

Appropriate Use Criteria: What you Need to Know

What is Appropriate Use Criteria (AUC)?

Appropriate Use Criteria or commonly referred to as AUC is a process used to verify when it is **appropriate** to perform a medical procedure or service. An "**appropriate**" procedure is one for which the expected health benefits exceed the expected health risks by a wide margin.

Protecting Access to Medicare Act

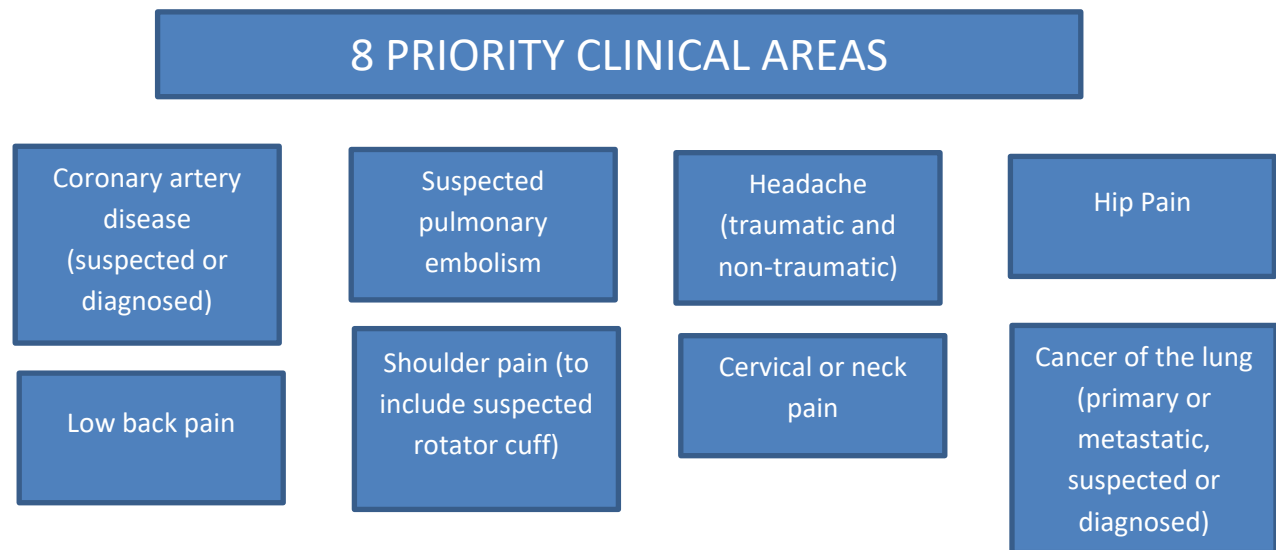
The Protecting Access to Medicare Act (PAMA) established a new program to increase the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries. Examples of such advanced imaging services include:

- computed tomography (CT)
- positron emission tomography (PET)
- nuclear medicine, and
- magnetic resonance imaging (MRI)

What is the purpose of the priority clinical areas and what are they?

The statute requires the identification of outlier ordering professionals. Once CMS has collected 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:



Future MPFS rules are expected to provide further clarity behind the concept of "prior authorization".

How Will This Work?

As defined by this program, an ordering physician must access AUC through a Clinical Decision Support Mechanism (CDSM) which are electronic portals through which appropriate use criteria is accessed. The CDSM will pull information about the patient from the EHR and/or the ordering physician will enter the information and immediate feedback will be provided to determine whether the order adheres to AUC or if the AUC consulted was not applicable to the encounter.

A consultation must take place at the time of the order for imaging services that will be furnished in one of the below settings and paid for under one of the below payment systems.

Ultimately, practitioners whose ordering patterns are considered outliers will be subject to prior authorization. Information on outlier methodology and prior authorization is not yet available.

Who Is Impacted?

This program impacts all physicians and practitioners whose claims are paid under the Medicare physician fee schedule, hospital outpatient prospective payment system or ambulatory surgical center payment system.

Also impacted are those that order advanced diagnostic imaging services and physicians, practitioners and facilities that furnish advanced diagnostic imaging services in a

- physician's office
- hospital outpatient department (including the emergency department),
- an ambulatory surgical center
- an independent diagnostic testing facility (IDTF)

Timeline and Implementation

NOTICE: The payment penalty phase will not begin January 1, 2023, as it had been scheduled. Until further notice, the educational and operations testing period will continue. CMS is unable to forecast when the payment penalty phase will begin.

This flexible effective date is intended to take into account the impact that the PHE for COVID-19 has had and may continue to have on practitioners, providers and beneficiaries.

As announced in the CY 2022 Physician Fee Schedule Final Rule, the program was set to be fully implemented on the later of January 1, 2023 or the January 1 that follows the declared end of the public health emergency (PHE) for COVID-19.

At that time, AUC consultations with qualified CDSMs would be required to occur along with reporting of consultation information on the furnishing professional and furnishing facility claim for the advanced diagnostic imaging service.

Claims that fail to append this information will not be paid. Prior to this date the program will operate in an Education and Operations Testing Period starting January 1, 2020 during which claims will not be denied for failing to include proper AUC consultation information.