NATIONAL DECISION SUPPORT COMPANY

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The Protecting Access to Medicare Act (PAMA)

The Protecting Access to Medicare Act requires that physicians ordering advanced imaging exams consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (qCDSM).

January 1, 2020 marks the formal start of the program, where healthcare providers must consult qualified CDSM when ordering advanced imaging tests. Under the program, consultations must occur across all advanced imaging and evidence of consultation must be included on the claim. The consultation requirement applies to all Medicare Part B Advanced Diagnostic Imaging Services (CT, MR, NM, PET) across multiple care settings including outpatient and emergency departments.

The first year of the program is defined as an "Educational and Operational Testing Period". During this period, qCDSM consultations must occur and providers must submit evidence of the consultation for all applicable advanced imaging orders. It is anticipated that all claims must contain consultation data, however, payment will not be withheld for incorrectly formatted claims. After the one-year period concludes, payment will be withheld for claims not correctly including consultation data and outlier physician calculation will begin.

A Comprehensive Requirement

Ordering providers are required to consult AUC for all Medicare Part B Advanced Diagnostic Imaging Services (CT, MR, NM, PET).

Consultation is required in all applicable settings as outlined by CMS. These include physician offices, hospital outpatient departments (including emergency departments), ambulatory surgical centers, and independent diagnostic testing facilities.

CareSelect™ Imaging offers the most comprehensive set of AUC available on the market. With criteria sources from five qPLE medical specialty societies, CareSelect Imaging ensures the availability of applicable AUC for provider consultation and compliant claims generation. The breadth and depth of clinical content also allows health systems to identify quality and financial imperatives and foster targeted improvement programs.

Physician Measurement & Priority Clinical Areas

CMS has outlined eight Priority Clinical Areas (PCAs) as a baseline of clinical coverage to measure outlier physicians. Outlier calculation will be based on AUC adherence within the PCAs and applicability of the AUC to the service.

In addition to outlier calculation, the PCAs serve as a good guide to begin your CareSelect Imaging implementation. With a focus on significant savings and quality improvement opportunities, the PCAs offer a springboard to create meaningful, immediate impact to address imaging over-utilization.

Current PCAs include:

- 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

This Year's MPFS Proposed Rule

January 1, 2020 – The Implementation Mandate

This year's MPFS Proposed Rule (the third of four rulemaking cycles) provides important implementation details related to the AUC provisions of the Protecting Access to Medicare Act. The rule will be finalized in November 2018 after a stakeholder comment period.

Program Start Date

January 1, 2020 remains the formal start of the program. From this date forward, healthcare providers must consult a qualified Clinical Decision Support Mechanism (qCDSM) when ordering advanced imaging tests furnished under Medicare Part B. Under the program, consultations must occur across all advanced imaging, and evidence of consultation must be included on all claims.

The program starts with a one-year "Educational and Operations Testing Period". During this period, AUC consultation must occur across all advanced imaging, and evidence of consultation must be included on the claim. Incorrectly formed evidence will not result in payment being withheld.

Proxy Consultation

CMS has proposed to expand the personnel who can consult AUC at the time of order. In many organizations, proxies will often place orders on behalf of the physician. This year's rule formalizes the option for these proxies, while operating under the supervision of the ordering provider, to perform the consultation.

As the provider requesting the order is subject to outlier calculation, any workflows leveraging this option must ensure that the ordering provider is made aware of non-adherent requests at the point-of-order. While this workflow option accommodates pre-existing order entry workflows, it also requires in-depth EHR integration knowledge to effectively implement.

Consultation must take place at the time of order and under the supervision of the ordering provider. It is important to remember that this legislation focuses on the use of evidence-based AUC to manage utilization during the order entry process and emphasizes the educational impact of interactive AUC review when making care decisions.

The statute also distinguishes between the ordering and furnishing professional, recognizing that the professional who orders an applicable imaging service is usually not the same professional who bills Medicare for that service when furnished. **We interpret this to mean that ordering providers may have their staff (but not radiology staff) consult AUC on their behalf.**

Claims & Reporting

CMS will accept all consultation data, as defined by the regulation, in the form of G-Codes with HCPS modifiers. The defined information is as follows:

- Information about which qCDSM was consulted by the ordering professional for the service.
- Information regarding—
    1. whether the service ordered adheres to the applicable appropriate use criteria;
    2. whether the service ordered does not adhere to such criteria; or
    3. whether such criteria is not applicable to the service ordered.
- The NPI of the ordering professional

In addition, the qCDSM must produce a Unique Consultation Identifier or Decision Support Number (DSN). This DSN readily connects the consultation to the claim, particularly important when the ordering and furnishing facilities are disparate domains. Although the proposed rule suggests that the DSN is not required for claims, the DSN is required to connect consultation and claims data. This also ensures protection against future audit, as the qCDSM must retain DSN information for 6 years.

We expect CMS to issue a transmittal that will provide details as to the codes and method of submission, as they did to inform those participating in the voluntary reporting period for PAMA starting in July of 2019. During the voluntary period, the modifier "QQ" can be used to modify CPT codes to indicate that a consultation has been performed for said service and the furnishing provider is aware of the result.

Expanded settings

Independent Diagnostic Testing Facilities (IDTF) have been added as an "Applicable Setting". For any services furnished or ordered, an IDTF is now required to submit evidence of consultation for a payable claim. CMS wants to ensure that as many Medicare services as possible are within scope for the program. Given the volume of Medicare Part B services furnished in standalone imaging centers, this expansion of coverage makes sense.

This expansion to include IDTFs raises the bar for providers of these services and operators of these facilities to ensure the necessary infrastructure is in place for consultation and claims formation across all care settings. qCDSMs with web-based access points, including CareSelect Imaging, will be instrumental to enable these settings due to the diverse IT infrastructure.

Exemptions

CMS has outlined three circumstances where ordering providers are not required to consult AUC. These have been defined as:

- Emergency Services
- If the service is furnished under Medicare Part A
- Hardship

This year's proposed rule clarifies the proposed hardship exclusion and makes the ordering provider 'self-report' their exclusion from criteria. This year's rulemaking proposed a definition for "Hardship":

- Insufficient internet access.
- EHR or CDSM vendor issues
- Extreme and uncontrollable circumstances

These criteria add to the existing emergency services exclusion, where consultation is not required if it will cause undue harm to the patient.

Future Rule-making and Next Steps

Next year, CMS will undertake rulemaking to define how outliers are identified. Currently, outliers are defined as those providers who consistently do not adhere to AUC or fail to consult applicable AUC. Outliers will be penalized by being subject to additional authorization steps for Medicare Imaging services.

With this rulemaking cycle, healthcare providers have all necessary information to begin implementation of a qCDSM. To prepare for the January 2020 deadline these implementations must begin as soon as possible.

We continue to work with key stakeholders, including CMS, our partners, and the market at large to develop a compliance framework that creates cost savings opportunities, assures full claims payment, and minimizes the chance of being flagged an outlier by making AUC that cover all advanced imaging available through CareSelect, our fully qualified CDSM.