American Hospital Association™
Advancing Health in America

Appropriate Use Criteria (AUC) Program: Requirements for Furnishing Professionals

The **Protecting Access to Medicare Act (PAMA)** requires the Centers for Medicare & Medicaid Services (CMS) to establish a program that promotes AUC for advanced diagnostic imaging. AUC are evidence-based criteria that assist professionals who order and furnish certain imaging services to make the most appropriate treatment decisions for a specific clinical condition. The law requires, when the AUC program is implemented, that payment be made to the furnishing professional for an applicable advanced diagnostic imaging service only if the claim indicates that the ordering professional consulted with a qualified clinical decision support mechanism (CDSM) as to whether the ordered service adheres to applicable AUC. **An "ordering professional" is a physician or practitioner who orders an applicable imaging service. In the Calendar Year 2019 Physician Fee Schedule Final Rule, CMS clarified that "furnishing professional" includes the furnishing facility that provides the advanced diagnostic imaging service.** For more information on the AUC program, see CMS's fact sheet, *available here*.

Furnishing Facilities: Must Report AUC Consultation Information To Get Paid

Advanced diagnostic imaging services: MRIs, CT scans, SPECT scans and nuclear medicine
**For the list of CPT codes, see this transmittal from CMS*

Applicable settings: Hospital outpatient departments, emergency departments, ambulatory surgery centers, physician offices and independent diagnostic testing facilities

Applicable payment systems: Physician fee schedule, outpatient prospective payment system, ambulatory surgical center payment systems

Reporting to CMS: Furnishing professionals and facilities must report CDSM consultation information on claims.

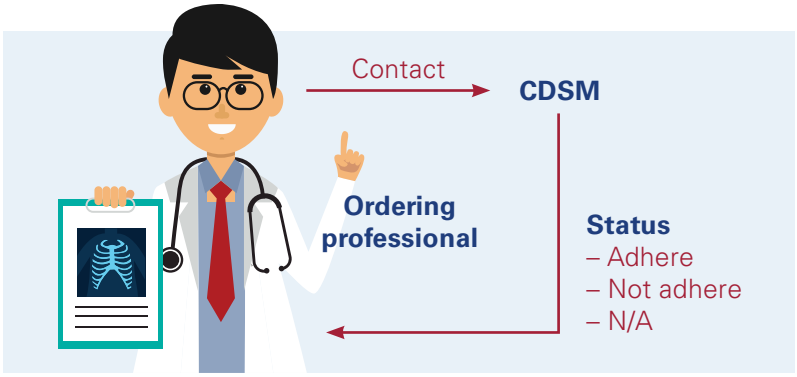
Information required on claims: Include the applicable G-codes, modifiers and ordering physician's NPI

Timeline

2018	2019	2020	2021
Starting 1/1/18: Eligible clinicians can earn MIPS credit in the Improvement Activities category for meeting AUC requirements	**7/1/18 – 12/31/19:** Voluntary reporting of limited consultation information	**2020:** Educational and operations testing year (CMS will pay claims whether or not they correctly include AUC information)	**2021 and beyond:** Development of outlier criteria and full implementation of the AUC program

What You Can Do Now To Prepare

- Determine the scope/impact of the rule on your facility by understanding imaging service volumes by physician.
- Review one year's worth of outpatient diagnostic claims by CPT code(s) and by physician, and one year's worth of ED claims by CPT code(s) and diagnosis (clinical areas).
- Involve all effected departments, including: radiology, ED, scheduling, access/revenue cycle, HIM, case management and others, based on your analysis.
- Develop a workflow for reporting AUC information for advanced diagnostic imaging. (See diagram on reverse.)
- Provide feedback to CMS on operational challenges and barriers.
- Look for additional information on AUC requirements as they are finalized.



Information entered into electronic health record (EHR)

Transmit order, including AUC information*

Patient contacted to schedule service

– or –

Ordering professional schedules service with furnishing facility

Furnishing facility delivers service

Claim submitted with AUC information

*In an emergency department (ED) setting, AUC information would be entered into the patient's EHR, and the furnishing ED would then deliver the service. The claim for the service would then be submitted with the AUC information.