Thank you all for completing this survey on Clinical Decision Support (CDS). As you will see from the survey results, there is still a lot of uncertainty in implementation as well as what the proposed rules will include this year. We are expecting the proposed rules very soon and will share a summary as soon as we review them.

The recent survey revealed that more than 60 percent of respondents have not yet begun an implementation of CDS. Of those who have begun a process for CDS, most are targeting outpatient referrals from their employed physicians (within their EHR) as a first step. More than 60 percent of members are unsure how the Appropriate Use Criteria (AUC) consultation identifier (unique identifier) will be captured for coding and reimbursement for both the imaging department and the radiology group.

Many respondents indicated that a substantial number of referrals (25%-50%) come from physicians “outside” their respective EHR – representing additional challenges of managing paper/faxed orders requiring manual intervention for documenting and coding the AUC consultation.

Beginning July 2018, CMS is introducing a voluntary reporting period (prior to the final rule) where a QQ modifier can be attached to the claim for those using CDS. Payment is not at risk during this period. Only 11 percent of survey respondents plan on participating in the voluntary reporting period while 50 percent are still unsure.

The AHRA Regulatory Affairs Committee continues work with the Appropriate Use Criteria Technical Workgroup, a group of key industry stakeholders, to find a way for the information to flow from the order through to the billing forms, including hospital technical, global and professional environments, without manual intervention by imaging and billing staff.

If you have any questions, please let us know. We are here to help. Take care.

Sheila