Clinical Decision Support
Webinar Series: Part 1
Get the Facts!

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Agenda

• Acronyms
• Background/history of legislation for Clinical Decision Support
• Potential impact on radiologists
• What is ADVOCATE doing for our clients?
• Details of Clinical Decision Support
• Questions
Acronyms to Know

- **CDS**: Clinical Decision Support
- **AUC**: Appropriate Use Criteria
- **CDSM**: Clinical Decision Support Mechanism
- **PLE**: Provider-led Entity
- **PAMA**: Protecting Access to Medicare Act
- **CAH**: Critical Access Hospital
What is Appropriate Use Criteria (AUC)?

• Criteria developed by national professional medical specialty societies or PLEs
• Used to assist in making appropriate treatment decisions; evidence-based
What are Provider-Led Entities (PLE)?

- National professional medical specialty society or other organization comprised primarily of providers who predominantly provide direct patient care.
- American College of Radiology
- Massachusetts General Hospital, Department of Radiology
- Society for Nuclear Medicine and Molecular Imaging
Background

• Protecting Access to Medicare Act (PAMA) of 2014
  • Provision for mandatory use of appropriate use criteria (AUC) for advanced diagnostic imaging

• CY 2016 rulemaking process defined:
  • Initial program components
  • Applicable AUC and process for development
  • Provider-led entities (PLE)
Background

• CY 2017 rulemaking process defined:
  • Requirements for clinical decision support mechanisms (CDSM) to become qualified
  • Applicable payment systems
    • Medicare Physician Fee Schedule
    • Ambulatory Surgical Center payment system (ASC)
    • Hospital Outpatient Prospective Payment System (HOPPS)
  • Outlier ordering professionals
Background

• CY 2018 rulemaking process defined:
  • Program implementation date: 1/1/2020
  • Broad claims processing instructions
    • Ordering professionals responsibility vs. furnishing professional
  • “educational and operations testing year”
  • Voluntary reporting period
    • QQ modifier
    • 1/1/2018-12/31/2019
Background

• CY 2019 rulemaking process defined:
  • Reconfirmed program implementation date: 1/1/2020
  • Additional applicable setting
    • Independent diagnostic testing facility (IDTF)
  • Clarified reporting requirements
  • Established policy for significant hardship
Impact on Radiologists

WHAT DOES IT MEAN TO ME?
Impact on Radiologists

Original Timeline

- Nov 2015: Specify AUC criteria
- April 2016: List qCDSMs
- Jan 2017: Consultation required
- Jan 2020: Outliers identified

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Impact on Radiologists

**Updated Timeline**

1. **July 2018-Dec 2019**
   - Voluntary Reporting period – QQ modifier

2. **Jan 2020**
   - Educational & operations testing period

3. **Jan 2021**
   - Start date (payment at risk)

4. **Jan 2023 or Jan 2024**
   - Outlier ordering professionals identified

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Impact on Radiologists

• Role of referring provider
  • Communication with radiologist
  • Utilize AUC to provide evidence-based patient care
  • Abide by regulations to avoid outlier ordering professional status
Impact on Radiologists

• Role of radiologist
  • Educate referring providers
  • Open lines of communication
  • Feedback to referring providers
  • Create sense of urgency
Impact on Radiologists

• **Priority Clinical Areas**
  • Coronary artery disease (suspected or diagnosed).
  • Suspected pulmonary embolism.
  • Headache (traumatic and non-traumatic).
  • Hip pain.
  • Low back pain.
  • Shoulder pain (to include suspected rotator cuff injury).
  • Cancer of the lung (primary or metastatic, suspected or diagnosed).
  • Cervical or neck pain.
WHAT IS ADVOCATE DOING FOR OUR CLIENTS?
ADVOCATE Support

• Provide our clients with:
  • Informational material for referring providers
  • Education
  • Continued communication
  • Updates
  • Client Manager interactions with clients
  • Analytics & reporting
Details of Clinical Decision Support

HOW DOES IT WORK?
Details of CDS

• The “CDS Five Rights” concept
  • the right information (evidence-based guidance, response to clinical need)
  • to the right people (entire care team – including the patient)
  • through the right channels (e.g., EHR, mobile device, patient portal)
  • in the right intervention formats (e.g., order sets, flow-sheets, dashboards, patient lists)
  • at the right points in workflow (for decision making or action)

Details of CDS

• Differences from prior authorization
  • Occurs at the point of care
  • No FTE’s sitting on the phone
  • No “hard stop”
  • An educational tool for physicians and patients
Details of CDS

- Applicable studies
  - CT
  - MRI
  - PET
  - Nuclear medicine
Details of CDS

• Applicable settings
  • Physician’s office
  • Hospital outpatient department (includes ED)
    • Emergency services when provided under non-emergency conditions
  • Ambulatory surgical center
  • Independent diagnostic testing facility
• Auxiliary personnel
Details of CDS

• Where do Critical Access Hospitals (CAH) fit?
  • Exempt based on payment system not setting
  • 2 payment methods:
    • Standard Payment Method (Method I)
      • CAH bills Medicare using system exempt from CDS
      • Radiologist bills Medicare Part B; no exemption from CDS
Details of CDS

• Where do CAHs fit? Continued:
  • Optional Payment Method (Method II)
    1) Radiologist reassigns billing rights to CAH, they bill under CDS-exempt payment system, therefore radiologist is exempt
    OR
    2) CAH bills under CDS-exempt payment system AND radiologist bills Medicare Part B, no exemption from CDS
What Does CMS Believe are the Benefits?

- CMS estimate of savings
  - Limited information overall
  - CMS approximates one-third of imaging procedures are inappropriate
  - CMS approximates upwards of $990,000,000 savings per year

- Potential benefits for Medicare beneficiaries per CMS
  - CDSM alerting to obsolete tests
  - Advanced diagnostic imaging may produce inaccurate results based on patient medications
  - Potential decrease in medical errors
  - CDSM could identify situations of repeated testing
How to Report AUC Consultations to CMS

- CMS will publish G-codes
  - Will communicate which CDSM used
- Modifiers
  - Will communicate whether the service ordered would or would not adhere to AUC, or does not apply
- Ordering provider NPI
Yet To Be Determined...

- What will data transfer look like in the hospital setting?
- Impact on radiology volume and revenue?
- What impact will CDS have on provider workflow? In the ED?
Submitted Questions
THANK YOU!

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