

Clinical Decision Support Webinar Series: Part 1 *Get the Facts!*

Lauren Sloan MHA, RD, LD
Director of Regulatory Affairs



ADVOCATE[™]
Radiology Billing Specialists

Agenda

- Acronyms
- Background/history of legislation for Clinical Decision Support
- Potential impact on radiologists
- What is ADVOCATE doing for our clients?
- Details of Clinical Decision Support
- Questions

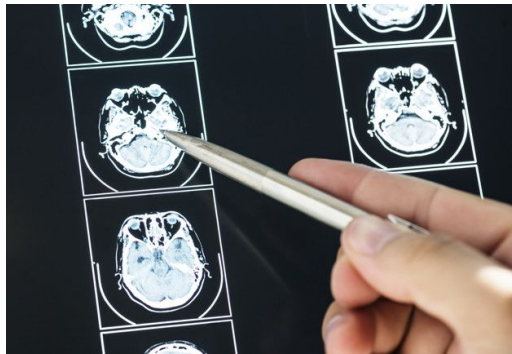
Acronyms to Know

- CDS: Clinical Decision Support
- AUC: Appropriate Use Criteria
- CDSM: Clinical Decision Support Mechanism
- PLE: Provider-led Entity
- PAMA: Protecting Access to Medicare Act
- CAH: Critical Access Hospital



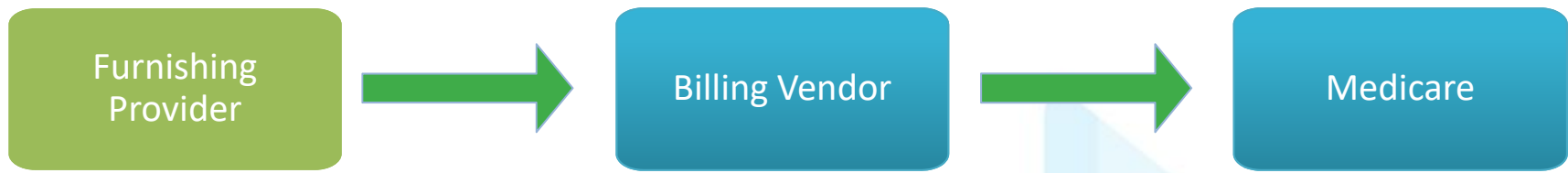
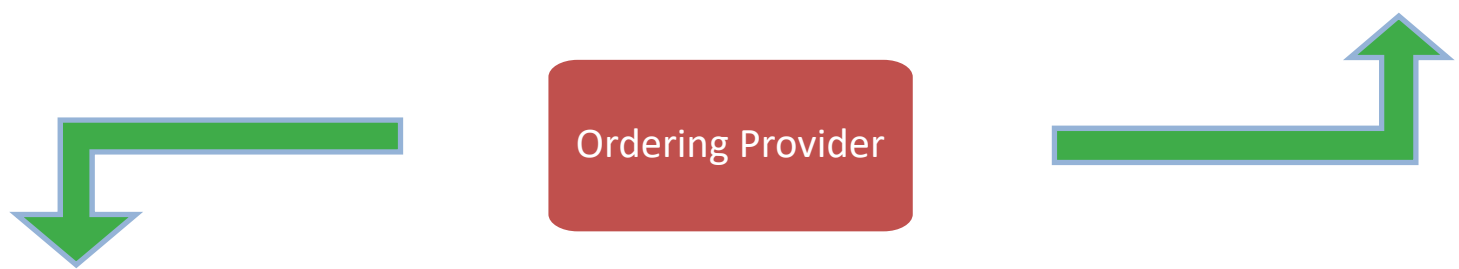
What is Appropriate Use Criteria (AUC)?

- Criteria developed by national professional medical specialty societies or PLEs
- Used to assist in making appropriate treatment decisions; evidence-based



What are Provider-Led Entities (PLE)?

- National professional medical specialty society or other organization comprised primarily of providers who predominantly provide direct patient care.
- American College of Radiology
- Massachusetts General Hospital, Department of Radiology
- Society for Nuclear Medicine and Molecular Imaging



Background

- Protecting Access to Medicare Act (PAMA) of 2014
 - Provision for mandatory use of appropriate use criteria (AUC) for advanced diagnostic imaging
- CY 2016 rulemaking process defined:
 - Initial program components
 - Applicable AUC and process for development
 - Provider-led entities (PLE)

Background

- CY 2017 rulemaking process defined:
 - Requirements for clinical decision support mechanisms (CDSM) to become qualified
 - Applicable payment systems
 - Medicare Physician Fee Schedule
 - Ambulatory Surgical Center payment system (ASC)
 - Hospital Outpatient Prospective Payment System (HOPPS)
 - Outlier ordering professionals

Background

- CY 2018 rulemaking process defined:
 - Program implementation date: 1/1/2020
 - Broad claims processing instructions
 - Ordering professionals responsibility vs. furnishing professional
 - “educational and operations testing year”
 - Voluntary reporting period
 - QQ modifier
 - 1/1/2018-12/31/2019

Background

- CY 2019 rulemaking process defined:
 - Reconfirmed program implementation date: 1/1/2020
 - Additional applicable setting
 - Independent diagnostic testing facility (IDTF)
 - Clarified reporting requirements
 - Established policy for significant hardship

Impact on Radiologists

WHAT DOES IT MEAN TO ME?



ADVOCATE[™]
Radiology Billing Specialists

Impact on Radiologists

Original Timeline



Impact on Radiologists

Updated Timeline



Impact on Radiologists

- Role of referring provider
 - Communication with radiologist
 - Utilize AUC to provide evidence-based patient care
 - Abide by regulations to avoid outlier ordering professional status

Impact on Radiologists

- Role of radiologist
 - Educate referring providers
 - Open lines of communication
 - Feedback to referring providers
 - Create sense of urgency

Impact on Radiologists

- **Priority Clinical Areas**

- Coronary artery disease (suspected or diagnosed).
- Suspected pulmonary embolism.
- Headache (traumatic and non-traumatic).
- Hip pain.
- Low back pain.
- Shoulder pain (to include suspected rotator cuff injury).
- Cancer of the lung (primary or metastatic, suspected or diagnosed).
- Cervical or neck pain.

ADVOCATE Support

**WHAT IS ADVOCATE DOING FOR
OUR CLIENTS?**



ADVOCATE[™]
Radiology Billing Specialists

ADVOCATE Support

- Provide our clients with:
 - Informational material for referring providers
 - Education
 - Continued communication
 - Updates
 - Client Manager interactions with clients
 - Analytics & reporting

Details of Clinical Decision Support

HOW DOES IT WORK?



ADVOCATE[™]
Radiology Billing Specialists

Details of CDS

- The “CDS Five Rights” concept
 - the right information (evidence-based guidance, response to clinical need)
 - to the right people (entire care team – including the patient)
 - through the right channels (e.g., EHR, mobile device, patient portal)
 - in the right intervention formats (e.g., order sets, flow-sheets, dashboards, patient lists)
 - at the right points in workflow (for decision making or action)

Details of CDS

- Differences from prior authorization
 - Occurs at the point of care
 - No FTE's sitting on the phone
 - No “hard stop”
 - An educational tool for physicians and patients

Details of CDS

- Applicable studies
 - CT
 - MRI
 - PET
 - Nuclear medicine



Details of CDS

- Applicable settings
 - Physician's office
 - Hospital outpatient department (includes ED)
 - Emergency services when provided under non-emergency conditions
 - Ambulatory surgical center
 - Independent diagnostic testing facility
- Auxiliary personnel

Details of CDS

- Where do Critical Access Hospitals (CAH) fit?
 - Exempt based on payment system not setting
 - 2 payment methods:
 - Standard Payment Method (Method I)
 - CAH bills Medicare using system exempt from CDS
 - Radiologist bills Medicare Part B; no exemption from CDS

Details of CDS

- Where do CAHs fit? Continued:
 - Optional Payment Method (Method II)
 - 1) Radiologist reassigns billing rights to CAH, they bill under CDS-exempt payment system, therefore radiologist is exempt
- OR
- 2) CAH bills under CDS-exempt payment system AND radiologist bills Medicare Part B, no exemption from CDS

What Does CMS Believe are the Benefits?

- CMS estimate of savings
 - Limited information overall
 - CMS approximates one-third of imaging procedures are inappropriate
 - CMS approximates upwards of \$990,000,000 savings per year
- Potential benefits for Medicare beneficiaries per CMS
 - CDSM alerting to obsolete tests
 - Advanced diagnostic imaging may produce inaccurate results based on patient medications
 - Potential decrease in medical errors
 - CDSM could identify situations of repeated testing

How to Report AUC Consultations to CMS

- CMS will publish G-codes
 - Will communicate which CDSM used
- Modifiers
 - Will communicate whether the service ordered would or would not adhere to AUC, or does not apply
- Ordering provider NPI

Yet To Be Determined...

- What will data transfer look like in the hospital setting?
- Impact on radiology volume and revenue?
- What impact will CDS have on provider workflow? In the ED?

Submitted Questions



ADVOCATE[™]
Radiology Billing Specialists

THANK YOU!

Lauren Sloan MHA, RD, LD | Director of Regulatory Affairs

ADVOCATE Radiology Billing

10567 Sawmill Parkway, Suite 100 | Powell, Ohio 43065

O: 614.210.1885 x 2779 | F: 614.210.1886 | C: 937.238.1928

lauren.sloan@radadvocate.com | www.radAdvocate.com



ADVOCATE[™]
Radiology Billing Specialists