CMS Appropriate Use Criteria Program for
Advanced Diagnostic Imaging Services

The Protecting Access to Medicare Act (PAMA) of 2014 established a program to promote the use of appropriate use criteria (AUC) for advanced diagnostic imaging services. Specifically, ordering professionals will be required to consult with AUC through a clinical decision support mechanism prior to ordering an advanced diagnostic imaging service (CT, MR or PET). The furnishing professional will not be paid by Medicare unless the furnishing professional documents the ordering professional consulted with AUC. After a series of delays, this program is slated to begin in January 2020. CMS will consider 2020 as an educational and operations testing period, meaning that claims will still be paid even if clinical decision support mechanism information is not reported.

CMS has chosen to promulgate regulations to implement this program through a multi-year process. Over the last few years, CMS has focused on determining that AUC must be developed or endorsed by qualified provider-led entities as designated by CMS (the initial list of qualified entities is posted on the CMS website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html), along with requirements that such entities must meet. You will note this list includes the American College of Cardiology and the American College of Radiology.   The appropriate use criteria for cardiovascular imaging should be the same in both the ACC and ACR clinical decision support mechanisms. Clinical decision support mechanisms are the electronic tools through which a clinician consults AUC to determine the level of clinical appropriateness for an advanced diagnostic imaging service for a patient's clinical scenario. CMS also has focused on requirements for clinical decision support mechanisms and the initial priority clinical areas for the program.   CMS has finalized the first eight priority clinical areas including: (1) Coronary artery disease (suspected or diagnosed); (2) Suspected pulmonary embolism; (3) Headache (traumatic and non-traumatic); (4) Hip pain; (5) Low back pain; (6) Shoulder pain (to include suspected rotator cuff injury); (7) Cancer of the lung (primary or metastatic, suspected or diagnosed); and (8) Cervical or neck pain.

Under this AUC program, CMS will collect data on provider ordering practices. Those found to be outliers will eventually be subject to prior authorization for advanced diagnostic imaging services.

SCMR will provide updates on program implementation as developments occur.