPE: _____ 15 SRC: _____ 16 DHR: _____ 17 STAT: _____

31 OCCURRENCE CODE: _____ DATE: _____ 32 OCCURRENCE CODE: _____ DATE: _____ 33 OCCURRENCE CODE: _____ DATE: _____ 34 OCCURRENCE CODE: _____ DATE: _____ 35 OCCURRENCE CODE: _____ DATE: _____ 36 OCCURRENCE CODE: _____ DATE: _____ 37 OCCURRENCE CODE: _____ DATE: _____

38 **CDSM Modifier – Multiple services ordered same Ordering Provider, different CDSM.**

39 VALUE CODES CODE: _____ AMOUNT: _____ 40 VALUE CODES CODE: _____ AMOUNT: _____ 41 VALUE CODES CODE: _____ AMOUNT: _____

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0351	DK9876543210	70450 ME	010120	1	1000.00		1
0359	CT SCAN/OTHER	G10xb	010120	1	.01		2
0612	DK9876543210	72148 ME	010120	1	1500.00		3
0619	MRT/OTHER	G10xa	010120	1	.01		4

23 PAGE OF _____ CREATION DATE: _____ TOTALS →

50 PAYER NAME: _____ 51 HEALTH PLAN ID: _____ 52 REL INFO: _____ 53 ASG BEN: _____ 54 PRIOR PAYMENTS: _____ 55 EST. AMOUNT DUE: _____ 56 NPI: _____ 57 OTHER PRV ID: _____

58 INSURED'S NAME: _____ 59 P. REL: _____ 60 INSURED'S UNIQUE ID: _____ 61 GROUP NAME: _____ 62 INSURANCE GROUP NO.: _____

63 TREATMENT AUTHORIZATION CODES: _____ 64 DOCUMENT CONTROL NUMBER: _____ 65 EMPLOYER NAME: _____

66 67 A B C D E F G H I J K L M N O P Q

69 ADMIT REASON DX: _____ 70 PATIENT REASON DX: _____ 71 PPS CODE: _____ 72 ECI: _____ 73

74 PRINCIPAL PROCEDURE CODE: _____ DATE: _____ 75 OTHER PROCEDURE CODE: _____ DATE: _____ 76 ATTENDING NPI: _____ QUAL: _____ LAST: _____ FIRST: _____

77 OPERATING NPI: _____ QUAL: _____ LAST: _____ FIRST: _____

78 OTHER NPI: _____ QUAL: _____ LAST: _____ FIRST: _____

80 REMARKS: _____ 81CC a _____ b _____ c _____ d _____

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC™ National Uniform Billing Committee LIC3810506 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Example 11: An Outpatient Hospital Claim – Multiple services ordered different Ordering Provider, different CDSMs										3a PAT. CNTL.# E.MED. REC.# 5. FED. TAX NO.	4 TYPE OF BILL 0131 6. STATEMENT COVERS PERIOD FROM 01012020 THROUGH 01012020		
8 PATIENT NAME a 9 PATIENT ADDRESS a b c d e													
10 BIRTHDATE	11 SEX	13 HR	14 TYPE	15 SRC	12 DATE	16 DHR	17 STAT	18-28 CONDITION CODES			29 ACCT STATE	30	
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42 VALUE CODES AMOUNT	43	
CDSM Modifier – Multiple services ordered different Ordering Provider, different CDSMs										a	b	c	d
42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES/PPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49						
1 0351	DK9876543210	70450 ME	010120	1	1000.00		1						
2 0359	CT SCAN/OTHER	G10xa	010120	1	.01		2						
3 0612	DK0123456789	72148 ME	010120	1	1500.00		3						
4 0619	MRT/OTHER	G10xb	010120	1	.01		4						
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23	PAGE OF		CREATION DATE		TOTALS								
50 PAYER NAME			51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		
A												A	
B												B	
C												C	
58 INSURED'S NAME			59 P. REL.	60 INSURED'S UNIQUE ID			61 GROUP NAME		62 INSURANCE GROUP NO.				
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B												B	
C												C	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME					
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B												B	
C												C	
66	67	A	B	C	D	E	F	G	H	68			
I	J	K	L	M	N	O	P	Q					
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73						
74	PRINCIPAL PROCEDURE CODE	75	OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	QUAL	LAST	FIRST	QUAL	LAST		
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		78 OTHER NPI		QUAL	LAST	QUAL	LAST		
80 REMARKS		81CC	a	b	c	d	78 OTHER NPI	QUAL	LAST	QUAL	LAST		

UB-04 CMS-1450

APPROVED OMB NO. 0938-0097

NUBC™ National Uniform

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Billing Committee LIC3810506