

What You Need to Know About Preparing for Appropriate Use

Appropriate Use Criteria (AUC) is the program name the Center for Medicare and Medicaid Services (CMS) uses for the requirements established by Protecting Access to Medicare Act of 2014 (PAMA).

This article covers information regarding the following AUC topics:

- What are the benefits of AUC?
- What is the cost of non-participation?
- Who can consult the AUC?
- What tools are available to help in the transition?

The first article in the “What You Need to Know About Preparing for Appropriate Use” series covers key details of Protecting Access to Medicare Act of 2014 (PAMA). You can access that information at valleyhealthlink.com/appropriateuse

What are the benefits of AUC?

PAMA requires ordering professionals to **consult** qualified clinical decision support mechanisms (CDSMs) and **provide** AUC information to furnishing providers for advanced imaging studies. The program is designed to produce the following benefits:

- Reduce patients’ unnecessary radiation exposure
- Identify the correct exam for the indication
- Produce the appropriate utilization of resources
- Reduce prior authorizations for advanced imaging exams
- Increase awareness of new technologies and medical advancements

Ordering providers retain control over clinical decisions for their patients. AUC provides recommendations based in medical evidence; as such, the software cannot cover every unique aspect of each patient. 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.

What is the cost of non-participation?

Orders for advanced imaging studies that do not include AUC information will result in scheduling delays. Furnishing providers, both technical and professional, are required to include AUC information on their claims. Claims will be denied for failing to include AUC-related information. Ordering providers that do not transition to AUC are subject to a Medicare pre-authorization process for future advanced imaging studies.

Who can consult the AUC?

CMS has clarified the personnel who can consult AUC at the time of order. This formalizes the option for clinical staff, operating under the direction of the ordering provider to perform the

consultation. Remember AUC is a clinical tool, designed to be utilized as part of the clinical care workflow.

Radiologists and furnishing professionals cannot consult 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, consult AUC on their behalf.

What tools are available to help in the transition?

Valley Health is committed to supporting community practices in the AUC transition. As such, a new tool has been created to guide the transition.

Clarifications have been added to the policy titled: **Physician's Orders for Outpatient Diagnostic Tests**. The policy specifies the use of AUC for advanced imaging studies in outpatient settings. It also specifies the 6 data elements required for a valid order:

1. Patient's full name
2. Patient's date of birth
3. Service ordered
4. Diagnosis or signs and symptoms
5. Physician signature
6. Date of the order

For access to or questions pertaining to the revised Physician's Orders for Outpatient Diagnostic Tests policy, call 540-536-8763.

Next week, information on how to prepare your practice and register for onsite awareness sessions will be covered in the final article.