

Clinical Decision Support

Information for Ordering Providers
and
Demo of Free CDSM Tools

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ADVOCATE
Radiology Billing Specialists

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Agenda

- **High Level Program Overview**
 - Background
 - Outlier Ordering Physicians
 - AUC Documentation
- **CDSMs**
 - Demo of Free CDSM Tools
- **Important Things to Know about AUC/CDS**

Program Overview

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

Program Background

Purpose of program is identify the patterns of ordering physicians and reduce the amount of inappropriate imaging tests performed on beneficiaries

Studies have shown that consulting AUC helps ensure quality and cost effective patient care

CMS will use data collected on advanced imaging claims to determine a percentage of **outlier ordering physicians** who will be subject to prior authorization for Medicare

Outlier Ordering Physicians

CMS has yet to share the method of identifying **outlier ordering physicians** but we do know the following:

- CMS will not use data from the Operations and Testing Year
- CMS will first look at a set of 'priority areas'
 - Coronary artery disease (suspected or diagnosed)
 - Suspected pulmonary embolism
 - Headache (traumatic and non-traumatic)
 - Hip Pain
 - Low back Pain
 - Shoulder Pain
 - Cancer of the lung
 - Cervical or neck pain
- CMS will assess ordering patterns and identify up to 5% of ordering physicians under the program

AUC Documentation

Ordering physicians are responsible to provide the following AUC documentation to the **furnishing provider**:

- **NPI** of the ordering physician
- **Modifier** – indicating the result of the consultation or if AUC was not consulted due to a hardship
- **G-Code** – indicating which CDSM tool was used

Other documentation generated by CDSMs:

- **DSN – Decision Support Number** – a unique identifier for the consultation
- **Appropriateness Score** – rating of 1-9
 - Can be 'mapped' to a modifier

CDSMs

CDSMs - Background

CMS has established criteria in order for a CDSM to be considered 'qualified'

- **Using a CDSM tool that has not been qualified by CMS would not comply with the AUC mandate**

Qualified CDSMs must:

- **Support AUC from at least one source, be able to support from multiple**
- **Generate AUC documentation for billing and unique identifiers**
- **Update AUC content within 12 months of release**
- **Go through qualification process every 5 years**

CDSMs

CDSMs can be integrated into an EHR or act as stand alone web portals

EHR **integrated** CDSMs have less impact on an ordering provider's workflow

- Consultation is usually prompted during ordering process
- Data flow – consultation > order > radiologist > billing service
- Requires more 'front end' set up and configuration

CDSMs

Stand alone CDSMs are more impactful to ordering provider's workflow

- Navigate to the tool and log in
- Manually enter in information
 - Some require more entry than others
- Manually collect information
 - Copy and paste
- Do not require much 'front end' set up
 - Create an account

CDSM DEMO

National Decision Support: CareSelect Open Access

Free online tool available here:

<https://qcdsm.nationaldecisionsupport.com/>

- Requires sign up/create account
- National Decision Support: CareSelect available at cost and able to be integrated into other applications
- Uses AUC from: American College of Radiology (ACR), Society of Pediatric Radiology (SPR), American College of Cardiology (ACC), National Comprehensive Cancer Network (NCCN), and Society of Nuclear Medicine and Molecular Imaging (SNMMI).

AIM Specialty Health

Free online tool available through AIM Provider Portal:

<https://aimspecialtyhealth.com/providerportal/>

- **Requires sign up/create account**
 - **Account must be verified before you can use**

- **Uses AUC from:** American College of Cardiology (**ACC**), Center for Diagnostic Imaging Quality Institute (**CDI**), and National Comprehensive Cancer Network (**NCCN**)

Test Appropriate

Free online tool available:

<https://www.testappropriate.net/account/login>

- **Requires sign up/create account**

- **Allows for multiple users on one account**

- **Sign up here:** <https://testappropriate.com/#home>

- **Uses AUC from:** American College of Radiology (ACR),
American College of Cardiology (ACC),

Modifiers

Modifier	Description
MA	Ordering professional not required to consult a CDSM due to patient having a <u>suspected or confirmed medical emergency</u>
MB	Ordering professional is not required to consult a CDSM due to the significant hardship exception of <u>insufficient internet access</u>
MC	Ordering professional is not required to consult a CDSM due to the significant hardship exception of <u>EHR or CDSM vendor issues</u>
MD	Ordering professional is not required to consult a CDSM due to the significant hardship exception of <u>extreme and uncontrollable circumstances</u>
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

Important Things To Know

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**

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

- 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

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

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

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

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
 - Can be translated to a modifier

Modifiers

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G-Codes

G-Code	CDSM
G1000	Applied Pathways – removed as of 4/1/2020
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

List of CDSMs is available on [CMS.gov](https://www.cms.gov)

FREE Tools are available in **BOLD**

G-Codes

G-Code	CDSM
G1012	AgileMD's Clinical Decision Support Mechanism
G1013	EvidenceCare's Imaging Advisor
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 – free until 2021

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Things to Know

Clarifications

- **For billing purposes, 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**

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

Things to Know

Industry Questions

- **CMS has not clarified if they will still pay claims coded with MH (unknown if provider consulted) in 2021**
 - **Furnishing providers may refuse to schedule patients if no AUC modifier is given by ordering provider**
- **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**

Thank You!



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