## 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 departments, independent diagnostic testing facilities, and ambulatory surgery centers.
- Effective Jan. 1, 2020, a voluntary testing phase will begin. CMS will not deny claims that have do not have the proper AUC consultation information.
- Prior authorization will apply to ordering professionals who are identified as outliers in AUC adherence. CMS has not indicated when prior authorization will commence.
- CMS is continually issuing regulations to clarify and streamline program requirements.
- AUC used in the program must be developed by a CMS-designated Provider Led Entity (PLE). 20 PLEs exist as of June 2018, 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
- 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 or would not adhere to applicable AUC, or whether such criteria was not applicable.
- Health care professionals who furnish an advanced imaging test must document the ordering professional's consultation to be paid for the service. A CDSM must provide a unique identifier or code for each consultation.
- Identification of outlier ordering professionals will initially be based on consultation of AUC for priority clinical areas. The areas are coronary artery disease, suspected pulmonary embolism, headache, hip pain, low back pain, shoulder pain (including suspected rotator cuff), cancer of the lung, cervical or neck pain.

## 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.
- All ordering professionals will need to acquire/use CDSMs that include all priority clinical areas.
- 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.