DELIVERING
VALUE

metrocare PHYSICIANS

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2021 ANNUAL MEETING ON DEMAND
MetroCare Annual Meeting will be virtual and at your convenience
Video Link for this meeting to be emailed mid OCT
Board Election Business Updates Important Announcements
****if you wish to run for a board position, please contact us****

Revisiting Appropriate Use Criteria

If you order advanced imaging services, or furnish the technical or professional component for Medicare patients, this requirement is scheduled to become mandatory on January 1, 2022.

ORDERING PROVIDERS:

If you order advanced imaging services (CT, MRI, PET, nuclear medicine scans) for your traditional Medicare Part B patients (outpatients-including ED patients):

You must consult a CDSM (clinical decision support mechanism) for appropriate use criteria (AUC) to support your decision to order.

You may disagree with your CDSM and order the procedure on your own judgement, but you must report the G code that indicates the name of your CDSM and the result of the AUC consult with your orders. The G code will be automatically generated by your CDSM for your referral to the furnishing entity.

Beginning January 1, 2022, the radiologist/facility will not be paid for performing the imaging that you order if you do not send the proper G code from your consultation to them with your order.

It is time to have a CDSM conversation with your software vendor. As with many software changes, this may take some time to update and/or require possible workflow adjustments for your office.

FURNISHING PROVIDERS:

If your facility performs the technical component of CT, MRI, PET or nuclear imaging

OR

If you are a provider who performs the professional component (reads/ interprets) for Medicare Part B (traditional Medicare outpatient)

You must report on your Medicare claim form:

1. NPI of the ordering provider
2. G code for the CDSM that the ordering provider provider consulted and reported to you with their order
3. QQ modifier to indicate consultation of the CDSM

This will become mandatory on January 1, 2022.

Beginning January 1, 2022, you will not be paid for performing either the technical or professional component of these services if you do not report the above information on your Medicare Part B claims.

It is time to have a conversation with your software vendor and/or billing company to add the new G codes and QQ modifiers to your claims.

What is a CDSM and How does it Work?

A CDSM (clinical decision support mechanism) is an interactive software tool, approved and certified by CMS, with criteria developed and reviewed by provider-led entities and based on medical evidence/consensus of medical experts in that field.

The CDSM may be integrated in the EHR of the consulting (ordering) provider, or it may exist as a stand alone HIPAA secure web portal to which you log in and manually enter your patient's medical information to obtain the consultation.

The CDSM is required to generate a report containing:
1. G codes specific to that CDSM that also document whether the service ordered adheres to AUC, does not adhere, or is not applicable to the service ordered.

2. The name and NPI of the ordering professional

3. A unique identifier for each consultation for auditing purposes

It is time to have a CDSM conversation with your software vendor and billing company. As with many software changes, this may take some time and possible workflow adjustments for your office.

UHC Moves Tools from Link

By October 2021, all self-service tools will officially retire from Link and transition to the new UnitedHealthcare Provider Portal. For detailed information please click here.

Lunchtime Webinars with SVMIC

Remaining 2021 Topics Include:

Utilizing Scribes	**Sept 23**
Front Desk Best Practices	**Oct 14**
Coding and Billing Compliance/Self Audits	**Nov 18**

click here for more info and to register for zoom link

Do You Ever Prescribe Contraceptives?

Because of the incidence of chlamydia infection in sexually active women ages 16-24 and the risk of its negative impact to future reproductive health, any female in this age range who fills a prescription for contraceptives for any reason is presumed sexually active and subject to a HEDIS quality measure for yearly Chlamydia screening.

The simplest way to render quality care to these young women is to screen when you prescribe the first time and annually thereafter. When explained that it is free and that everyone in this age group gets screened, regardless of the reason for the prescription (eg, acne), it tends to be more readily accepted when the diagnostic code shows up on the EOB.

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

T. Carter Towne, MD
Chairman
t 901.360.1360
carter.towne@metrocarephysicians.com

Taylor Bailey
Executive Director
t 901.261.7804
taylor.bailey@metrocarephysicians.com

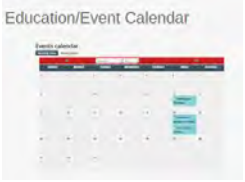
Clinical Services

Fran Parker
Quality Reporting Coordinator I
t 901.261.7791
fran.parker@metrocarephysicians.com

Wendy Hughes
Quality Reporting Coordinator II
t 901.261.7790
wendy.hughes@metrocarephysicians.com

Education Services

Donna Pendergrass, MD, CPPM, CPCO Communications Director
t 901.261.7796
donna.pendergrass@
metrocarephysicians.com



Credentialing Services

Kelly Jordan, CPMSM
Credentialing Manager
t 901.261.7797
kelly.jordan@metrocarephysicians.com

Teresa Stacks
Credentialing Specialist
t 901.261.7792
teresa.stacks@metrocarephysicians.com

MetroCare Physicians

telephone

901.360.1360 fax