

## **REJECT PRESCRIPTIVE APPROPRIATE USE CRITERIA LEGISLATIVE MANDATE**

In 2014, the *Protecting Access to Medicare Act (PAMA)* was signed into law [Public Law 113-93], establishing the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging [§ 218b]. The program required consultation and documentation of AUC whenever an advanced imaging service was ordered for and provided to a Medicare beneficiary. Due to technical challenges with implementation, the Centers for Medicare & Medicaid Services (CMS) rescinded all AUC Program regulations in November 2023.

In the 2024 Medicare physician fee schedule final rule, CMS affirmed a position long advocated by the American Society of Nuclear Cardiology that encouraging AUC consultation is inherent in existing Medicare quality programs and that a siloed, standalone AUC program is unnecessary. The final rule stated:

*“While a standalone program specifically requiring AUC consultation when ordering advanced diagnostic imaging services would directly target goals of improving advanced diagnostic imaging ordering patterns, our experience in recent years has demonstrated that the goals of appropriate, evidence based, coordinated care can be achieved more effectively, efficiently and comprehensively through other CMS quality initiatives.”*

Beyond the technical challenges CMS faced with the AUC Program’s implementation, a flaw of the statute was that it strictly confined ordering clinicians to the use of a CMS-qualified clinical decision support mechanism (CDSM) for consulting AUC.

Other decision support tools and clinical guidelines embedded in electronic health record (EHR) systems must also be recognized as tools for consulting AUC. Confining consultation to a CMS-qualified CDSM increases practice costs and often takes away physicians’ flexibility to consult AUC developed by their specialty society(ies). This is significant because there are real differences among AUC in structure, approach, and appropriateness ratings.

The problems with the AUC Program are not limited to the real-time claims reporting requirement, but with the basic underpinnings of the program.

### ***Future Considerations for Promoting AUC Consultation***

- The Medicare AUC Program for advanced diagnostic imaging should be repealed and new ways to integrate AUC into practice should be explored with a focus on low-value imaging.
- AUC consultation must not be confined strictly to the use of a CMS-qualified CDSM. Other decision support tools and clinical guidelines embedded in EHR systems must also be recognized.
- Requirements of AUC consultation should be met by simple attestation.

## **HOW MEMBERS OF CONGRESS CAN HELP**

**Oppose the *Radiology Outpatient Ordering Transmission (ROOT) Act (S. 1692/H.R. 5737)*** as another costly and administratively burdensome mandate on the vast majority of physicians who order advanced diagnostic imaging tests. S. 1692/H.R. 5737 will not meaningfully advance appropriate use of advanced diagnostic imaging and improve patient care.

**Oppose the inclusion of S. 1692/H.R. 5737 in any physician payment reform legislation.** Consultation of AUC should be incentivized through quality reporting but not as a stand-alone prescriptive mandate.