Appropriate Use Criteria Clinical Decision Support (AUC/CDS)

Program Updates from 2022 Final Rule

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Agenda

- **Program Background**
  - **AUC Documentation – Modifiers and G-Codes**
- **Updates from 2022 Final Rule**
  - **Timeline updates**
  - **Claims Processing**
  - **Critical Access Hospitals**
- **Implementation Considerations**
- **Submitted Questions**

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Appropriate Use Criteria: Program Background

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Program Background

2014 PAMA legislation that mandated CMS to create regulations that require *ordering physicians* to consult Appropriate Use Criteria when ordering advanced imaging studies for Medicare beneficiaries in applicable settings and under applicable payment systems.

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

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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 due to applicable payment system

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When do the rules apply?

The regulations apply to ordering providers who intend to order:	
Advanced Imaging Studies	CT, MRI, PET, and Nuclear Medicine
for	
Medicare Beneficiaries	Does not apply to MA plans or Medicare as secondary insurance
under an	
Applicable Settings:	• Physician Office • Hospital Outpatient Setting – **including the ER** • Ambulatory Surgical Center • Independent Diagnostic Testing Facility
under an	
Applicable Payment Systems	• Medicare Physician Fee Schedule • Hospital Outpatient Prospective Payment System • Ambulatory Surgical Center Payment System

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How is AUC consulted?

- Ordering providers must use a *qualified* **Clinical Decision Support Mechanism (CDSM)**
  - **CMS** maintains an approved list of tools

- **CDSMs** are interactive, digital tools containing Appropriate Use Criteria that provide real time feedback on how appropriate an imaging service is for a patient
  - Provides documentation needed for applicable AUC claims
  - Can be integrated into EHR systems or be stand alone applications

CMS maintains list of qualified CDSM tools HERE

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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 for consultation

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Outlier Ordering Providers

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

- Unclear exactly when this will be due to program delays

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**
  - **Cervical or neck pain**
  - **Hip Pain**
  - **Low back Pain**
  - **Shoulder Pain**
  - **Cancer of the lung**

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Program Overview

Under the mandate…

Ordering providers are responsible for the consultation

Furnishing providers are responsible for the documentation

CMS will deny advanced imaging claims missing AUC documentation in

2023

…depending on the end of the covid - PHE…

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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 *including COVID-19 PHE
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
G1001	eviCore
G1002	MedCurrent
G1003	Medicalis
G1004	National Decision Support (also known as CareSelect)
G1007	AIM Specialty Health
G1008	Cranberry Peak
G1010	Stanson
G1012	AgileMD's Clinical Decision Support Mechanism
G1013	EvidenceCare's Imaging Advisor
G1014	InveniQA's Semantic Answers in Medicine

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G-Codes

G-Code	CDSM
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
G1011	RadRite

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Updates from 2022 MPFS Final Rule

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Updates from 2022 Final Rule

2022 Final Rule <u>delayed</u> the *payment penalty phase* of program to now begin on the latter of the following:

January 1st, 2023

OR

January 1st <u>following</u> the declared end of the COVID-19 public health emergency

- PHE currently active until mid- April 2022
- CMS has stated there will be a 60-day notice prior to end of PHE

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Updates from 2022 Final Rule

CMS cites impact of COVID-19 and industry readiness as reason for delay

From Rule:

> Based on a review of CY 2020 Medicare claims (noting for readers that during this year the AUC program was only in the education and operations testing phase with no payment penalties), we estimate between **9–10 percent** of all claims subject to the AUC program reported information sufficient to be considered compliant with the program.
>
> An additional **6–7 percent** of claims subject to the AUC program included ***some*** relevant information, which demonstrates an awareness of the AUC program among these billing entities; but the claims did not include all of the necessary AUC consultation information that will ***ultimately be required for the claim to be paid***.

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Updates from 2022 Final Rule

Claims Processing

- **CMS building a series of ‘claims processing system edits’ for AUC and measures to ensure only appropriate claims are subject to these edits**
  - 2023 Proposed/Final Rulemaking will have more details

- **Penalty phase will begin with ‘returning’ claims with these edits before denying**
  - Still unclear exactly what that means
  - **More information on process will be released on CMS Website HERE**

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Updates from 2022 Final Rule

Claims Processing

- **CMS looking at claim types and place of service for AUC applicability**
  - **CMS -1500 (and electronic equivalent) for practitioners**
    - Edits limited to place of service codes:

11	OFFICE	22	ON CAMPUS OP Hospital
15	MOBILE UNIT	23	EMERGENCY ROOM
19	OFF CAMPUS OP Hospital	24	AMBULATORY SURGICAL CENTER

  - **CMS -1450 for institutional claims**
    - Billed with 13x for outpatient hospital settings.

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Updates from 2022 Final Rule

Claims Processing

- **Critical Access Hospitals bill outpatient claims with 85x which bypasses the 'subject to AUC' check in edit system**
  - CMS exploring whether they can automate identifying CAH claims using the CMS Certification Number (CCN)

- **MD Modifier –** permissible to report for COVID-19 related extreme and uncontrollable circumstance for duration of PHE

- **MH Modifier –** will be **retired** when penalty phase begins, applicable claims without AUC documentation will be subject to edits/denial and indicate ordering providers out of compliance

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Updates from 2022 Final Rule

Critical Access Hospitals

- **Claims submitted by physicians or practitioners for the PC of an advanced diagnostic imaging service when the TC was not furnished in an applicable setting are not subject to the AUC program and reporting requirements**

- **CMS will create a new modifier to identify scenarios where the AUC mandate is not applicable due to the *applicable payment setting* provisions of the rule**

  …"there currently is **not a systems-based** way for us to recognize that the TC of the service was furnished by a CAH, if a physician or practitioner submits a claim for the PC of an advanced imaging service for which the TC was performed as an outpatient CAH service"…

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Updates from 2022 Final Rule

Medicare as Secondary Payor

- **CMS is clarifying that AUC mandate will not apply to beneficiaries with Medicare as secondary insurance**
  - This is a reversal of earlier guidance from 2019

Modifying Orders under AUC

- **Codifying previous stance that modified orders should (re)use AUC documentation from the original order rather than requiring a new consultation**
  - 2022 Final Rule ties reordering to 'The Medicare Benefit Policy Manual'

"Given the conditions under which these additional imaging services are performed, we proposed that when the furnishing professional for an advanced diagnostic imaging service performs one or more additional services under the circumstances described in chapter 15, section 80.6.2–4 of the BPM, neither the ordering professional nor the furnishing professional are required to consult AUC for the additional service(s). In these situations, the AUC consultation information from the original order is to be reported on the claim line for the additional service(s)"

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Implementation Considerations

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Implementation Considerations

PAMA is law – it would take *congressional action* to toss out AUC altogether

- **Industry groups calling for rework or repeal**
- ***Some* attention being paid by House Appropriations Committee**
  - Report on AUC mandate requested in fiscal spending bill
- **CMS is limited in abilities to modify program from original legislation**

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Implementation Considerations

Expect more information in 2023 Proposed/Final Medicare Physician Fee Schedule rulemaking…

- **Additional CAH modifier**
- **Info on claims-processing system edits**
- **Info on outlier ordering providers**

Proposed rule typically released in **July**

Keep an eye on the renewal of the PHE throughout 2022

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Implementation Considerations

‘Wait and see’ approach...

- **More time spent waiting on definitive start date, higher the risk during penalty phase**
- **AUC implementation assessment should be made to define what steps are needed to move forward**
  - Determine how much time is needed to become AUC ready from technical and operational standpoint
  - Program education will be ongoing
    - **General education** – can happen at any time
    - **Workflow training** – depending on scope of impact/technical updates
- **Look for steps that can be taken now, regardless of rulemaking**

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Implementation Considerations

Already in progress…

- **Make the most out of the extended operations and testing period**
- **Utilize the time to refine process, make improvements**
- **Review your data, look for compliance concerns**
  - **What patterns are you seeing?**
    - **Ordering provider compliance**
    - **High use of ‘no consult’ modifiers**
    - **Issues with data flow**
- **Anticipate potential for more updates closer to penalty phase start**

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Q&A

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Thank you!

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