



CDS TOOLKIT

Getting Ready to Comply with the CMS Mandate to
Implement Radiology Order-Entry Clinical Decision Support



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Strategic Radiology LLC (SR) is a nationwide membership organization of quality-focused, private radiology practices dedicated to performance improvement through data aggregation and sharing best practices. The organization represents 26 geographically dispersed, independent radiology practices that provide medical imaging services to more than 250 hospitals and 625 outpatient sites in about 40 states. The organization is wholly owned by its membership and governed by physician officers and physician Executive Committee members.

Strategic Radiology operates the only radiology-specific Patient Safety Organization listed by the Agency for Healthcare Research and Quality. Officially listed in 2013 by the AHRQ, the SR-PSO was recently re-listed.



Radiology Associates, P.A. (RAPA), is the largest independent radiology practice in Arkansas. With a team of 39 physicians with subspecialties in musculoskeletal, abdominal, breast, neuroradiology, nuclear medicine, and vascular interventional radiology, RAPA provides state-of-the-art diagnostic and interventional radiology services for our patients, referring physicians, and hospital partners.

We provide these services at 21 hospitals, four breast imaging centers, two outpatient imaging centers, one vascular center, and multiple referring physician offices. We also provide comprehensive screening services, including 3-D mammography. RAPA physicians collectively interpret or perform more than 900,000 imaging studies and image-guided procedures each year.



During 2020, the program will operate in an Education and Operations Testing Period.

Clinical Decision Support (CDS) Toolkit 2019

Strategic Radiology member radiology practices have developed this toolkit to assist our affiliated hospitals to prepare for Clinical Decision Support (CDS) implementation. It was assembled in April 2019 based on current information from CMS, which is subject to change after publication. Hospitals and clinicians should check the [CMS website](https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/appropriate-use-criteria-program/index.html) regularly for updates. URL <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/appropriate-use-criteria-program/index.html>

CDS encompasses a variety of tools to enhance decision-making in the clinical workflow with many clinical applications. The CMS program was established to increase the appropriateness of the advanced diagnostic imaging services provided to Medicare beneficiaries by subjecting advanced imaging orders to Appropriate Use Criteria (AUC) tools.

CDS will be required for most:

- computed tomography (CT)
- positron emission tomography (PET)
- nuclear medicine, and
- magnetic resonance imaging (MRI)

The CDS Toolkit is a resource to help hospitals:

1. Define clinical decision support and describe its role in optimizing patient care delivery.
2. List steps to prepare your organization to adopt CDS tools.
3. Identify tools and resources your organization and its ordering clinicians can utilize to discuss imaging appropriateness with patients.
4. Discuss the importance of integrating CDS technology with your organization's EHR system.

2020 REQUIREMENTS

Beginning January 1, 2020, Professionals who order Advanced Diagnostic Imaging Studies (CT, MRI, Nuclear Medicine and PET studies) for Medicare eligible patients, will be required to consult AUC via a Clinical Decision Support Mechanism (CDSM). During 2020, the program will operate in an Education and Operations Testing Period during which claims will not be denied for failing to include proper AUC consultation information.

CMS plans to issue HCPCS G-codes corresponding to each approved CDSM, along with modifiers to indicate whether the order adheres to AUC guidelines, or an exception applies. This information will have to be collected from the ordering professional along with each order and included on claims by providers furnishing the imaging (both professional and technical component).

Appropriate Use Criteria (AUC) + CDS Mechanism (CDSM) = Radiology Clinical Decision Support (CDS)

Beginning January 1, 2021, Medicare payment to imaging clinicians will be contingent upon submission of CDSM G-codes and AUC adherence modifiers on claims. Therefore, hospitals and other imaging facilities should consider whether they will accept orders without the G-Code corresponding to the CDSM used, and the applicable AUC adherence modifier in 2021. Claims that fail to append this information will not be paid. Questions regarding this program may be submitted to the CMS Imaging AUC resource mailbox at ImagingAUC@cms.hhs.gov.

CDS is required for ordering Advanced Diagnostic Imaging Studies for which Medicare payment is made unless an exclusion or hardship applies.

Applicable Exclusions:

- Inpatients
- Patients with an “emergency medical condition” as defined in section 1867(e)(1) of the Social Security Act:
 - (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—
 - (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 - (ii) serious impairment to bodily functions, or
 - (iii) serious dysfunction of any bodily organ or part; or
 - (B) with respect to a pregnant woman who is having contractions—
 - (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

CMS has specifically noted that many emergency department cases will not qualify for the exception described above.

Critical Access Hospitals are excluded from the requirement.

Hardship Exemptions:

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

While consultation of AUC will be required, adherence to AUC recommendations is not required during this initial phase.

CDS Implementation Timeline

CMS has called for an Education & Operations Testing period to commence on January 1, 2020. Providers of advanced imaging services that have not begun planning CDS implementation are well-advised to begin immediately.

Clinical Decision Support Implementation Timeline


Source: CY 2019 Medicare Physician Fee Schedule

	July 1, 2018 Voluntary Reporting Period	January 1, 2020 Education & Operations Testing	January 1, 2021 Reimbursement Denials Begin	January 2023/2024 Outliers Identified
Furnishing Clinicians	Can report consultation of AUC using HCPS Modifier QQ	Must document Consultation on Claim — no reimbursement at risk	Reimbursement denials begin for Furnishing Clinicians not documenting AUC consultation	
Ordering Clinicians		Must consult AUC through qualified CDSM		Outliers Identified

- January 1, 2020 is education year.
- While consultation of AUC will be required, adherence to AUC recommendations is not required during this initial phase.
- Reimbursement denials begin Jan 1, 2021.
- In the future, CMS will require ordering clinicians with exceptionally high rates of non-adherence to ordering guidelines to obtain pre-authorization of advanced imaging studies for Medicare patients.

How long will it take to prepare?

Budget at least a twelve-to-eighteen month period. In those cases where the CDS tool is integrated with the EHR, your organization's IT team will be critical and may require additional time to allocate resources, so get started early.



Use Appropriateness and AUC adherence data to progress against quality goals, such as standardizing care pathways.

Creating a Successful CDS Implementation Strategy

When building a strategy for implementation, the following considerations will be important:

Form a governance committee.

- Establish a small multidisciplinary team to evaluate CDSM offerings.
- Assign a Subject Matter Expert and partner with CMIO.
- Include: Ordering Clinicians, Radiologists, CIO, IT Team, ED Chief, Revenue Cycle Management.
- Identify Practice Champions from employed and private practices.

Align with value-based goals and initiatives.

- Use Appropriateness and AUC adherence data to progress against quality goals, such as standardizing care pathways.
- Identify ways to leverage CDS to help reach more organizational goals.

Streamline internal processes.


Design pilot programs to uncover workflow challenges before deploying to ordering clinicians that include the following considerations:

- Embed CDSM in EHR so ordering clinicians automatically consult AUC.
- Encourage independent ordering clinicians to consider their options for CDSM embedded in their EHR vs. use of a web portal.
- Remind ordering clinicians of IT Options for CDS Compliance.
- Modify HL7 order interfaces to include required information.
- Create process for management of faxed orders.
- Determine how to incorporate HCPCS codes, modifiers and ordering clinician NPIs on claims for furnishing providers, including professional component providers such as radiologists and cardiologists.
- Test software.
- Develop strategy for reporting results to administration, department chairs, individual physicians for education purposes.

Understand who may and may not perform the AUC consultation.

Ordering Clinicians may delegate AUC consultation to trained clinical staff working under their supervision. However, consultation may not be delegated to third-party furnishing providers.

An Internal Preparation To-Do List can be found in the Appendices on page 16 of the CDS Toolkit.



Ideally, the CDSM that a health system or hospital selects will integrate with the hospital EHR.

IT Considerations: CDS Is an Informatics-Intensive Initiative

Implementing CDS for advanced imaging requires that providers choose an informatics solution (a CMS Qualified CDSM) that will enable clinicians to consult AUC guidance at the point of order entry of advanced diagnostic imaging services designated by CMS (CT, MRI, Nuclear Medicine and PET studies) for Medicare-eligible patients beginning on January 1, 2020.

Furthermore, providers must choose a system that has been qualified by CMS, a list of which can be found on the CMS web site. Ideally, the CDSM that a health system or hospital selects will integrate with the hospital EHR.


After the CDSM has been installed, it will begin to collect data on a variety of metrics, including the level of appropriateness associated with an ordered study. How that data will be used should be built into your implementation strategy. Check the [CMS web site](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html) for a list of CMS Qualified Clinical Decision Support Mechanisms. URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html>

An IT To-Do List can be found in the Appendices on page 17 of the CDS Toolkit.

Consultation Data Information Required on Billing Claim/Order Form

The following data must be present on the billing claim/order form in order for a claim to be paid to a furnishing provider:

- HCPCS code corresponding to CDSM consulted
- modifier indicating whether order conformed to AUC, or an exception applies
- NPI of ordering Professional



Observation patients that are in inpatient beds that require advanced imaging will be subject to AUC.

Tips for Different Care Settings

Below are care-setting-specific tips gathered through experience to date. To differentiate yourself in the market, your organization should identify ways to streamline CDS consultation and documentation for ordering clinicians.

Stage Rollout Across Facilities, Physician Cohorts

- Identify whether you are planning to roll out to all affiliated clinicians at one time or in segments.
- Explain why you are implementing CDS—legislative requirement and quality improvements—via:
 - Grand Rounds/Staff meetings
 - Network emails
 - Newsletters

Hospital Imaging

- Ensure that your organization has integrated CDSM into your EHR and that the consultation information flows to your revenue cycle applications for professional and technical billing.
- Ensure that every structured indication available for selection by the ordering clinician is available in the Radiologists interpretation workflow.
- Ensure that professional radiology group receives necessary consultation data. This will require that your billing department work to incorporate the consultation data into their processes and any files provided to radiology practice.
- Create instructional video and set up mandatory viewing prior to turning on CDS system.
- Distribute PDF instruction manual, newsletters, other marketing/educational materials.
- Train observation units on how to obtain codes. Observation patients that are in inpatient beds that require advanced imaging will be subject to AUC. This is being discussed with CMS and the eOrdering Imaging Coalition to try and change the regulations to exclude these patients.

Ambulatory Imaging Centers

- Review available CDSMs or those that your referring practices are considering.
- Determine if and what web portal you will make available.
- Educate referrers on availability of free CDSM web portals.
- Ensure workflows and integrations to receive electronic orders include consultation information (if available).
- Ideally the structured indication selected by the ordering clinician is available in your interpretation workflow.
- Ensure that professional radiology group receives necessary consultation data.
 - This will require that your billing department work to include the consultation data into their processes and distribute.
- Create instruction video and set up mandatory viewing prior to turning on CDS system.
- Distribute PDF instruction manual, newsletters, and other marketing/educational materials.



*Physicians appreciate data—
make feedback a part of your
adoption strategy*

Prepare Clinicians for Change

The implementation of CDS is a change management initiative.

Keep in Mind:

- Ordering clinician is absorbing the new information and trying to use it during the patient visit or while rounding.
- May require workflow/process changes to have studies explained after patient leaves office e.g. a marketing leave-behind to provide imaging study explanation.
- Physicians appreciate data—make feedback a part of your adoption strategy.

Emphasize the Upside:

- Regulatory mandate, not a choice
- Use of CDS is high-weight improvement activity under MIPS—ordering providers can earn 20 points out of the 40 needed for full credit in the Improvement Activities category by demonstrating the use of CDS.
- Significantly improves the quality of medical imaging care
- Ordering the right exam at the right time improves the value of care
- Opportunity to improve efficiency of care decision making
- Prevention of some errors and adverse events
- Potential to improve care coordination
- Enhances health outcomes
- Aligns with health system care variation reduction goals
- Opportunity to reduce costs

Find an External To-Do List that will help you prepare and educate ordering clinicians and their staff in the Appendices section on page 18 of the CDS Toolkit.



There will be aggressive competitors in the marketplace seeking to make it easy for your referrers to schedule imaging exams with them.

Training and Marketing Material for CDS

There will be aggressive competitors in the marketplace seeking to make it easy for your referrers to schedule imaging exams with them. Be the first to reach out to your referring clinicians and your patients.

Marketing Materials

Radiology Web Site: Add new page and refer to it on the home page.

Outpatient Imaging facilities may wish to explore offering access to a CDSM web portal via their own website.

For Internal Staff: Create instruction video and set up mandatory viewing prior to turning on CDS system.

Radiology Department Patients: Market radiology value and CDS mandatory changes in Imaging departments: waiting room posters, brochures, and videos.

For Ordering Clinicians: Instruction manual, newsletters, video links. Marketing message tailored to clinician specialty, highlighting benefits for their patients. ED, Subspecialists, Hospitalists, Nurses and Mid-Level Clinicians.

Referring Schedulers: Provide web Portal link, encourage resubmission of order (2019-2020 only). In 2021 there will be no resubmission option, include G-Code modifier documentation (CDMS, AUC adherence, NPI). May require workflow changes to have studies explained after patients leave their office e.g. MRI vs CT.

For Referring Physicians and Patients: Resources are available on the American Board of Internal Medicine (ABIM) Choosing Wisely web site that can help facilitate conversations between physicians and patients on the importance of choosing evidence-based care.

Educational Module developed by the American College of Radiology on behalf of ABIM and Choosing Wisely: http://modules.choosingwisely.org/modules/m_07/default_FrameSet.htm

Specific claims processing instructions (for example, how to link codes with multiple exams/orders) will be issued closer to 2020.

Prepare for Billing Process Changes

Both technical and professional component claims require evidence of consultation to be payable. An AUC consultation must occur for advanced diagnostic imaging services unless an exception applies. Claims from the professional and providing facility for advanced diagnostic imaging services furnished in these settings and paid by CMS using one of the following payment systems will be required to append AUC consultation information:

- Physician Fee Schedule
- Outpatient Prospective Payment System
- Ambulatory Surgical Center Payment System

The setting the service is furnished in determines which payment system CMS uses to pay a properly documented claim for advanced diagnostic imaging services.

During the voluntary participation period beginning July 1, 2018 and ending December 31, 2019, the –QQ modifier may be appended to the claims that bill a CPT code identified in the Appropriate Use Criteria for Advanced Diagnostic Imaging MLN Matters® article (see Appendix 4, page 19 of the CDS Tool Kit).

Beginning January 1, 2020, imaging providers will be required to report the data elements specified below on their Medicare claims for CT, MRI, Nuclear Medicine or PET (including global, professional and technical component services).

Specific claims processing instructions (for example, how to link codes with multiple exams/orders) will be issued closer to 2020.

Claims for advanced diagnostic imaging services must include information on:


- Was AUC consulted? HCPCS G-code corresponding to the CDSM
- Applicable modifier to indicate:
 - whether the order adhered to AUC guidelines, or
 - whether the specified AUC was not applicable to the service ordered, or
 - whether an exception applies.
- Ordering clinicians NPI

Adding Contrast

The need to change or add contrast or non-contrast is allowed by the furnishing radiologist at the time of the imaging exam.

LCDs and MCDs are still active and binding, CDS is not a replacement.

Coverage Determination: ICD and CPT must match up.



CMS intends to track adherence to AUC recommendations by ordering clinicians beginning in 2021.

Re-Cap

If your organization uses an EHR, reach out to your vendor to find out if they offer an integrated CDSM module, whether it will be an add-on module, and if so, obtain a proposal to install before January 1, 2020. Be sure to confirm the CMS approval status of the CDSM and associated AUC.

If you don't use an EHR, or your EHR vendor isn't offering an approved CDSM module at an affordable price, explore the web portal option. Web portals will require the user to navigate to the site and enter data, so they may not be a good option for clinicians who order a high volume of studies.

If you have electronic interfaces to transmit imaging orders (typically HL7 message type ORM) from ordering clinicians to furnishing clinicians (such as a hospital or imaging center radiology departments) review and ensure that the applicable G Codes and modifiers can populate and transfer correctly within the message.


If your organization provides CT, MRI, Nuclear Medicine, or PET services to Medicare Part B patients, prepare to receive and record G codes and AUC adherence modifiers along with orders from ordering professionals. If you work with outside clinicians who bill Medicare separately for the professional component, update your interfaces or forms to ensure that G-codes and modifiers can pass to them for billing purposes. Work with your billing system vendors to ensure that you are ready to capture and submit the new G-Codes and AUC adherence modifiers on your Medicare claims.

Planning for the Future

CMS intends to track adherence to AUC recommendations by ordering clinicians beginning in 2021. In the future, CMS plans to require those who order a very high percentage of studies deemed inappropriate to obtain pre-authorization for advanced imaging studies on Medicare patients.

CMS has indicated that they plan to focus on eight priority clinical areas:

- Coronary artery disease (suspected or diagnosed)
- Suspected pulmonary embolism
- Headache (traumatic and nontraumatic)
- 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



In the future, CMS plans to explore the possibility of using a Unique Consultation Identifier number for each AUC consultation.

In the future, CMS plans to explore the possibility of using a Unique Consultation Identifier number for each AUC consultation. This number would be generated by the CDSM and passed from the ordering professional to the furnishing clinician to CMS via claims. It would replace the G-codes and modifiers planned for use in 2020.

As of April 1, 2019, CMS has not yet announced how to link G-codes and modifiers with specific claim lines when multiple imaging services are rendered. Most likely only one G-code will be allowed per claim.

According to the 2019 MPFS Final Rule, two options are under consideration:

- Allow one G-code and modifier per claim, applicable to all lines on the claim
- List the G-code on one line, and the modifiers with the CPT/HCPCS code for each service

...Still to Come from CMS

All of health care awaits the following key pieces of the program from CMS:

- The G Codes and modifiers to be used
- How to link codes/modifiers with specific exams when multiple orders/studies are involved



Resources — CMS

[CY 2016 Physician Fee Schedule \(PFS\) Final Rule with Comment Period](#) CDS program introduced in this document (pages 71102-71116 and pages 71380-71382).

URL: <https://www.govinfo.gov/content/pkg/FR-2015-11-16/pdf/2015-28005.pdf>

[CY 2017 PFS Final Rule](#) Additional policies related to CDS program included in this document (pages 80403-80428 and 80554-80555).

URL: <https://www.govinfo.gov/content/pkg/FR-2016-11-15/pdf/2016-26668.pdf>

[CY 2018 PFS Final Rule](#) Requirements for consulting and reporting under the Medicare AUC program (pages 53187-53201 and page 53363).

URL: <https://www.govinfo.gov/content/pkg/FR-2017-11-15/pdf/2017-23953.pdf>

[42 Code of Federal Regulations \(CFR\) 414.94](#)

URL: https://www.ecfr.gov/cgi-bin/text-idx?SID=46428ccb8794q545aea4f63693d7e419&mc=true&node=se42.3.414_194&rgn=div8

[CMS Qualified Clinical Decision Support Mechanisms](#)

URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html>

[Appropriate Use Criteria Program](#)

URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html>

[Appropriate Use Criteria for Advanced Diagnostic Imaging](#) – Voluntary Participation and Reporting Period - Claims Processing Requirements – HCPCS Modifier QQ (MM10481)

URL: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf>

[Health IT.Gov: Clinical Decision Support Resources](#)

URL: <https://www.healthit.gov/topic/safety/clinical-decision-support>

[Medicare Learning Network](#) Appropriate Use Criteria for Advanced Diagnostic Imaging Fact Sheet, ICN 909377, December 2018

URL: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf>

Resources — American College of Radiology

[R-SCAN Web Site Introduction](#). A project -focused approach to collaboration between clinicians and radiologists to improve imaging appropriateness.

URL: https://rscan.org/images/PDFs/CDS_R-SCAN_Guide.pdf

[ACR Clinical Decision Support Resources](#)

URL: <https://www.acr.org/Clinical-Resources/Clinical-Decision-Support>

[ACR Appropriateness Criteria](#)

URL: <https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>

[ACR Patient Information Resource](#)

URL: <https://www.radiologyinfo.org/>

[Ten Exams Physicians and Patients Should Question](#)

URL: <https://www.radiologyinfo.org/en/info.cfm?pg=article-physician-questions>

[Appropriateness Criteria Topics and Rating Tables](#)

URL: <https://acsearch.acr.org/list>

[How PAMA Affects Orders for Imaging](#)

URL: <https://www.acr.org/-/media/ACR/NOINDEX/AC/PAMA-CDS-Flyer.pdf?la=en>

[ACR Patient-Friendly Appropriateness Criteria Summary Resource](#)

URL: <https://www.acr.org/Media-Center/ACR-News-Releases/2018/ACR-Expands-First-of-Its-Kind-Patient-Friendly-Appropriateness-Criteria-Summary-Resource>

Other Sources

[The Integrating the Healthcare Enterprise CDS Order Appropriateness Tracking Technical Framework Supplement](#)

URL: https://www.ihe.net/uploadedFiles/Documents/Radiology/IHE_Rad_Suppl_CDS-OAT.pdf

[American Board of Internal Medicine Choosing Wisely](#)

URL: <http://www.choosingwisely.org/>

[National Decision Support Company Web Site](#)

URL: <https://nationaldecisionsupport.com/high-value-care/caresselect-imaging/>

[AMA Clinical Decisions Support Resource](#)

URL: <https://edhub.ama-assn.org/steps-forward/module/2702161>

[MedCurrent Web Site](#)

URL: <https://www.medcurrent.com/>

[Medicalis Web Site](#)

URL: <https://www.medicalis.com/solutions/medicalis-clinical-decision-support>



Appendix 1: Internal Preparation To-Do List

- ☐ Document your strategy for CDS compliance.
- ☐ Understand workflow.
- ☐ Involve schedulers/scheduling leadership to optimize workflow to prevent unnecessary delays.
- ☐ Develop process to check order compliance before scheduling advanced imaging exams to protect reimbursement.
- ☐ Educate relevant staff on how to use the AUC/CDS system you choose—your CDSM vendor can help.
- ☐ Schedule weekly/monthly conference calls with vendor, IS/IT, and ordering clinician leaders.
- ☐ Confirm process so Medicare claim will be submitted with HCPS code(s) and modifiers as per CMS specifications.
- ☐ Determine metrics for reporting to administration, department chairs, clinicians, and other CDS users and stakeholders.
- ☐ Leverage utilization data to manage imaging utilization internally.
- ☐ Share data with stakeholders to encourage ordering clinician behavior change.
- ☐ Identify CDS Priority Targets and each ordering practice's readiness to consult CDS:
 - ☐ Emergency Dept.
 - ☐ PCP's
 - ☐ Cardiology
 - ☐ Oncology
 - ☐ Orthopedics
 - ☐ Pulmonology
 - ☐ Neurology



Appendix 2: IT To-Do List

- ☐ [Click here for CMS Qualified CDS Mechanisms](#) (CDSMs)
- ☐ Contact CDS vendor to understand all metrics, data, and analytics available through their platform
- ☐ Evaluate the following key factors:
 - Integration
 - Simplicity, ease of use and efficient workflow
 - Speed
 - Flexibility
 - Customization
 - Analytics
- ☐ Create a vendor assessment tool for CDSMs with Preliminary Qualification to ensure:
 - o Integration Capability
 - o Ordering Clinician Workflow impact
 - o Data Tools
- ☐ Purchase CDS software.
- ☐ Design pilot.
- ☐ Test software.
- ☐ Select metrics to track on a regular basis to monitor and improve process.
- ☐ Create instruction video and set up mandatory viewing prior to turning on CDS system.
- ☐ Distribute PDF instruction manual, newsletters, video, marketing materials.
- ☐ Begin collecting data to understand baseline performance and set achievable targets.
- ☐ Map Indications to studies—work with your radiologists.



Appendix 3: External To-Do List:

Prepare and Educate Ordering Clinicians and Staff

Develop a communication strategy that will highlight CDS quality benefits relevant to each clinician cohort and health system affiliation. Provide upfront education to referring physicians and their administrative staffs.

- ☐ Develop clear process to CDS consultation
- ☐ Educate Ordering Clinicians
- ☐ Present IT CDS options to Community Physicians
- ☐ EHR Capabilities and Free Tools
- ☐ Provide Web portal link
- ☐ Create leave behind include G-Code modifier documentation (CDMS, AUC adherence, NPI)
- ☐ Encourage resubmission of order for 2019 and 2020 only
- ☐ Identify Physician Champions within each area of focus
- ☐ Share metrics data with stakeholders to demonstrate imaging's value
- ☐ Offer ongoing support—monthly—and continue to tie CDS back to larger organizational, quality, and patient care goals
- ☐ Ensure community clinicians consult CDS to safeguard reimbursement.
- ☐ Check in monthly with metrics and for ordering clinician suggestions for improvement
- ☐ Consider deploying hard stops for specific situation to hardwire adherence
- ☐ Engage clinicians in discussions about how to improve adherence to CDS and AUC guidelines



Appendix 4: Advanced Diagnostic Imaging CPT Codes for which AUC Consultation Is Required in Applicable Settings

From CMS - CPT code identified in the Appropriate Use Criteria for Advanced Diagnostic Imaging MLN Matters® article <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10481.pdf>

You should be aware that, effective for claims with dates of service on or after July 1, 2018, your MACs will accept the new QQ modifier on the same claim line as any CPT codes that fall within the ranges shown below.

Please note that the QQ modifier may also appear on the same claim line as a CPT code that falls outside the range; and, until further notice, MACs will continue to pay claims for services within, or outside, the CPT code range shown below regardless of the presence of the QQ modifier.

Magnetic Resonance Imaging

70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76498

Computerized Tomography

70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74712, 74713, 75571, 75572, 75573, 75574, 75635, 76380, 76497

Single-Photon Emission Computed Tomography

76390

Nuclear Medicine

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