

## Adjusting To Appropriate Use Criteria (AUC)

Advanced technology is developed to help current operating systems work more efficiently. Usually, over time, we come to appreciate the updated processes; however, the transitional time brings a great amount of trepidation to those who have to learn new systems while still maintaining the highest quality of service.

Earlier this year, the medical community began a significant transitional phase. Under the Protecting Access to Medicare Act of 2014, physicians and their staff began the "Educational and Operations Testing Period" of the Appropriate Use Criteria (AUC) reporting program. Clinicians are now required to consult with AUC through a qualified clinical decision support mechanism (CDSM) when ordering any advanced imaging services (i.e. SPECT/PET MPI, CT, and MRI) in order to receive payment approval from the Centers for Medicare and Medicaid Services (CMS). This first year of the approval process is an educational one for physicians to familiarize themselves with AUC requirements, develop an action plan for compliance, and test their systems. During this timeframe, CMS will not deny claims that incorrectly report AUC information; however, full implementation of this new reporting policy will be in effect on January 1, 2021, and claims will only be paid if the appropriate AUC data is reported.

All diagnostic tests will now have to be presented with justification based on the client's clinical condition and how this specific test can improve the health outcome of the patient. The AUC requirements will apply to any advanced diagnostic imaging service provided in physician offices; hospital outpatient departments including emergency departments; ambulatory care centers; and independent, diagnostic testing facilities.

"RWJBarnabas Health is working on upgrading the various radiology, scheduling and billing systems to make the process as smooth as possible," said Barbara Richardson, MPA, RTR, Regional Director Radiology, Monmouth Medical Center.

So, what do these new administrative processes truly mean to the physicians' offices and how will patient care be impacted? The AUC reporting program is evidence-based guidelines for specific clinical scenarios and presenting symptoms or conditions. Ordering physicians, or those working on their behalf, will consult the AUC using a CDSM. The CDSM, an interactive, electronic tool, provides a response when queried indicating that the advanced diagnostic imaging service is 'appropriate', 'not appropriate', or 'not applicable for the patient'. Once the CDSM has been consulted and request for service placed, additional data is sent to the provider completing the imaging service including a Healthcare Common Procedure Coding System (HCPCS) G-code for each qualified CDSM. The HCPCS will be reported in the claim as a separate line



item, in addition to the procedure code identifying the imaging service performed.

There will be some exceptions to the requirement to consult the CDSM for every advanced diagnostic imaging service. They include:

- Emergencies
- Inpatient advanced diagnostic imaging services
- Ordering physician meets hardship exception:
  - Insufficient internet access
  - EHR or CDSM vendor issues
  - Extreme and uncontrollable circumstances

***The goal of the AUC program is for physicians and/or clinical staffs acting on behalf of the physicians decrease the number of unnecessary advanced diagnostic imaging services provided to Medicare beneficiaries.***

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## We are in this together.

During this unprecedented time, we thank you for your commitment to the health and well-being of the communities you serve.

Additional resources about COVID-19, can be found at:

[rwjbh.org/covid19](http://rwjbh.org/covid19)  
[Covid19.nj.gov](http://Covid19.nj.gov)

# Ask the Expert Spotlight

## Sonya Middleton: The Epitome of Family

Filled with an abundance of love and support for her daughter Shaquasia as well as her colleagues and patients at West Long Branch OB/GYN, Sonya Middleton knew she still had more love to give. In 2017, this divorced mother of one became a foster mom to three siblings – Yazzmine (15) and Ahdina (8) with Makhi (4) joining the family shortly thereafter. The fourth sibling, Eric (12), was being fostered by another family but joined Sonya during the Summer of 2018 so that all the children could be together. The family truly became official on November 14, 2019, when Sonya adopted all four siblings during Monmouth County's Annual Adoption Day.

While this gift of love is exceptional for any family, it is even more so for Sonya as she is a single mother now balancing the needs of five children. Shaquasia, age 28, does help her mom with her new younger siblings. However, even with Shaquasia's assistance, there is a great deal of organizational management that needs to take place. Organizational management is a familiar task for Sonya as it is skillset that is key to her position at West Long Branch OB/GYN.

"My role as Practice Manager definitely prepared me to transition from a single mom of one to a single mom of five," said Sonya. "The day-to-day management of multiple offices and interactions with various people and personalities was the 'perfect' training to be able to handle the wide range of ages of which I am now responsible."

Sonya provided her fellow Practice Managers some tips from her family that translates well for an office setting:

- Don't sweat the small stuff. When you read the stories of the children in foster care and realize all that they have seen and been through in the short time they have been on this earth, you learn not to let the minor details derail what needs to get done.
- As a Practice/Office Manager, we wear many different hats and require different attributes depending on the situation. Good communications skills, being approachable, the ability to work with others and the capability to respect their points of view are crucial skills both at home and in the workplace.
- Having structure in your day, whether at the office or at home, allows us to stay on schedule. We have to stay on schedule just to get everyone up and off to school in the morning and similarly, I need to do the same at the office so that I can get home to my family.

Similar to an office setting where everyone has a specific job to do, Sonya has allocated responsibilities and chores to each of her children. While the children do not get an allowance for their various tasks, they are provided with all of their needs, especially the opportunity to be together which wasn't feasible prior to becoming part of Sonya's family.

Sonya concluded, "The reason I decided to open my home is simply that there was a desire and a need. My advice to anyone who may be interested is to simply follow their heart. While it can seem intimidating at first, it is so worth it in the end."



Photo Courtesy of Asbury Park Press

Sonya Middleton's family is now complete with her biological daughter Shaquasia and the four recently adopted siblings – Ahdina, Eric, Yazzmine and Makhi.



It truly is 'Family Ever After' for Sonya Middleton's family. in the workplace.

## New CPT Codes Geared Towards At-Home Care

With the start of a new year, a new set of Current Procedural Terminology (CPT) codes were announced by the American Medical Association (AMA) and introduced through a series of workshops presented by the RWJBarnabas Health Office Managers Association. In late February, more than 280 office managers and practice administrators attended informational sessions to help them better adjust to the changes. Each year, changes are implemented by the AMA to the CPT Coding based upon the latest scientific and technological advances in medical, surgical and diagnostic services available to mainstream clinical practices. For 2020, the AMA has recommended 394 changes including 248 new codes, 71 deletions, and 75 revisions.

Most of this year's code modifications are the precursor to significant changes coming in 2021 as it relates to new Medicare office-visit coding guidelines designed to be more intuitive and to promote



Jean Buble, RN, CPC, Vice President of Case Management and HIM, RWJBarnabas Health explains the new codes for 2020.

better patient care over burdensome documentation. Next year's changes will be the biggest overhaul in evaluation and management (E/M) office visit codes in more than 25 years by the AMA.

Some of the biggest improvements outlined for 2020 include how to assess the expanding access to healthcare to those who may have geographic and/or socioeconomic barriers through the utilization of in-home services including:



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The initial reaction of Diana Rosso, Practice Administrator & Billing Manager, for Cardiology Associates of Ocean County, upon hearing about the new AUC reporting structure was one of trepidation.

“How will we, the staff, find the time to fit this requirement into our already busy schedules,” said Rosso. “We are a cardiology practice of four physicians who order Myoview Exercise Stress tests and PET scans to obtain patients’ diagnoses. Our practice has a large percentage of Medicare patients so we will feel the impact of extra work due to many more authorizations being required. What will make the task easier is how thorough our physicians are in their EMR record of the patients including patient’s symptoms, current medical conditions and family history.”

However, Russo does think that after some time with this new processing system, the task may become easier. “Medicare is a pleasure to work with and the staff will have the facts and mechanisms required to assure the reason for the requested tests. We will be ready. Doing it right from the start assures the right result.”

When the AUC program goes into full effect in 2021, CMS will also begin collecting AUC data through 2023 to identify up to five percent of providers whose ordering patterns are considered “outliers” and subject them to further prior authorization requirements. Specifically, the following priority clinical areas will be the focus of the analysis of the outliers:

- 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

There are growing concerns about how labor-intensive this may be to current office staff; but moreover, how this may compromise overall patient care. Once indicators have been inputted and



deemed appropriate, will these indicators simply become the default to get testing approved in a timely manner but not entirely an accurate assessment of a patient’s needs? Will physicians just automatically refer patients to specialists to avoid having to deal with the CDSM altogether? There is also the fear of redundant testing if a preliminary approved test is selected only to have to order additional tests later when those results prove inconclusive. As we are still just a few months into this process, it is too early to tell what the overall effects will be but it is definitely an area of interest for both physicians and patients.

***“We are hopeful that the new process will be helpful to our physicians to ensure the best exam is ordered and is a simpler process than the traditional pre-authorization practice.”***

*- Barbara Richardson, MPA, RTR, Regional Director  
Radiology Monmouth Medical Center.*

For additional resources on the newly implemented AUC program, please visit:

**[cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf](https://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf)**

## System News

RWJBarnabas Health, in conjunction with 14 additional hospitals and health systems, announced a commitment of over \$700 million for place-based investing to create strong and healthy communities. The purpose of these investments is to not only provide quality health care but to leverage their collective institutional resources to address the economic, racial and environmental resource disparities that impact community health outcomes.

New Jersey is the third wealthiest state in the nation, yet nearly 3.4 million New Jersey residents cannot afford to meet their basic needs. In New Jersey, over 1.9 million people live in homes that are too expensive, overcrowded or lack adequate plumbing and 919,000 go to bed hungry nightly. The Healthcare Anchor Network (HAN) supports health systems to accelerate learning and local implementation of economic inclusion strategies. In addition to RWJBH, the other 13 HAN-member organizations investing include Advocate Aurora Health, Anchorum St. Vincent, Bon Secours Mercy Health, Boston Medical Center, CommonSpirit

Health, Einstein Healthcare Network, Henry Ford Health System, Intermountain Healthcare, Kaiser Permanente, ProMedica, Rush University Medical Center, Trinity Health, and UMass Memorial Health Care.

Place-based investing creates healthy and thriving communities by supporting local and diverse business development and empowers individuals to create, manage, and own enterprises. HAN systems’ investments include financing for affordable housing development, building a new grocery store in a food desert, childcare centers, federally qualified health centers, and Minority and Women-owned Business Enterprises (MWBES) and local businesses.

Some of the initiatives RWJBarnabas Health already invests in include stable and affordable housing, a greenhouse in Newark, a mobile greenhouse and cooking school, vending and procuring local businesses including minority-owned, women-owned, and veteran-owned enterprises, career ladders for frontline employees, and violence prevention interventions.

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Continued from New CPT Codes Story

- New medical services sparked by novel digital communications tools such as patient portals that allow health care professionals to more efficiently connect with patients at home and exchange information. As a result, there are six new codes added to report online digital evaluation services or e-visits
- Home blood pressure monitoring that aligns with current clinical practice monitoring. Two new codes that reflect self-measured blood pressure monitoring which allows physicians to more efficiently treat patients that have varying degrees of access to care.

“Technological advancements like online digital assessments and treatment is allowing more people to have access to care in a timelier and less costly manner,” Jean Buble, RN, CPC, Vice President of Case Management and HIM, RWJBarnabas Health. “I like to think of it as “FaceTime” for medical care.”

Additional notable CPT changes for 2020 also include the new codes for health and behavior assessment and intervention services which replace older codes to better reflect current clinical practices that increasingly emphasizes interdisciplinary care coordination and teamwork with physicians in primary care and specialty settings.

This year, to educate even more members interested in the latest CPT codes, the OMA expanded its workshops to three separate dates in locations throughout the state including in Point Pleasant, Belleville and Iselin. For those who were unable to attend, presentation materials and additional information on the CPT Coding Program are available at [rwjbh.org/OMA](http://rwjbh.org/OMA)



Candice Davidson (RWJBarnabas Health Medical Group Maternal Fetal Medicine Long Branch), Deborah Artis (MMC Antenatal Testing Center), and Andrea Duncan (Monmouth Family Health Center) attended the annual CPT Coding event.



Members, let us know what you would like to see in upcoming issues of Best Practice by calling 1-888-724-7123.