

Medicare's Clinical Decision Support Program: *One Size Does Not Fit All*

Kayley Jaquet

As the start of Medicare's Clinical Decisions Support program draws closer (2020 is the Operations and Testing year), the industry finds itself in different phases of readiness. Some are aware of the program and have made plans but waiting to implement. Others are in a holding pattern to begin testing - such as waiting for technical updates from vendors or corporate decisions to be made. Others still are in the beginning phases of passing AUC documentation through their systems for billing purposes.

Regardless of where you may be in the process, it seems there's no one size fits all solution to become compliant with the upcoming regulations. For example, a large and more complex group may require a broader solution to their CDS needs whereas a smaller practice with fewer resources likely has a much different set of needs. It's best to keep in mind the scale and scope of your group, your unique workflow, and who your stakeholders are when determining the best way to abide by the AUC rules.

The purpose of this communication, then, is to provide additional insights into this significant change initiative that's fast coming down the tracks. This is a part of the series of insights, tools, and opinions that Advocate has been publishing and sharing with its constituents.

Background

January 1st will begin the start of the Operations and Testing period for the Appropriate Use Criteria/Clinical Decision Support program which requires ordering physicians to consult appropriate use criteria when ordering advanced imaging services. CMS requires radiologists to provide documentation of this consultation, in the form of modifiers and G-Codes, on applicable Medicare part B claims. Specifically, claims for Medicare part B beneficiaries receiving MRIs, PET, CT or Nuclear Medicine services in any location except for inpatient or Critical Access Hospital environments.

While there is no risk of payment in 2020, this year will provide the opportunity to fully incorporate the CDS into workflow and billing processes to prepare for when CMS will deny claims lacking AUC documentation in 2021.

AUC Workflow

Workflow interruption was one of the most common issues raised during the rule making process for AUC/CDS. Identifying who needs to consult a CDSM, Clinical Decision Support Mechanism or tool used to consult appropriate use criteria, and then determining the best way for them to do so within the ordering process is one of the first steps to implement the process.

CDSMs function in multiple environments. They can be integrated into an EHR, be a stand-alone program, or a web-based application or portal. Many are opting to integrate CDSMs into EHR technology as it poses less of an impact to an ordering physicians' workflow. However, in a recent webinar held by the Society for Imaging Informatics in Medicine (SIIM), panelists suggested offering multiple approaches for CDSM consultation. For example, offering a web portal for those providers who don't have access to the integrated EHR. Smaller volume orders, such as paper or phone, should also be taken into consideration. SIIM recommends capturing AUC documentation at the point of scheduling, which may mean updates to scheduling software and ensuring staff are trained on the process. Preparing multiple avenues for CDSM consultation allows you to cast a wider net when obtaining the necessary documentation to bill claims.

Marketing

Much of the upcoming year will be spent educating referring providers on compliance with the program. There will surely be some providers who won't know anything about the program and its requirements. *(continued...)*

Others may just need to know how your organization expects to receive their documentation or if you are providing a CDSM resource for them. Feedback for ordering physicians should also be considered, especially once data starts to become available. SIIM advises having some sort of “marketing” material on hand to be able to give providers information on the program as needed.

Timing

Although 2020 is fast approaching, it is important to keep in mind the intent of this, the testing year. CMS is not expecting everyone to be fully prepared for compliance as soon as 2019 ends which is why payment is not at risk in 2020. However, even early adopters should leverage the entire year to prepare for when CMS will begin to deny claims that lack AUC documentation (2021). Checking in on how the process is working, or not working, for your organization will be key to improve workflow road blocks and resolve compliance issues. There is also the potential for more information and clarification to be released on the program in 2020 as there are still many unanswered questions from CMS. Time is still on your side, so ensure an AUC/CDS plan stays on your New Year’s resolution list for 2020.

For more detailed resources on the program, please review the following:

Advocate Resources:

[Advocate Webinar: Clinical Decision Support Part 1](#)

[Advocate Webinar: Clinical Decision Support Part 2](#)

[Advocate Article: Appropriate Use Criteria – Getting Everyone Involved](#)

Other Helpful Webinars on Implementation:

[Society for Imaging Informatics in Medicine \(SIIM\) Webinar – Clinical Decision Support Implementation](#)

[ACR: AUC Mandate – Countdown To Launch](#)

As always, ADVOCATE will continue to keep you up to date on all regulatory issues impacting radiology.