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RADIOLOGY TRENDS

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Radiologists Get Reprieve After Senate, Trump Finalize Bill To Extend Medicare Repayment Terms

The U.S. Senate has approved legislation that will extend payment terms of Medicare advances granted to physicians during the coronavirus pandemic. President Donald Trump signed the measure late Wednesday, just after a midnight deadline to avoid a government shutdown. Following the 84-10 Senate vote and Trump's signature, **the bill will extend funding for the feds through Dec. 11th**. The U.S. House previously passed the measure back on Sept. 22, drawing praise from the American Medical Association. Radiologists and other providers will now have one year after the Medicare Accelerated and Advance Payment Program loan was originally issued before the recoupment period begins. CMS first **launched** the support back in March to help to ease cash flow concerns for providers hobbled by the COVID-19 pandemic. The original due date was set to arrive in August for those receiving loans first. AMA recently **called** those previous terms an "economic sword hanging over physician practices."

Provider groups expressed relief following the bill's final approval. "Critically important that Senate passed [the continuing resolution] bill," **tweeted** Chip Kahn, president and CEO of the Federation of American Hospitals, adding that the new repayment terms will "greatly support frontline hospitals and providers facing COVID in [the] coming months."

2021 ICD-10-CM Codes Effective October 1, 2020

The annual diagnosis updates are now available and were effective October 1st. The largest number of changes effecting radiology are for the conditions in the nervous system. Codes have been added or expanded for early-onset ataxia, epilepsy, seizures, cerebrospinal fluid leaks, disorders of the meninges, intracranial hypotension and more.

Specificity has been added to the coding of eosinophilic pneumonia and asthma with the inclusion of chronic and acute distinctions. Diagnoses have been added for arthritis and arthropathy of the temporomandibular joint. Chronic kidney disease, stage 3, has been expanded to include options for stages 3a, 3b, and 3 unspecified. A code has been added for neonatal cerebral infarction that requires laterality specification. A fourth digit is now required to report a headache to allow for the addition of “with orthostatic or positional components.”

To see the complete list of code additions, deletions and revisions please visit the Industry News section of our website at **https://www.mbms.net/Radiology-News-Insight.**

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CMS extends CDS education and testing period until Jan. 1, 2022

*10:015 AM on August 27, 2019 by **Ty Aderhold** and **Erin Lane**, edited by **Marisa Deline**. **Editor's note: This blog was updated on Aug. 18, 2020.** The Advisory Board Company is the owner and publisher of this article.*

Starting last January, Medicare required ordering providers to consult appropriate use criteria (AUC) via an electronic clinical decision support (CDS) tool when ordering outpatient advanced imaging exams. However, this first year was considered an education and testing year, which meant there would be no reimbursement denials for failure to comply with the mandate.

In late August, CMS announced that is was extending this education and testing year through calendar year 2021. This should be welcome news to many imaging programs, as COVID-19 has hurt department finances and halted implementation and pilots. Reimbursement denials for furnishing providers who do not document AUC consultation will now begin Jan. 1, 2022.

Advisory Board Consulting and Management now has more than 380 management executives and clinicians with an average of more than 15 years of operational experience running critical hospital and medical group departments.

A brief refresher on CDS

In the Protecting Access to Medicare Act (PAMA) of 2014, Congress included a mandate for ordering providers to consult AUC via electronic CDS when ordering outpatient advanced imaging exams for Medicare fee-for-service beneficiaries. Furnishing providers---most commonly radiologists and imaging programs---must document that consultation for reimbursement.
Next, six things to know about the AUC program.

1. **Education and testing period began Jan. 1, 2020**
   Though the program began in 2020, the first two years have been deemed an "educational and testing" period, meaning claims will be paid regardless of documentation. Beginning Jan. 1, 2022, Medicare will deny claims that do not include necessary information (more on documentation below). During educational and testing period, providers may use the modifier QQ during voluntary reporting period already underway.
   Guidance for providers: Although claims will not be denied until 2022, CDS consultation is mandatory. Organizations should develop an implementation strategy now to allow time to test the product, educate and train ordering providers, and slowly roll out the tool across the health system. Encourage ordering providers to participate in voluntary reporting, and emphasize the potential to earn MIPS credit as a benefit to early adoption. Use our **tools and resources** designed to help imaging leaders throughout the implementation process.
2. **Furnishing providers must use G-codes and modifiers to document consultation**
   Ordering providers consult CDS, but furnishing providers are responsible for reporting that consultation took place. This claims-based reporting must include three separate items:
   a. **G-codes:** CDSM consulted;
   b. M**odifiers:** AUC adherence (adherent, not adherent, or not applicable); and
   c. N**PI:** National provider identification (NPI) of the ordering professional.

Last year, the agency released specific codes to use. Review our **coding guide** so that you're prepared for the end of the education and testing period.

Guidance for providers: Radiologists and imaging programs are financially responsible for documenting CDS consultation. Now that CMS has released the exact G-codes and modifiers required, imaging leaders should start working with their informatics team and CDS vendors to incorporate these into claims. For more information on how to ensure CDS adherence, review section three of our **toolkit**. Continue reading full article **here.**