

## Frequently Asked Questions about Protecting Access to Medicare Act (PAMA) of 2014, Clinical Decision Support Mechanisms (CDSMs) and the Appropriate Use Criteria (AUC)

Section 218(b) of the Protecting Access to Medicare Act of 2014 directed the Centers for Medicare and Medicaid Services (CMS) to establish a program to promote consultation of appropriate use criteria (AUC) by ordering physicians prior to referring Medicare beneficiaries for advanced diagnostic imaging services beginning on January 1, 2017. Advanced diagnostic services are defined as CT, MR and PET/Nuclear Medicine studies.

### **What is AUC?**

AUC is a set or library of individual appropriate use criteria. Each individual criterion is an evidence-based guideline for a clinical scenario based on a patient's presenting symptoms or condition.

### **What are CDSMs?**

CDSMs are the electronic portals through which clinicians access the AUC during the patient workup or prior to ordering advanced diagnostic imaging.

CDSM tools may be modules within or available through certified EHR technology or private sector mechanisms independent from certified EHR technology.

### **How does the AUC process work?**

There are requirements for both the *ordering* and the *furnishing* professional for applicable imaging services.

*Ordering professionals* must consult approved AUC through qualified CDSMs for advanced imaging services furnished in an applicable setting; paid for under an applicable payment system and ordered on or after January 1, 2020.

When not personally performed by the ordering professional, the consultation with a qualified CDSM may be performed by clinical staff under the direction of the ordering professional. *Clinical staff* is defined similarly to how it is used elsewhere throughout the Medicare program, meaning that the individual performing the AUC consultation must have sufficient clinical knowledge to interact with the CDSM and communicate with the ordering professional.

*Furnishing professionals* (physician and facility) must report the following information on Medicare claims for advanced diagnostic imaging services:

- The qualified CDSM consulted by the ordering professional
- Whether the service ordered would or would not adhere to specified applicable AUC, or whether the specified applicable AUC consulted was applicable to the service ordered

- The NPI of the ordering professional

### **When will this mandate go into effect?**

The Medicare AUC program begins on January 1, 2020 with a year-long education and operations testing period during which time AUC consultation information is expected to be reported on claims, but claims will not be denied for failure to include proper AUC consultation information.

CMS is working on development of claims processing instructions which will be released in the summer of 2019 via transmittal.

### **Will AUC consultation be required for all advanced diagnostic imaging or just the priority clinical areas?**

The PAMA legislation mandates that AUC be consulted for all advanced diagnostic imaging services. CMS stated in the 2017 MPFS final rule that they do not have statutory authority to limit the consultation requirement to priority clinical areas. PAMA requires that ordering physicians must consult AUC prior to referring Medicare beneficiaries for any advanced diagnostic imaging services.

The statute requires the identification of outlier ordering professionals. Once CMS has collected two years of ordering data, providers identified as ordering outliers will be subject to a prior authorization requirement. The list of priority clinical areas will serve as the basis for identifying outlier ordering professionals.

The final list of priority clinical areas includes the following clinical conditions:

- Coronary artery disease (suspected or diagnosed)
- Suspected pulmonary embolism
- Headache (traumatic and non-traumatic)
- Hip pain
- Low back pain
- Shoulder pain (to include suspected rotator cuff injury)
- Cancer of the lung (primary or metastatic, suspected or diagnosed)
- Cervical or neck pain

Future MPFS rules are expected to provide further clarity “prior authorization.”

### **What changes should I anticipate and how should I prepare my organization?**

The below are items that HFMA is monitoring and providers should be aware of during the education and operations testing period:

- Claims from both furnishing professionals and facilities must include AUC consultation information. Information should be included on the practitioner’s claim for the professional component of the imaging service and on the provider’s or supplier’s claim for the facility or technical portion of the imaging service.
  - [CMS provides this guidance for Claims Processing Requirements](#)

- G-codes and modifiers are to be provided on the claim form to report consultation information. CDSMs are represented through G-codes, and AUC adherence is represented through modifiers.
- The HFMA along with the American College of Radiology (ACR) recommends providing information to radiologists to communicate with their referring physicians to ensure that they are aware of the forthcoming mandate. Information and education should include those that handle billing for these physicians as well. Referring physicians should become familiar with the [available CDS options](#).

### **When are providers exempt from this requirement?**

- All services reimbursed through Medicare Part A (i.e., inpatient facility services).
- Critical Access Hospitals (CAHs) are not considered an Applicable Setting under the AUC program. Therefore, imaging furnished in a CAH is not subject to the requirements of the AUC program for both the facility and the providers (ordering physician and Radiologist).
- Ordering professionals experiencing a “significant hardship” will be excepted from the AUC reporting requirements. Instead, they will be required to self-attest to the hardship on the order for the advanced diagnostic imaging service, which the furnishing professional or facility would then communicate on the Medicare claim for the service by appending a HCPCS modifier identifying the ordering professional’s self-attested significant hardship category.
  - Significant Hardship categories include:
    - Insufficient internet access
    - EHR or CDSM vendor issues
    - Extreme and uncontrollable circumstances
- The exception for emergency medical conditions (treatment in the ED) specifies that the exception applies when an emergency medical condition is suspected but not confirmed. This means if it is reasonable that the patient and clinician suspected an emergency medical condition was present, then the exception applies. There will not be an after-the-fact review of the patient’s condition to determine whether the case was indeed “emergent.”

### **Definitions**

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**Applicable imaging service** means an advanced diagnostic imaging service (i.e. CT, MR and nuclear medicine, including PET) for which the Secretary determines (i) One or more applicable appropriate use criteria apply; (ii) There are one or more qualified clinical decision support mechanisms listed; and (iii) One or more of such mechanisms is available free of charge. X-ray, ultrasound, mammography, and fluoroscopy are explicitly excluded from the mandate.

**Applicable payment system** means the physician fee schedule, the hospital outpatient prospective payment system and the ambulatory surgical center payment system.

**Applicable setting** means a physician's office, a hospital outpatient department (including an emergency department), an ambulatory surgical center, and any other provider-led outpatient setting determined appropriate by the Secretary. Settings that are explicitly exempt from the policy are outlined in the below frequently asked questions.

**Appropriate use criteria (AUC)** means criteria only developed or endorsed by national professional

medical specialty societies or other provider-led entities, to assist ordering professionals and furnishing professionals in making the most appropriate treatment decision for a specific clinical condition for an individual. To the extent feasible, such criteria must be evidence-based. An AUC set is a collection of individual appropriate use criteria. An individual criterion is information presented in a manner that links: a specific clinical condition or presentation; one or more services; and, an assessment of the appropriateness of the service(s). Information about the [Appropriateness Criteria](#) and the [AUC Navigator](#) can be found on the American College of Radiology's website.

**Clinical decision support mechanism (CDSM)** means the following: an interactive, electronic tool for use by clinicians that communicates AUC information to the user and assists them in making the most appropriate treatment decision for a patient's specific clinical condition. Tools may be modules within or available through certified electronic health record (EHR) technology or private sector mechanisms independent from certified EHR technology or established by the Secretary. More information about [CDSM](#) can be found on the CMS website.

**Furnishing professional** means a physician or a practitioner who furnishes an applicable imaging service.

**Ordering professional** means a physician or a practitioner who orders an applicable imaging service.

**Priority clinical areas** means clinical conditions, diseases or symptom complexes and associated advanced diagnostic imaging services identified by CMS through annual rulemaking and in consultation with stakeholders which may be used in the determination of outlier ordering professionals. This concept was not included in the statutory language.

**Provider-led entity (PLE)** means a national professional medical specialty society or other organization that is comprised primarily of providers or practitioners who, either within the organization or outside of the organization, predominantly provide direct patient care.

**Specified applicable appropriate use criteria** means any individual appropriate use criterion or AUC set developed, modified or endorsed by a qualified PLE.

**Qualified provider-led entity:** To be qualified by CMS, a PLE must adhere to the evidence-based processes described in the [2016 MPFS Final Rule](#) when developing or modifying AUC. A qualified PLE may develop AUC, modify AUC developed by another qualified PLE, or endorse AUC developed by other qualified PLEs. [See list of qualified PLEs](#)