AUC/CDS – Preparing for 2022

Appropriate Use Criteria/Clinical Decision Support

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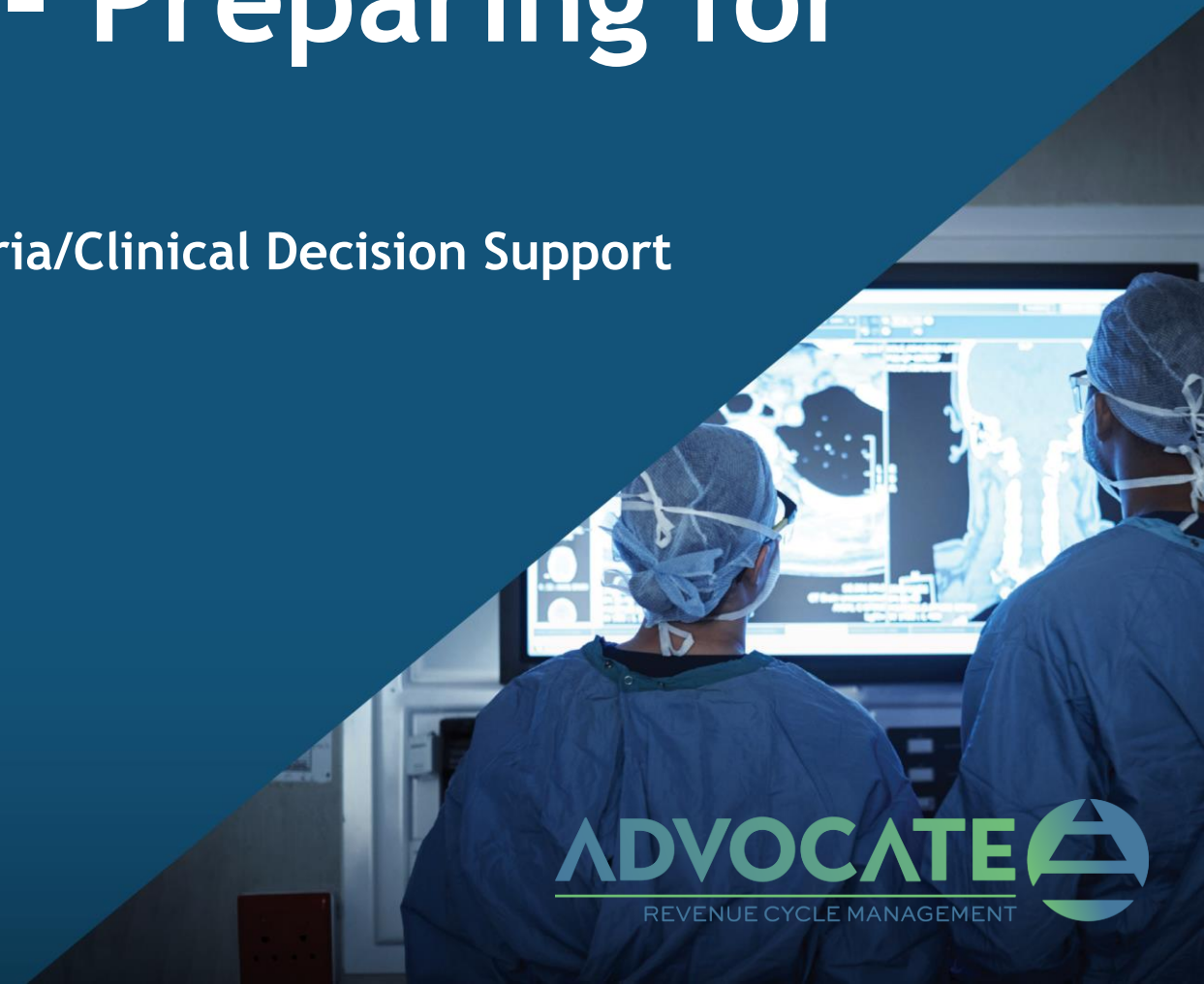

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Agenda

- Program Overview
  - Background
  - Terminology and Acronyms
  - Timeline
  - The 5 W's of AUC/CDS
  - CDS workflow, G-Codes, and Modifiers
- Implementation
- Important Things to Know
- Questions & Answers

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Program Overview

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Program Background

2014 PAMA legislation mandated the Centers for Medicare and Medicaid Services (CMS) to create regulations **requiring** **ordering physicians** to **consult** **'appropriate use criteria'** when ordering **advanced imaging** for Medicare beneficiaries.

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

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Program Background

Ordering providers are responsible for the consultation and providing the corresponding documentation to the furnishing provider

Furnishing providers are responsible for passing this documentation to CMS on advanced imaging claims in order to be reimbursed

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Terminology and Acronyms

- **AUC –** appropriate use criteria
- **PLE –** provider led entities
- **CDS –** clinical decision support
- **CDSM –** clinical decision support mechanism
- **AUC documentation –** modifiers and G-codes that represent compliance with the program

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Timeline

July 2018 – 12/31/2019 – Voluntary Period

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

1/1/2020 – 12/31/2021 – 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

1/1/2022 – Full Implementation

- CMS will deny claims that do not have AUC documentation

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The 5 W's of AUC/CDS

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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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Why does this program exist?

Purpose of program is to 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

- 2023, 2024 or later– outlier physicians identified

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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

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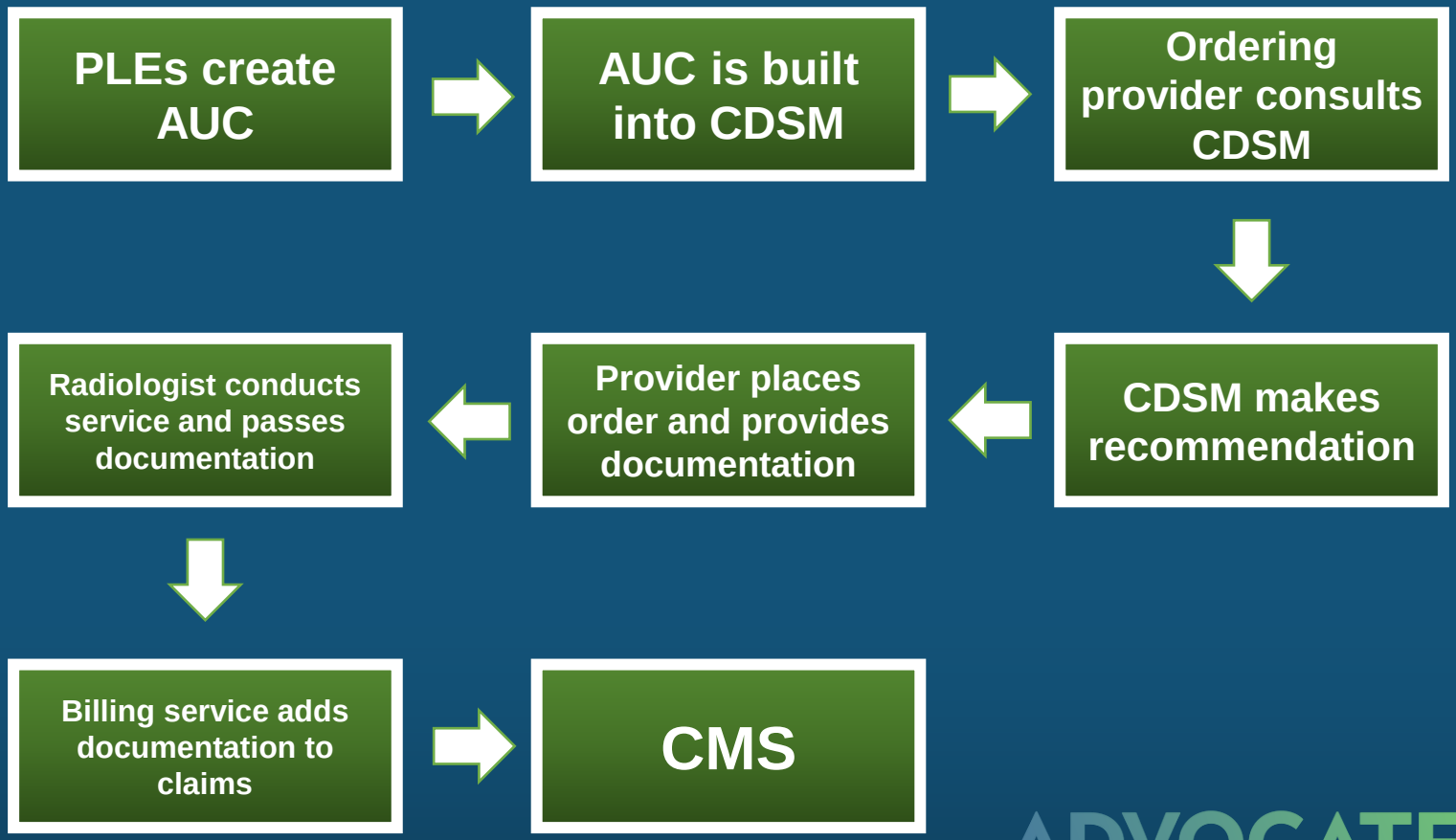
CDS Workflow

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

Currently, CMS has approved 20 CDSM tools to be used under the program.

Each tool has it's own G-Code

G-Code is needed with modifiers:

ME, MF, MG

List of all CDSMs is available on CMS.gov

Mechanism Name	Code
eviCore healthcare's Clinical Decision Support Mechanism	G1001
MedCurrent OrderWise™	G1002
Medicalis Clinical Decision Support Mechanism	G1003
National Decision Support Company CareSelect™*	G1004
AIM Specialty Health ProviderPortal®*	G1007
Cranberry Peak ezCDS	G1008
Sage Health Management Solutions Inc. RadWise®	G1009
Stanson Health's Stanson CDS	G1010
AgileMD's Clinical Decision Support Mechanism	G1012
EvidenceCare's Imaging Advisor	G1013
InveniQA's Semantic Answers in Medicine™	G1014
Reliant Medical Group CDSM	G1015
Speed of Care CDSM	G1016
HealthHelp's Clinical Decision Support Mechanism	G1017
INFINX CDSM	G1018
LogicNets AUC Solution*	G1019
Curbside Clinical Augmented Workflow	G1020
E*HealthLine Clinical Decision Support Mechanism	G1021
Intermountain Clinical Decision Support Mechanism	G1022
Persivia Clinical Decision Support	G1023

Implementation

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Implementation

The time to start (or re-start) is now!

- **Don’t rely on another program delay**
- **Make the most out of the rest of 2021**

There is no ‘one size fits all’ solution to be ‘AUC Ready’

- **Implementation will be different based on practice needs**
- **Determine scope of impact**
  - **Who’s involved?**
    - Set up, education, training, etc
  - **Which systems need updates?**
    - Scheduling software? EHR? Others?
  - **What workflows are impacted?**
    - Internal, external, billing/claims

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Implementation

Questions to ask:

- **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 noncompliance?

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Implementation

Example Strategies:

- **Ordering Provider Education**
  - **Communication –** letters, emails, webinars, web-pages
  - **Resources -** offering CDSM tools to ordering providers
  - **Compliance Strategies –** refusing to schedule pts if no AUC documentation

- **Internal Pilot Groups**
  - **Start small and expand from there**
    - **ER**
    - **Inpatient**
    - **Test group**

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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 previously stated in rulemaking
    - May still want to track DSN for other reasons
- 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
  - Only used 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, a second CDSM consultation <u>is not required</u>**
  - **Use original AUC documentation for claim**

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Things to Know

Clarifications

- The AUC/CDS program is not a ‘hard stop’ to the ordering process
  - Furnishing providers can still be reimbursed for claims, even if the CDSM considers them ‘inappropriate’

- AUC rules do not apply for Medicare Advantage plans but do apply if Medicare is secondary insurance

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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 2022**
  - They have not released guidance for re-billing under the AUC mandate
- **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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Thank you!