



Medicare Appropriate Use Criteria Program Request for Delay

MEDICARE’S APPROPRIATE USE CRITERIA PROGRAM — The “Protecting Access to Medicare Act of 2014 (PAMA)” (P.L. 113-93) established an appropriate use criteria (AUC) program for advanced diagnostic imaging services provided to Medicare beneficiaries. Beginning January 1, 2017, physicians and other health care professionals who order an advanced diagnostic imaging test must consult with AUC using a qualified decision support (CDS) mechanism. Professionals who furnish these tests must document the ordering professional’s consultation of AUC to be paid for the service. The law also directs the Centers for Medicare & Medicaid (CMS) to require prior authorization beginning in 2020 for ordering outlier professionals.

REQUEST FOR DELAY — While ASNC strongly supports the use of AUC and promotes it among its members, as well as non-cardiovascular ordering professionals, it does not believe CMS can meet the AUC Program implementation deadlines set by Congress without causing unnecessary administrative burden and workflow disruption to ordering and furnishing professionals. **ASNC requests that Congress delay the Medicare AUC Program for one year based on the following:**

- In the CY 2016 Medicare Physician Fee Schedule (PFS) Proposed Rule, CMS laid out the process for specifying applicable AUC. It did not, however, include proposals to implement the AUC Program. Consequently, much of the Program’s implementation is being left to PFS rulemaking that will occur in 2016.
- CMS has stated the initial list of specified CDS mechanisms to consult AUC will not be published until at least November 2016, long after the April 1, 2016 statutory deadline.
- Under the proposed implementation timeline, it will be virtually impossible for many practices to incorporate into their workflow consultation of an approved set of AUC in the few weeks between publication of the CY 2017 PFS Final Rule in November 2016 and the January 1, 2017 implementation date.
- Primary care physicians will face a disproportionate share of the burden in 2017 when trying to comply with these new requirements because their scope of practice can be vast, thus requiring consultation of AUC for many conditions and modalities.
- The timeline does not provide health information technology (HIT) vendors adequate time to update their products to include CDS for AUC. In fact, current CDS standards may not serve the needs of AUC according to the Health IT Policy Committee (a public advisory body to the National Coordinator).

Finally, CMS concluded in the 2016 Proposed Rule that PAMA includes “rapid timelines” for establishing the AUC Program, and that the number of clinicians impacted by the program is “massive,” crossing almost every medical specialty. **Given the magnitude of the program and its implications, ASNC urges Congress to allow CMS more time to sort through the complexities of the program so it can be effectively implemented with minimal burden on ordering and furnishing professionals.**

AUC FOR NUCLEAR CARDIOLOGY – Nuclear cardiology uses myocardial perfusion imaging using Single Photon Emission Computed Tomography and Positron Emission Tomography for establishing the diagnosis and prognosis of heart disease. The first AUC developed by the American College of Cardiology, in strong collaboration with ASNC, was focused on nuclear cardiac imaging.