

4 Steps to Implement a Successful CDSM Strategy



With the 2021 mandatory implementation date fast approaching, healthcare providers are using Appropriate Use Criteria (AUC) to generate certificates of compliance through Clinical Decision Support Mechanisms (CDSM) for advanced imaging procedures performed on Medicare patients. As a CMS-approved vendor,¹ Infix's CDSM Solution harnesses AI-driven technology to generate proactive and reactive certificates to support ordering and furnishing providers to ensure Medicare reimbursement.

Step 1 – Selecting the Right CDSM Solution

When evaluating a technology partner, look for these valuable components within their offering:

- A comprehensive and up-to-date library of AUC's sourced from multiple Qualified Provider Lead Entities (qPLE's)
- A bi-directional, integrated clinical dashboard with current data for both furnishing and ordering physicians
- Coverage of all priority clinical areas as detailed by the CMS
- Ability to support referring providers within their EHR/EMR systems
- Ability to generate proactive or retroactive compliance certificates
- A qPLE that meets all security requirements and HIPAA compliance standards



Step 2 – Educating and Supporting Referring Providers

Consider developing an outreach program for your ordering clinician base highlighting potential positives to help alleviate their concerns:



- CDSM should improve the quality of advanced imaging care for Medicare patients
- Ordering the right test improves the value of the care provided
- This process potentially improves care coordination
- It should enhance health outcomes for patients
- CDSM is a MIPS high-weight improvement activity which means that the ordering providers can earn points for the Improvement Activities category. This should prevent many errors and adverse events, and help to reduce costs.

Step 3 – Meeting CDSM Requirements Proactively or Reactively

Proactive Workflow

- The ordering physician orders an advanced imaging test for a Medicare beneficiary
- The physician (or clinical staff under the direction of the physician) then consults the AUC through the CDSM portal
- The CDSM will indicate the AUC that is appropriate for the patient's condition.
- The CDSM will also indicate if the proposed imaging test meets the AUC, does not meet the AUC, or when no applicable AUC is found
 - If it meets the AUC, the physician proceeds with the order
 - If it does not meet the AUC, a decision must be made about ordering a different imaging service or proceeding out of compliance
- The furnishing provider performs and reviews the imaging test
- The furnishing provider submits a claim with the CDSM, HCPCS G-code, the AUC modifier, and the ordering physician's NPI

Reactive Workflow

- The ordering physician orders an advanced imaging test for a Medicare beneficiary
- The patient arrives without CDSM-required paperwork; test is performed
- A patient-specific link is sent to the ordering physician
- Once that provider completes the requested process, the rendering physician can then submit the claim and expect to be reimbursed



Step 4 – Coding to Acknowledge CDSM

On July 26, 2019, the CMS announced the official HCPCS Modifiers and G Codes to be used to modify the CPT procedure codes.² They were effective on January 1, 2020, and should accompany all claims for advanced imaging procedures for Medicare patients.



- HCPCS Modifier Codes (replacing modifier QQ) identify how the order was or was not handled (i.e., ME – The order adheres to the AUC in the CDSM consulted by the ordering professional)
- G Codes identify the vendor (i.e., G1018 – Infix CDSM)

Schedule a demo of our CMS-approved Infix CDSM Solution today!

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www.infix.com | sales@infix.com | +1.408.404.0500

Sources

1. Clinical Decision Support Mechanisms, Appropriate Use Criteria Program. Centers for Medicare & Medicaid Services, CMS.gov. 2020. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM>. Accessed on July 7, 2020.

2. Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period – Claims Processing Requirements. MLN Matters, Centers for Medicare & Medicaid Services. December 6, 2019. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11268.pdf>. Accessed on July 1, 2020.