Clinical Decision Support

Program Review and Insights from Select Groups

February 6, 2020

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Agenda

- **Program Overview**
  - **Terminology and Acronyms**
  - **Background**
  - **Timeline**
  - **The who, what, when and where's of CDS**
  - **G-Codes and Modifiers**
- **Implementation**
- **Important Things to Know about AUC/CDS**

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Program Overview

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Terminology and Acronyms

- AUC – appropriate use criteria
- PLE – provider led entities
- CDS – clinical decision support
- CDSM – clinical decision support mechanism
- PAMA – Protecting Access to Medicare Act
- CAH – Critical Access Hospital
- AUC documentation – modifiers and G-codes that represent compliance with the program

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Program Background

2014 PAMA legislation that mandated CMS to create regulations that require ordering physicians to consult AUC for advanced imaging studies.

- **Advanced Imaging Studies**
  - **MRI**
  - **PET**
  - **CT**
  - **Nuclear Medicine**

CMS intends the program to reduce the rate of "inappropriate" imaging tests

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Timeline

July 2018 – December 31st, 2019 – Voluntary Period

- Early adopters of program could report participation to CMS with the 'QQ' modifier

January 1st 2020 – Operations and Testing Period begins

- CMS requires AUC consultation and documentation but there is no risk to payment if it is incorrect or missing on claims

January 1st 2021 – Full Implementation

- CMS will deny claims that do not have AUC documentation
- 2023 or 2024 – CMS will identify outlier physicians who will be subject to prior authorization

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Who is required to consult a CDSM?

Any practitioner, or clinical staff member, is required to consult a CDSM when ordering advanced diagnostic imaging for a Medicare beneficiary in an outpatient setting.

Clinical staff – an individual working under the direction of the ordering provider who has sufficient clinical knowledge to consult a CDSM and communicate results back to the ordering professional

Furnishing providers CAN NOT consult a CDSM on behalf of an ordering provider

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Where is CDS “applicable”?

Applicable Settings

- Physician office
- Hospital Outpatient Department
  - Including the Emergency Department
- Ambulatory Surgical Center
- Independent Diagnostic Testing Facility

Applicable Payment System

- Physician Fee Schedule
- Hospital Outpatient Prospective Payment System
- Ambulatory Surgical Center Payment System

CAH are exempt from CDS program at this time

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When is consultation required?

Consultation of a CDSM is required for ordering advanced imaging studies for Medicare beneficiaries in the *applicable settings* and under the *applicable payment systems*

Consultation is NOT required in the case of the following hardship exceptions:

- **A suspected or confirmed emergency medical condition**
- **Insufficient internet access**
- **EHR or CDSM vendor issues**
- **Extreme and uncontrollable circumstances**

These situations ARE required to be documented through use of a modifier

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What documentation is required?

In order to pay claims, CMS requires:

- **NPI of the ordering provider**
- **AUC Modifier – shows the outcome of consulting the CDSM or documents why a CDSM is not consulted**
- **G-Code – code that corresponds to the specific CDSM that was consulted**

Other Documentation (not required but may be useful)

- **DSN – Decision Support Number – unique number generated by the CDSM for the consultation**
- **Appropriateness Score – rating of how appropriate the order is on a scale of 1-9**
  - **Could be used to map to a modifier**

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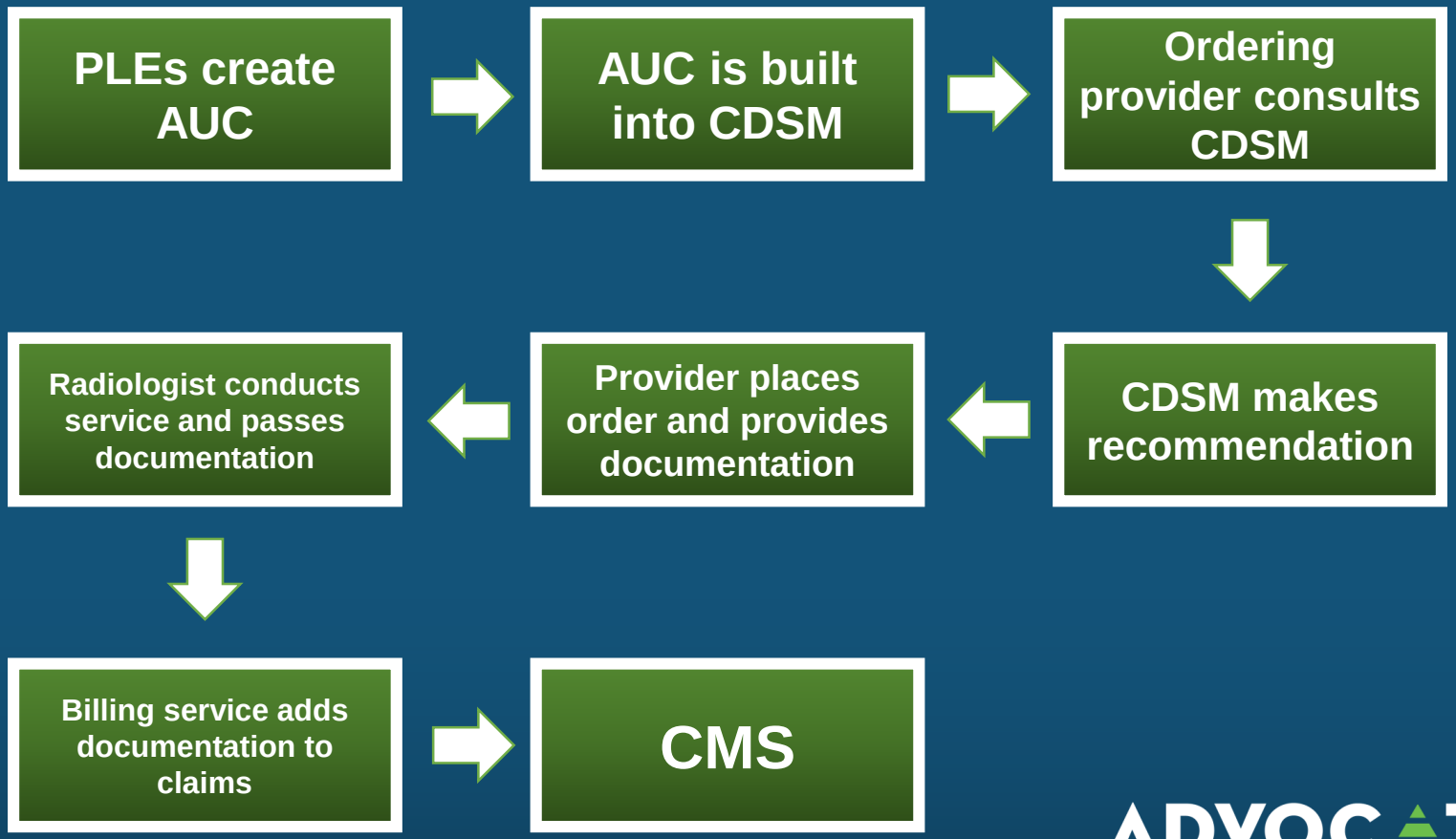
CDS Workflow

How does it work?



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Modifiers

Modifier	Description
MA	Ordering professional **not required to consult** a CDSM due to patient having a suspected or confirmed medical emergency
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 EHR or CDSM vendor issues
MD	Ordering professional is **not required to consult** a CDSM due to the significant hardship exception of extreme and uncontrollable circumstances
ME	The order **adheres** to the appropriate use criteria in the CDSM consulted by the ordering professional
MF	The order **does not adhere** to the appropriate use criteria in the CDSM consulted by the ordering professional
MG	The order for this service **does not have** appropriate use criteria in the 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

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G-Codes

G-Code	CDSM
G1000	Applied Pathways
G1001	eviCore
G1002	MedCurrent
G1003	Medicalis
G1004	National Decision Support (also known as CareSelect)
G1005	National Imaging Associates
G1006	Test Appropriate
G1007	AIM Specialty Health
G1008	Cranberry Peak
G1009	Sage Health Management Solutions
G1010	Stanson
G1011	**Qualified tool not otherwise specified**

CMS has approved 18 different tools to be "qualified" CDSMs but did not release unique G-Codes for each one.

G1011 can be used for tools without their own code

List of CDSMs is available on CMS.gov

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Implementation

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Implementation

Where to start?

- **Identify the scope that AUC/CDS will have on your situation**
  - **Who are your stakeholders?**
    - **Internal staff, outside providers, billing vendor, IT personnel?**
  - **What systems are impacted?**
    - **EHR? Scheduling software? Others?**
  - **How will this impact workflows in your organization?**
  - **Who will need training/education/feedback?**
  - **How will the data flow from place to place?**
    - **Ordering Provider > Furnishing Provider > Billing Vendor**

THERE IS NO "ONE WAY" TO PREPARE, FIND WHAT WORKS BEST FOR YOU

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Implementation

Make sure to ask questions along the way

- **How are outside referrals going to be handled?**
  - **Where is their data captured? How does that flow to the claim?**
  - **How about paper or phone referrals?**
- **How are hardship exceptions handled?**
  - **Does the CDSM or EHR provide the documentation?**
  - **Is it entered as free text on the order?**
- **How are orders without documentation handled?**
  - **What does feedback look like for non compliance?**

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Implementation

Formulate a Plan

- **Determine a timeline for educating physicians and staff**
- **Begin IT related updates ASAP**
- **Decide on communication strategy and policies for outside providers**
  - **How are they going to be providing documentation?**
  - **Determine how to handle referrers who aren't in compliance**
- **Partner with billing service provider for testing data flow**

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Implementation

Learnings

- There are various levels of familiarity and knowledge in the industry
  - Program has had many updates and delays since it's announcement
  - Some are operating with out dated information
  - Outside ordering providers are less likely to know of program

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Implementation

Learnings

- **CDSMs – can be implemented in multiple ways**
  - **Integrated with an EHR**
    - **EHR prompts CDS consultation**
  - **Stand alone program**
  - **Web Portal**
    - **Free options**

Multiple sources for consultation = more chances to capture documentation

- **Something will need updated somewhere along the way**
  - **Adding fields to accept the documentation**
  - **EHR needing update to add G-Codes and Modifiers**
  - **Order templates? Scheduling software?**
  - **Training or policies**

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Implementation

Start NOW!

- **Make the most of 2020 while no payment is at risk**
- **Evaluate your process along the way and make changes as needed**
  - **Is the updated process flow working? Can it be improved?**
- **Track your areas of non-compliance and create a plan for 2021**

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Important Things To Know

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Things to Know

Clarifications

- To bill claims, CMS requires the Modifier and G-Code
  - NOT the DSN number as they had previously stated
- The modifiers are attached to the CPT code
  - G-Code goes on separate line
- The QQ modifier should no longer be used as of Jan 1st 2020
  - This was only for the voluntary period 2018- 2019

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Things to Know

Clarifications

- Not ALL orders from the ER are to be coded as hardship exceptions (MA Modifier)
  - CMS has stated that they do not expect that all orders coming from the ER department to fit the emergency medical conditions as defined by EMTALA
  - CMS has also stated that there is no penalty if a claims is coded with MA but the situation is found to not be an emergency at a later time
- If exam parameters are adjusted, you do not need to consult a CDSM again
  - The original documentation should be used in these situations

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Things to Know

Industry Questions

- CMS has not clarified if they will still pay claims coded with MH (unknown if provider consulted) in 2021
- Will CMS require more information in the future?
  - Modifiers and G-Codes represent a small portion of the consultation
- Critical Access Hospital documentation with CDS
  - CMS has not stated how CAH will be identified within the program
    - EX – the technical component is performed in a CAH but the professional component is done outside a CAH
    - Possible that a new Modifier will be created

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Questions

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Questions

One of the things we've heard in the industry chatter recently is about clarifying if the professional claims need to have the G code for CDSM and the appropriate modifier. Some folks thought that only the technical claims should be submitted with the CDS information.

So, is it confirmed that both TC and PC claims need the appropriate G code and modifier?

- The AUC/CDS documentation requirements apply both professionally, technically and globally as long as the mandate's 'applicable setting and payment system' apply to those settings. The ACR did confirm this on their page for Clinical Decision Support under the 'Care Setting Specific Tips' headline. Here is the link!: https://www.acr.org/Clinical-Resources/Clinical-Decision-Support
- The issue of Critical Access Hospitals and AUC/CDS is where things can get a little tricky. There will likely be more information released from CMS this year but, so far, the opinion of the ACR is that AUC information is not required for PC claims of services performed in the CAH setting. This has been stated from CMS but written documentation needs to be formalized. In the case where the service is performed in a CAH but read in another location, documentation would not be required on the PC side of the claim since consultation was not required for the TC. However, CMS has not provided a way to actually document this scenario just yet – the industry guess is there will a new modifier down the line.
- Here is a link from an ACR/RMBA webinar a few months ago with some good FAQs - https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Clinical-Decision-Support/Oct-9-AUC-CDS-Webinar-QA-Summary.pdf?la=en
- It's also worth remembering that the AUC/CDS modifier is supposed be attached to the CPT code for the procedure and the G-Code is supposed to go on a separate line. We've run into a lot of folks assuming that the modifier goes with the G-Code so far.

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Questions

- **What does a practice need to do if they are an ordering provider and their EMR system has not yet set up a CDS solution within their software? I know there is a list of certified vendors on the CMS website. Can you show us what the process looks like? What type of information needs to be reported on an order? Where do they get this information? Do any of the systems offer free access?**

- A practice can choose to use a stand along CDSM tool if they do not have one integrated into their EHR/EMR system or to use temporarily while one is being integrated.
- Yes there is a list on the CMS website here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM
- There are three approved CDSM tools that offer free solutions, they are:
  - LogicNets AUC Solution
  - National Decision Support Company CareSelect – their online tool is called Open Access
  - AIM Specialty Health ProviderPortal
- Many of these CDSM tools can provide a DEMO of how they work upon request.
- The information that a furnishing provider will need from an ordering provider is the NPI number of the ordering physician and the modifiers and G-codes. CDSMs may also be able to provide more information as we discussed such as the DSN or appropriateness score.

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Questions

Is AUC consultation required for CT/MRI guided procedures?

- From what we've found, no – not at this time. CMS published a list of CPT codes for advanced imaging studies which require AUC consultation. Here is the link: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf

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Questions

- **Can you explain more about the outlier physicians? Will an ordering provider be fined if they fail to provide the AUC documentation?**
- Yes –CMS intends to identify outlier ordering physicians in future years of the program – likely somewhere around 2023 or so. CMS has not released information on their exact process to define or track them at this time. Ordering physicians that fail to consult a CDSM or provide the documentation will not be fined or have any financial penalty. However, CMS will assess ordering patterns and those that they consider 'outliers' will be subject to prior authorization for Medicare services in future years. As we mentioned, CMS still needs to clarify exactly how this will happen but they given us the following information.
  - They will be looking at ordering patterns for a set of 'priority areas'
    - Coronary artery disease (suspected or diagnosed)
    - Suspected pulmonary embolism
    - Headache (traumatic and nontraumatic)
    - 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
  - CMS stated that up to 5% of the ordering population for these priority areas will be subject to prior authorization based on their ordering patterns.

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Questions

How important are the appropriateness scores? What if I receive a score of zero?

- At this time, the scores are translated to ‘adhere’ or ‘not adhere’ results, which are reported through the use of a modifier. The ordering provider can move forward with an order regardless of the score if they feel it is right for the patient. The PAMA AUC program is not prior authorization and there is no hard stop to prevent a study from being ordered. Those that consistently order against the AUC will likely become subject to prior authorization but CMS has yet to define the specifics on this process. Ordering physicians are responsible for the consultation and radiologists are responsible for the documentation. Radiologist will still be reimbursed for performing studies that are considered ‘not appropriate’ or that do not have ‘AUC available’ at the time of consultation. We are still waiting for CMS to clarify if they will reimburse the MH modifier (unknown if ordering provider consulted AUC) in 2021.

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Questions

- **Who is responsible to provide feedback on use of AUC to the referring doctors?**

- It is recommended that Radiologists provide feedback as it is in their best interest in order to protect reimbursement but there is no official requirement. CMS will likely provide feedback in some way and we expect to know more when they define their outlier process.

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Questions

Are there resources available to help educate outsider referring providers?

- Yes, there's lots of information available that can be used to educate your stakeholders. There are toolkits available or you may choose to make your own materials. We will provide links on the next few slides.

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CMS Resources

Program Overview:

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program

List of CDSMs:

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM

Outreach and Education:

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/OandE

Modifiers, G-Codes and Applicable CPT Codes:

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf

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American College of Radiology Resources:

Toolkit and Program Overview:

- https://www.acr.org/Clinical-Resources/Clinical-Decision-Support

FAQ Page from AUC Webinar:

- https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Clinical-Decision-Support/Oct-9-AUC-CDS-Webinar-QA-Summary.pdf?la=en

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Advocate Resources:

eNews:

- https://radadvocate.com/medicares-appropriate-use-criteria-program-getting-everyone-involved/
- https://radadvocate.com/medicares-cds-program-one-size-does-not-fit-all/
- https://radadvocate.com/cds-are-you-having-the-talk/
- https://radadvocate.com/clinical-decision-support-and-critical-access-hospitals/
- https://radadvocate.com/clinical-decision-support/

- Webinars:
- https://radadvocate.com/wp-content/uploads/2019/02/zoom_0-2.mp4
- https://radadvocate.com/wp-content/uploads/2019/02/2019-02-20-10.00-Clinical-Decision-Support-Webinar-Series_-Part-1-Get-the-Facts.mp4

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