

What You Need to Know About Preparing for Appropriate Use

Protecting Access to Medicare Act of 2014 (PAMA) mandates providers ordering advanced imaging studies for their Medicare beneficiaries are to **consult** Appropriate Use Criteria (AUC) prior to scheduling and to **provide** furnishing providers with AUC data. Ordering providers retain control over clinical decisions for their patients. The final decision made by an ordering provider is valid – regardless of adherence or non-adherence to the AUC recommendation. After all, the regulation requires AUC be **consulted** and data be **provided** for advanced imaging studies to be reimbursed.

Frequently Asked Questions

What does AUC stand for?

Appropriate Use Criteria, which is the name of the program defined by the PAMA legislation.

How does AUC information (appropriate use criteria) differ from a prior authorization?

The tools available for AUC are clinical and designed to assist health care professionals in making the best choice for the patient. Consulting the tools is required for Medicare patients and is tracked by CMS for compliance.

Can my staff or admin person enter the requested information for me?

The Center for Medicare and Medicaid Services (CMS) indicates the tools are clinical and are to be accessed by clinical staff under the direction of the ordering provider.

Can Valley Health enter the information when I order the test?

Radiologists and furnishing professionals cannot consult AUC on behalf of the ordering provider. The statute distinguishes between ordering and furnishing professionals and indicates that ordering providers may have their clinical staff, but not radiology staff or schedulers, consult AUC on their behalf.

Why am I being told what to order for my patients?

Ordering providers retain control over clinical decisions for their patients, and the final decision made by an ordering provider is valid. You are only required to consult the AUC and document that, but the clinician chooses the best study for their patient's condition.

What is CDSM an acronym for?

CDSM stands for Clinical Decision Support Mechanism, and qCDSM means qualified CDSMs.

What is the difference between AUC and CDSM?

While sometimes the terms are used interchangeably, Appropriate Use Criteria (AUC) is both the name for the overall program and the name for the specific sets of criteria ordering clinicians need to consult through the Clinical Decision Support Mechanism (CDSM).

The Clinical Decision Support Mechanisms are the portals through which the ordering clinician accesses the AUC software. Ordering professionals must use “qualified” Clinical Decision Support Mechanisms (qCDSMs) for the purposes of this policy.

What is a provider-led entity (PLE)?

Provider-led entities maintain the sets of Appropriate Use Criteria that are accessed through the qCDSM for the purposes of the AUC program. Per the name, they must be led by providers, and their job is to ensure that their Appropriate Use Criteria reflects their clinical consensus on the appropriate uses of advanced imaging.

CMS maintains a list of PLEs. [Click here](#) to view the list.