AUC Consultation Is on Its Way

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Ready or not, the requirement to consult Centers for Medicare & Medicaid Services (CMS)-approved Appropriate Use Criteria (AUC) when ordering advanced imaging studies is on its way and is slated to go into effect on Jan. 1, 2020. Technically, 2020 is a testing year, and 2021 will be the first year that CMS begins tracking data to identify ordering patterns and concerns. That said, many organizations are well underway with the implementation of new processes and systems that impact ordering advanced imaging studies to prepare for this new requirement.

This new regulation was created by the Protecting Access to Medicare Act of 2014 (PAMA), which specifically requires CMS to establish a program to promote the utilization of AUC for advanced diagnostic imaging services. Advanced imaging services include diagnostic computed tomography, magnetic resonance, and nuclear medicine exams, including positron emission tomography. Ordering physicians and practitioners ("ordering professionals") will be required to consult AUC for all advanced imaging studies billed under the Medicare Physician Fee Schedule (PFS), the Hospital Outpatient Prospective Payment System (OPPS), and the Ambulatory Surgical Center Payment System, including those performed in a physician office, hospital outpatient department (including emergency department), independent diagnostic testing facility, or ambulatory surgery center. Keep in mind that if your organization owns advanced diagnostic equipment that is utilized for diagnostic studies, then the AUC consultation and reporting requirements will apply.

AUC are designed to help clinicians select the most appropriate imaging study for a patient with a particular diagnosis or presenting symptom. CMS can only approve AUC that are developed or endorsed by ***provider-led entities*** such as national professional medical specialty societies. In most cases the AUC will be evidence-based. Table 1, right, is a current listing of qualified provider-led entities.

Once a provider-led entity is listed as qualified, all of the AUC developed or endorsed by that entity are considered to be "specified AUC" for purposes of the PAMA requirements.

An ordering provider will access AUC through a ***clinical decision support mechanism*** to conduct the necessary consultation for ordering the appropriate imaging service for the patient. The clinical decision support mechanism is an electronic portal, such as a module in an electronic health record (EHR) or a web-based system. The clinical decision support mechanism will pull information about the patient from the EHR and/or the ordering provider will enter information, and the clinical decision support mechanism will provide immediate feedback about the appropriateness of the proposed imaging exam. Table 2, right, is a current listing of qualified clinical decision support mechanisms; Table 3, page 10, is a current listing of clinical decision support mechanisms with preliminary qualification.

Priority Clinical Areas and Exceptions

At a minimum, each clinical decision support mechanism must include criteria for the following ***priority clinical areas*** that account for a significant percentage of advanced imaging exams paid by Medicare:

- Cancer of the lung (primary or metastatic, suspected or diagnosed)
- 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)
- Cervical or neck pain.

The list will continue to expand in the future.

Note the following exceptions to the AUC consultation requirement. The requirement does *not* apply to imaging exams performed on inpatients and paid under Medicare Part A. It also does not apply to patients with emergency medical conditions, whether confirmed or suspected, or when the ordering physician or practitioner has received a hardship exception. Any ordering professional experiencing insufficient Internet access, EHR, or clinical decision support mechanism vendor issues or extreme uncontrollable circumstances (including natural or man-made disasters) will not be required to consult the AUC using a qualified clinical decision support mechanism. These circumstances will be self-attested at the time of placing the order.

(continued on page 10)

Table 1. Current Listing of Qualified Provider-Led Entities*
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

*As of June 2018. Source: cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html.

Table 2. Qualified Clinical Decision Support Mechanisms*
AIM Specialty Health ProviderPortal® (free tool available)
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™ (free tool available)
National Imaging Associates RadMD
Sage Health Management Solutions Inc. RadWise®
Stanson Health's Stanson CDS
Test Appropriate CDSM (free tool available)

*As of June 2018. Source: cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html.

Table 3. Clinical Decision Support Mechanisms with Preliminary Qualification*
Cerner CDS mechanism
Evinance Decision Support
Flying Aces Speed of Care Decision Support
Infinx CDSM
LogicNets' Decision Engines
New Century Health's CarePro
Reliant Medical Group CDSM

*As of June 2018. Source: cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html.

(continued from page 8)

If medical necessity is met, CMS will pay for advanced imaging studies regardless of whether they meet appropriateness criteria during the consultation process. Eventually CMS will identify the top 5 percent of ordering professionals who are consistently failing to follow AUC recommendations for studies involving priority clinical areas outlined above. Under PAMA, these "outliers" will be required to obtain prior authorization for any advanced imaging studies they wish to order for Medicare patients. Currently, lung cancer is the only oncology diagnosis on the priority clinical area list but the list will be expanding, and it is anticipated that additional oncology-related clinical conditions will follow.

When first released, PAMA called for ordering professionals to begin consulting AUC by Jan. 1, 2017, but that deadline has been pushed back several times. In the 2018 PFS final rule, CMS announced that the AUC consultation requirement will not go into effect until Jan. 1, 2020. Though questions and concerns have been raised about the "administrative burden" of this requirement, because it was enacted by Congress, to change or eliminate it would literally take a new act of Congress, which is not anticipated to occur at this time.

Voluntary Reporting Period

To encourage organizations to get ready as soon as possible, a voluntary reporting period began in July 2018 and will run through December 2019. During this time AUC consultation is not required, but "early adopters" may opt to begin on a voluntary basis. The reporting requirement to communicate to CMS that the consultation occurred lies with both the imaging facilities and interpreting providers, as communicated to them by the ordering professional. During this voluntary reporting period only, the AUC consultation is communicated, not the results of the AUC consultation itself (i.e., whether the order was approved or denied). In an integrated system where the consultation and orders are documented electronically, this is a relatively seamless process, but if paper orders are utilized, additional work is required to relay this information.

Educational and Operations Testing Period

Beginning in January 2020, CMS will launch a one-year "educational and operations testing period." During this time, ordering professionals must consult AUC, and furnishing professionals (the imaging facility and the interpreting providers) must report information about the consultation (mechanism and consultation result). In this testing period, claims will be paid regardless of whether the claim includes the required information. However, starting in 2021, payment will be denied if claims from the furnishing professionals (both facility and interpreting provider) lack the required AUC information unless one of the previously listed exceptions—for example, medical emergency—applies. (See page 8 for the list of exceptions.)

During the 2020 rulemaking cycle, CMS will develop a series of G codes and modifiers that must be applied to the claims during the testing period. The G code will indicate the mechanism consulted and the modifiers will indicate at an exam level (abdomen computed tomography, positron emission tomography, etc.) whether the exam was recommended, not recommended, or not applicable (inpatient, emergent, etc.). The ordering provider will be responsible for reporting this information to the imaging facility and the interpreting provider.

During this one-year "educational and operations testing period," CMS will continue to pay claims whether or not the information contained on the claims is completely accurate. For this initial testing period, the

ordering professional will consult AUC through a qualified clinical decision support mechanism, and furnishing providers will report the corresponding G codes and modifiers on their claims (facility and physician). CMS has not indicated how long the G codes and modifiers will be utilized for claims-based reporting.

However, in the 2019 PFS final rule, CMS indicated that the agency will continue to consider future opportunities to use a unique claim identifier number generated by the clinical decision support mechanisms themselves, but did not commit to a specific timeline. When this occurs, the AUC reporting program would shift to a more registry-based program, much like the Medicare Access and CHIP Reauthorization Act quality reporting.

Of note, in the 2019 PFS final rule, CMS clarified that if the referring physician does not personally perform the consultation, then "when delegated by the ordering professional, clinical staff under the direction of the ordering professional may perform the AUC consultation with a qualified clinical decision support mechanism." The ordering physician is still responsible for the consultation because it will be his or her National Provider Identifier reported on the claim. It is also the ordering physician who would be identified as an outlier and be subject to prior authorization requirements based on the ordering patterns.

AUC consultation is upon us, and it is not just an imaging problem or an ordering provider issue. Ordering providers, imaging facilities, and interpreting physicians must work hand in hand to establish effective and efficient processes to meet this regulatory requirement. Everyone deserves to be paid appropriately for services rendered and avoid being on the "outlier" list due to ordering concerns. OI

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