

All in order

IT'S TIME TO PREPARE FOR 2020 IMAGING CLINICAL DECISION SUPPORT REQUIREMENTS

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You may remember the Protecting Access to Medicare Act of 2014 (PAMA) — legislation that delayed by one year the annual threat of Medicare payment reductions associated with the Sustainable Growth Rate (SGR, also known as the “doc fix”). One of the “pay-fors” in PAMA was an effort to improve quality and reduce Medicare imaging costs through consultation of Appropriate Use Criteria (AUC) via Clinical Decision Support Mechanisms (CDSM) for CT, MRI, nuclear medicine and PET orders.

Since PAMA’s passage, the Centers for Medicare & Medicaid Services (CMS) has slowly worked toward implementation of these provisions. While PAMA originally called for implementation by Jan. 1, 2017, that date was pushed back for various reasons. As a first step toward implementation of clinical decision support (CDS), in 2018 CMS added a high-weight MIPS Improvement Activity for AUC consultation using a CDSM.

As confirmed in the 2019 Medicare Physician Fee Schedule (MPFS) Final Rule, on Jan. 1, 2020, ordering professionals will be required to consult AUC via a CDSM, and furnishing providers will be required to report information about those consultations on their claims.

As designated by CMS, 2020 will serve as an Education and Operations Testing Period for claims reporting during which claims will not be denied for failing to include proper AUC consultation information. It is expected that, beginning Jan. 1, 2021, Medicare reimbursement for CT, MRI, nuclear medicine and PET will be contingent on this reporting. For ordering

professionals, PAMA requires CMS to identify up to 5% of outliers — those ordering tests deemed to be inappropriate — to be subject to prior authorization requirements for Medicare patients.

CDSM

Approved CDSMs make it possible for ordering providers to electronically consult AUC when ordering advanced imaging studies. In the 2017 MPFS Final Rule, CMS issued regulations outlining requirements that CDSMs must meet to qualify. Among the requirements are:

1. Incorporate AUC from multiple PLEs
2. Document each consultation with a unique session number
3. Deliver aggregated feedback to the ordering provider.

As of this writing, the following products have been approved by CMS as qualified CDSMs:

- AIM Specialty Health ProviderPortal®*
- Applied Pathways CURION™ Platform
- Cranberry Peak ezCDS
- eviCore healthcare’s Clinical Decision Support Mechanism
- MedCurrent OrderWise™
- Medicalis Clinical Decision Support Mechanism
- National Decision Support Company CareSelect™*
- National Imaging Associates RadMD
- Sage Health Management Solutions Inc. RadWise®
- Stanson Health’s Stanson CDS
- Test Appropriate CDSM*

APPROPRIATE USE CRITERIA (AUC)

AUC are designed to assist professionals with selection of the best imaging study based on clinical indications. PAMA called for clinicians ordering advanced imaging studies to consult evidence-based AUC developed by provider-led entities (PLE). As of this writing, CMS has approved AUC developed by the following PLEs:

- American College of Cardiology Foundation
- American College of Radiology
- Banner University Medical Group-Tucson University of Arizona
- CDI Quality Institute
- Cedars-Sinai Health System
- High Value Practice Academic Alliance
- Intermountain Healthcare
- Massachusetts General Hospital, Department of Radiology
- Medical Guidelines Institute
- Memorial Sloan Kettering Cancer Center

- National Comprehensive Cancer Network
- Sage Evidence-based Medicine & Practice Institute
- Society for Nuclear Medicine and Molecular Imaging
- University of California Medical Campuses
- University of Pennsylvania Health System
- University of Texas MD Anderson Cancer Center
- University of Utah Health
- University of Washington School of Medicine
- Virginia Mason Medical Center
- Weill Cornell Medicine Physicians Organization

A current list of PLEs can be found at [go.cms.gov/2vjo9qL](https://www.cms.gov/2vjo9qL).

In addition, these CDSMs have been given preliminary qualification:

- Cerner CDS mechanism
- Evinance Decision Support
- Flying Aces Speed of Care Decision Support
- Infix CDSM
- LogicNets' Decision Engines
- New Century Health's CarePro
- Reliant Medical Group CDSM

* Denotes free tool available

It is likely that many EHR vendors will opt to resell and/or integrate with an approved CDSM developed by another entity rather than developing their own. A current list of approved CDSMs can be found at [go.cms.gov/2ZotGe9](https://www.cms.gov/2ZotGe9).

2020 REQUIREMENTS

Beginning Jan. 1, 2020, professionals who order CT, MRI, nuclear medicine and PET studies covered by Medicare will be required to consult AUC via a CDSM. There are exclusions for inpatients and patients with an “emergency medical condition” as defined in section 1867(e)(1) of the Social Security Act:

(A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

(i) placing the health of the individual (or,

with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,

(ii) serious impairment to bodily functions, or

(iii) serious dysfunction of any bodily organ or part; or

(B) with respect to a pregnant woman who is having contractions—

(i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or

(ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

CMS has specifically noted that many emergency department cases will not qualify for the exception described above.

Critical Access Hospitals (CAH) are also excluded from the rule. However, as of this writing it is not clear whether that exclusion extends to physicians who bill Medicare for professional component services stemming from imaging studies done in a CAH setting. Practices that provide such services should watch for clarification from CMS. It will obviously be problematic if interpreting physicians are required to report AUC consultation information, but the CAH rendering the technical component is not.

This requirement does not extend to Medicare Advantage plans.



➤ CONSULTATION AND ORDERING PROCESS

While the ordering professional is responsible for performance of the AUC consultation, the consultation may be delegated to qualified clinical staff working under the direction of the ordering professional. The delegated individual must have sufficient clinical knowledge to interact with the CDSM and communicate pertinent information to the ordering professional. The consultation may not be delegated to an outside furnishing provider, such as an imaging center or hospital.

CMS expects that if the consultation is delegated to clinical staff, ordering professionals will be informed about any case in which the order does not conform to AUC, so that the professional can consider a more appropriate alternative. Regardless of who performs the AUC consultation, the ordering professional is ultimately responsible for the order, and may be subject to future pre-authorization requirements if a pattern of non-adherent orders is found.

There are two main pathways to consult AUC:

1. Integrate an approved CDSM into your EHR
2. Consult AUC via an approved CDSM web portal.

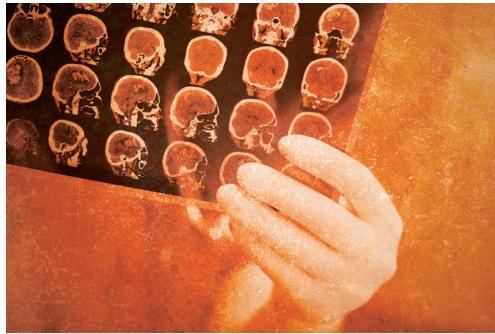
Based on the author's preliminary review of one prominent CDSM, expect a workflow something like this:

1. Patient's age, sex and clinical indications are populated electronically by the EHR, or user-selected in the web portal
2. CDSM presents imaging options including information about appropriateness, typical cost and radiation exposure, along with links to supporting evidence
3. Professional selects a specific study, and a unique Decision Support Number (DSN) is generated to document the consultation.

While consultation of AUC will be required, adherence to AUC recommendations is not. However, in the future, CMS may require ordering providers with exceptionally high rates of non-adherence to obtain pre-authorization of advanced imaging studies for Medicare patients.

ORDER COMMUNICATION

CMS plans to issue HCPCS G-codes corresponding to each approved CDSM, along with modifiers to indicate whether the order adheres to AUC guidelines, or an exception applies. This



information will have to be communicated from the ordering professional to furnishing provider(s) along with each order.

Beginning Jan. 1, 2021, Medicare payment to imaging providers will be contingent upon submission of CDSM G-codes and AUC adherence modifiers on claims. Therefore, ordering professionals should expect that orders may not be accepted by outside imaging providers without the G-code corresponding to the CDSM used and the applicable AUC adherence modifier.

IMAGING PROVIDERS

Beginning Jan. 1, 2020, furnishing professionals will be required to report the following data elements on their Medicare claims for CT, MRI, nuclear medicine or PET (including global, professional and technical component services):

- HCPCS G-code corresponding to the CDSM used to consult AUC
- Applicable modifier to indicate whether the order adhered to AUC guidelines, whether the specified AUC was not applicable to the service ordered, or whether an exception applies
- Ordering professional NPI, if different from the furnishing professional.

As of this writing, CMS has not yet announced how to link G-codes and modifiers with specific claim lines when multiple imaging services are rendered. According to the 2019 MPFS Final Rule, two options are under consideration:

1. Allow one G-code and modifier per claim, applicable to all lines on the claim.
2. List the G-code on one line, and the modifiers with the CPT/HCPCS code for each service.

It seems likely that only one G-code will be allowed per claim. Furnishing professionals and billing system vendors should monitor CMS carefully for release of this critical information.

WHAT NOW?

If your practice uses an EHR, reach out to your vendor to find out if it offers an integrated CDSM module. If so, obtain a proposal (including all up-front and ongoing costs) to install before Jan. 1, 2020. Be sure to confirm the CMS approval status of the CDSM and associated AUC. If multiple integrated solutions are available, shop around based on price and ease of clinician use, as both seem to vary considerably.

If you don't use an EHR, or your EHR vendor isn't offering an approved CDSM module at an affordable price, explore the web portal option. Some CDSM providers offer a free web portal. Web portals will require the user to navigate to the site and enter data, so they may not be a good option for professionals who order a high volume of studies.

If you have electronic interfaces to transmit imaging orders (typically HL7 message type ORM) from ordering professionals to furnishing providers (such as a hospital or imaging center or an internal RIS), review and ensure that the applicable G-codes and modifiers transfer correctly with the message.

If your practice provides CT, MRI, nuclear medicine or PET services to Medicare Part B patients, prepare to receive and record G-codes and AUC adherence modifiers along with orders from ordering professionals. If you work with outside providers who bill Medicare separately for the professional component, update your interface to ensure that G-codes and modifiers can pass to them for billing purposes.

Imaging facilities may wish to explore offering ordering clinicians access to a CDSM web portal via their own website.

Finally, if you bill for CT, MRI, nuclear medicine or PET (global, professional or technical components), work with your billing system vendors to ensure that you are ready to capture and submit the new G-codes and AUC adherence modifiers on your 2020 Medicare claims.

HARDSHIP EXCEPTIONS?

CMS plans to allow hardship exceptions for ordering professionals in certain circumstances. These include:

- Insufficient internet access at the ordering professional's location
- EHR or CDSM vendor issues, such as temporary system outages or vendors ceasing operations

- Extreme and uncontrollable circumstances, such as a natural disaster.

Note that no hardship exceptions have been identified for providers who furnish imaging services.

FUTURE CONSIDERATIONS

CMS intends to track adherence to AUC recommendations by ordering providers beginning in 2021. CMS has also indicated that it plans to focus in the future on eight priority clinical areas:

1. Coronary artery disease (suspected or diagnosed)
2. Suspected pulmonary embolism
3. Headache (traumatic and nontraumatic)
4. Hip pain
5. Low back pain
6. Shoulder pain (to include suspected rotator cuff injury)
7. Cancer of the lung (primary or metastatic, suspected or diagnosed)
8. Cervical or neck pain.

In the future, CMS may explore the possibility of using a unique consultation identifier number for each AUC consultation. This number would be generated by the CDSM and passed from the ordering professional to the furnishing provider to CMS via claims. It would replace the G-codes and modifiers planned for use in 2020.

POTENTIAL SILVER LINING

Setting aside the benefit of ensuring that each patient gets the right imaging study the first time, the AUC consultation requirements for ordering and furnishing professionals might seem like one more administrative headache. However, there is a potential silver lining.

Early adopters have demonstrated that providers can make a strong case to commercial payers to be relieved of imaging pre-authorization requirements, at least in those cases in which they can document adherence to CMS-approved AUC. Leveraging a CDSM and AUC to eliminate the costs associated with imaging pre-authorization requirements can be a win-win for providers and payers. ■



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