Overview of the AUC Program:

How Did We Get Here and Where Are We Going?
Legislative Origins

• 2014 Protecting Access to Medicare Act
  • The “doc fix” legislation created a program that requires physicians to use a CMS-approved tool to consult appropriate use criteria when ordering advanced diagnostic imaging services.
  
  • *It all sounds so simple*....
The AUC Program In Practice

Creates a complex process for ordering and furnishing an advanced diagnostic imaging test

1. Clinician consults AUC using Qualified CDSM (Clinical Decision Support Mechanism)
2. Decision support number generated from CDSM
3. Order placed; AUC indication can be overridden
4. Furnishing clinician reports AUC consultation on claim form

NO DOCUMENTATION NO PAYMENT
Clinical Decision Support Mechanisms

• Health care professionals who order advanced imaging tests (SPECT, PET, CT, MR) must consult AUC through a qualified Clinical Decision Support Mechanism (CDSM)

• CDSMs are the electronic tools through which clinicians access AUC
  – Either embedded in EHR or a standalone system
Sites of Service

- Clinicians in the following sites will be required to consult AUC:
  - Independent diagnostic testing facilities
  - Hospital outpatient departments
    - This includes the ER
  - Physician offices
  - Ambulatory surgical centers
Exceptions

- Emergency conditions
- Medicare Part A claims
- Significant hardships
  - EHR and/or CDSM vendor issues
  - Insufficient Internet access
  - Extreme, uncontrollable events
Outlier Policy

Identification of outlier professionals will initially be based on consultation of AUC for priority clinical areas.

Approximately 5% of providers will be identified as outliers.

These outliers will be subject to prior authorization.
Medicare’s AUC Program
Do we really need it?

- Quality
- Cost
- Improvement Activities
- Advancing Care Information

- Downside Risk — Quality & Cost
## Imaging Volume

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Change in units of service per beneficiary</th>
<th>Change in volume per beneficiary</th>
<th>Share of 2016 allowed charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging</td>
<td>-0.3</td>
<td>0.4</td>
<td>-1.2</td>
</tr>
<tr>
<td>Standard X-ray</td>
<td>-1.2</td>
<td>0.7</td>
<td>-1.0</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>-0.6</td>
<td>0.5</td>
<td>-2.1</td>
</tr>
<tr>
<td>CT</td>
<td>2.1</td>
<td>3.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Nuclear</td>
<td>-5.2</td>
<td>-0.9</td>
<td>-8.5</td>
</tr>
<tr>
<td>MRI</td>
<td>1.0</td>
<td>2.6</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

Source: Medicare Payment Advisory Commission, March 2018
Challenges to Implementation

• Which AUC will your hospital or practice select?
  • Possibility for discordance if more than one AUC is embedded in the CDSM
    – Winchester et al. (2016) found 52% of 67 ACCF ratings couldn’t be matched to an ACR rating
Challenges to Implementation

• The education component is unclear
  • Providers receive a yellow or red stoplight when ordering an uncertain or inappropriate test
    – The AUC program does not counsel providers on the clinical indications that are uncertain or inappropriate
• Some AUC include cost and radiation icons, leading to concerns regarding test substitution
Timeline

- CMS regulations indicate an educational and testing year to begin in 2020
  - This testing phase will address outstanding technical coding and billing concerns
- CMS will not deny claims if they do not contain the proper AUC consultation information
  - **CMS has acknowledged uncertainty regarding whether claims without AUC consultation implementation information will be paid**
  - **CMS will issue clarifying language in May**