

MEDICARE'S APPROPRIATE USE CRITERIA PROGRAM

What is it?

- Program established by Congress in 2014.
- Requires adherence to AUC for advanced imaging services provided by professionals in the office, hospital outpatient department and ambulatory surgery center.
- Effective Jan. 1, 2020, prior authorization will apply to ordering professionals who are identified as outliers in AUC adherence.
- Effective date (January 2017) delayed. Could be implemented as early as January 2018.
- CMS is currently in the process of creating regulations, through the process of rule making, that will govern the program.
- AUC used in the program must be developed by a CMS-designated Provider Led Entity (PLE). 11 PLEs as of June 2016, including ACR, ACC, SNMMI, and Intermountain Healthcare.

How will it Work?

- Health care professionals who order an advanced imaging test must consult applicable AUC.
- AUC must be consulted using a qualified Clinical Decision Support Mechanism (CDSM).
- PLEs and CDSM tool developers may be different entities with a business arrangement.
- Referral for advanced imaging test must document: 1) which qualified CDSM was consulted; 2) name and NPI of the ordering professional that consulted the CDSM; 3) whether the service ordered would adhere to applicable AUC, whether the service ordered would not adhere to such criteria, or whether such criteria was not applicable for the service ordered.
- Health care professionals who furnish an advanced imaging test must document the ordering professional's consultation to be paid for the service.
- Identification of outlier ordering professionals will initially be based on consultation of AUC for priority clinical areas.

What Do You Need to Know?

- Physicians who provide advanced diagnostic imaging tests will not get paid by Medicare unless the ordering professional consults AUC using a CDSM.
- CMS is expected to qualify CDSMs by June 30, 2017. A free CDSM will be available (ACR).
- As proposed, all ordering professionals will need to acquire/use CDSMs that include all priority clinical areas.
- Chest pain has been proposed as an initial priority clinical area.
- CDSMs are not required to include more than one applicable AUC for a given clinical scenario. Meaning, not all CDSMs will include the ACC AUC despite ACC being designated as a PLE.
- CDSMs that are integrated into EHRs will cause the least practice disruption. But this requires practice resources.
- CMS has yet to propose the rules governing the exchange of information between ordering and furnishing professionals.
- Claims and billings systems will need to be updated to support reporting.