CMS established a program to promote consultation of appropriate use criteria (AUC) by ordering physicians prior to referring Medicare patients for advanced diagnostic imaging services. Neurologists commonly refer patients for these services.

**Question: Where did this Medicare rule come from?**

**Answer:** The Protecting Access to Medicare Act (PAMA) was passed in 2014 to delay by one year the impact of the Medicare Sustainable Growth Rate (SGR) on provider reimbursement. This legislation is different from the 2015 Medicare Access and CHIP Reauthorization Act (MACRA) that passed one year later.

**Question: What is the objective for implementing this rule?**

**Answer:** There is general consensus that advanced imaging modalities are overused in this country. There are many drivers of such use ranging from defensive medicine to patient requests.

Ordering providers are supposed to utilize “appropriate use criteria (AUC)” via clinical decision support for advanced imaging modalities, including MRI, CT, and PET in the outpatient area for certain diagnostic conditions.

A very brief summary of an AUC is that advanced imaging modalities should not be used among acute onset of low back pain (see example of ICD-9 codes below) in the past six weeks in the absence of red flags such as neurologic deficits, cancer, infection, and trauma.

PAMA does not apply to simpler modalities such as x-ray, fluoroscopy, ultrasound, and echocardiograms.

Also, PAMA does not apply to orders placed in inpatient or emergency settings. It is not clear yet whether all orders placed in the ED are considered an emergency setting.
Question: How does CMS plan to enforce this rule?

Answer: Performing providers (typically, radiologists) must include the following four pieces of documentation on the Medicare claim or else the imaging center/provider will not get paid: Clinical Decision Support (CDS) vendor, AUC score, Clinical Indication, Unique Decision Support Number. So, the burden of implementation falls on the ordering physicians, but the financial consequences of non-adherence will be experienced by performing physicians.

Question: What is the impact on neurologists, who are typically ordering (not performing) providers?

Answer: By January 1, 2020, outlier professionals [no more than 5%]—those who have low adherence to AUC criteria when ordering imaging studies—could be required to obtain prior authorization.

Question: Can I create my own AUC?

Answer: No. The AUC has to be created by a designated entity. [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/PLE.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/PLE.html)

As stated above, the AUC has to be presented via an authorized CDS vendor: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM.html

Question: This sounds difficult! How can one be adherent to the proposed regulation?

Answer: The details are still being finalized. CMS has leveraged the billing system (CPT codes) to report quality, and it is likely that new CPT codes will be created to convey this new information.

Question: When am I required to do this?

Answer: It was supposed to go into effect January 1, 2018. It got pushed back to January 1, 2019, and then again to January 1, 2020.

Question: What is the AAN position on this rule?

Answer: While we agree on the overall objective, the AAN is aware that the above rules place an additional burden on practices, particularly small and solo practices. We will be posting updates about this topic.

More questions?
Contact practice@aan.com