

White Paper

Implementing CDSM in 2023



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UPDATE: CMS proposed the following on July 13, 2021, “CMS is proposing to begin the payment penalty phase of the AUC program on the later of January 1, 2023, or the January 1 that follows the declared end of the PHE for COVID-19. This flexible effective date is intended to take into account the impact that the PHE for COVID-19 has had and may continue to have on practitioners, providers and beneficiaries. Currently, the payment penalty phase of the AUC program is set to begin January 1, 2022.”

As of January 1, 2022, radiology and cardiology practices, freestanding imaging centers, and outpatient hospital facilities must weigh their readiness and implement the systems necessary for compliance with the CMS rules governing the Appropriate Use Criteria (AUC) Program. The initial education phase for this program comes to a close on December 31, 2022. This is part of the “Protecting Access to Medicare Act” (PAMA) passed by Congress in 2014 and is designed to improve diagnostic accuracy and quality of care while reducing unnecessary testing for Medicare patients.

The AUC Program is focused on supporting referring providers when ordering advanced diagnostic and interventional testing services to include MRI, CT, Nuclear Medicine, and PET. It’s mandated that when ordering these advanced imaging services, the referring provider or their designee will be required to consult a Clinical Decision Support Mechanism (CDSM), an interactive, electronic portal where they can access AUC that will greatly enhance the clinical decision experience.

CDSM and Specialty Practices

Looking through the practice lens of radiology, cardiology, and orthopedics, the AUC Program and CDSM were conceived as a process that would complement and elevate the referring provider’s diagnostic practice, strengthen the Medicare patient experience, and reduce needless advanced image testing. The requirement impacts all [physicians, APP, and facilities](#) billing Part B Services to Medicare.

Note that exclusions are being made for emergency patient encounters, inpatient services billed through Part A, and ordering professionals with significant hardship (such as limited access to technology or internet services).

Whether seeking a modular system that integrates with an existing prior approval software or a stand-alone CDSM solution from the CMS published list of [approved vendors](#), consider a partner that offers these valuable components:

- A comprehensive and up-to-date library of AUC's sourced from multiple qualified Provider Lead Entities (qPLEs)
- A bi-directional, integrated clinical dashboard that provides immediate access to current patient information for both furnishing and ordering physicians
- Coverage of all priority clinical areas as detailed by the CMS, including coronary artery disease (suspected or diagnosed), suspected pulmonary embolism, headache, hip pain, low back pain, shoulder pain (to include suspected rotator cuff injury), cancer of the lung (primary or metastatic, suspected or diagnosed)
- Ability to support ordering providers within their EHR/EMR systems
- Ability to generate compliance certificates required for reimbursement either from a proactive or reactive stance
- A qPLE that meets all security requirements and HIPAA compliance standards

Are Referring Providers Prepared?

The American College of Radiology (ACR) has recently noted the [general consensus](#) among contributing members is that referring providers are still lacking awareness of the new program. As the furnishing professional, groups providing testing will have the financial stake in the outcome, and beginning January 1, 2021, claims submitted without compliance certificates will be subject to non-payment.

Similarly, the American College of Cardiology (ACC) has released its "Heart of Health" Policy Statement noting that CMS's 2020 Medicare Physician Fee Schedule (PFS) [has no change to the mandate for CDSM](#). The ACC notes that CMS issued a virtually flat conversion rate factor of \$36.09 from \$36.04 in 2019, which makes complying with the CDSM mandate even more critical since denials must be avoided to meet future reimbursement pressure challenges.

This has created a somewhat awkward situation that may best be resolved by radiologists and cardiologists partnering with their hospital colleagues to spearhead an awareness campaign that educates primary care providers in the benefits brought by AUC and CDSM. While this is currently mandated for Medicare patients only, be assured that third-party insurance carriers will keep a keen eye on the roll-out and implementation throughout 2021.

Medicare Coding and Reimbursement

The CMS issued corresponding HCPCS G Codes that are used to modify the CPT procedure codes. The "compliance certificate" then becomes part of the patient's EHR and must be transmitted to the referring provider to supplement their billing and claim submission process.

At face value, the new requirements seem overly burdensome, but it will provide valuable data to help demonstrate utilization management as future healthcare criteria evolve through the CMS. AUC and CDSM can ultimately reduce the administrative burden on all providers and significantly strengthen the patient experience.



Summary

Ultimately, the best way to ease the operational requirements may be to consider a CDSM Solution, which would provide immediate access to both referring/ordering and rendering providers, alleviating some of the compliance and administrative burdens.

Schedule a demo with Infinox for more information about how our CDSM Solution can help you prepare for the January 1, 2022, implementation deadline.