

## **Protecting Access to Medicare Act of 2014 Imaging Appropriate Use Criteria Mandate**

### **Background**

Through Section 218(b) of the Protecting Access to Medicare Act of 2014 (PAMA), Congress established the consultation of appropriate use criteria (AUC) by providers ordering advanced diagnostic imaging exams (AUC program). The AUC program is an effective and evidence-based program, founded on physician-developed guidelines that is intended to optimize patient care by guiding providers as to whether an advanced imaging study is appropriate and if so, which kind of study is most appropriate. The AUC program is housed within an Electronic Medical Record via clinical decision support (CDS) technology and has demonstrated improvement in the ordering of the correct imaging study in millions of patient encounters in hundreds of institutions over several years. Entities using this AUC program have shown reductions in unnecessary utilization of imaging studies resulting in savings to both the institutions and copayment costs to patients.

The PAMA Imaging AUC program was mandated by the Congress to be implemented on January 1, 2017. Regrettably, statutory requirements in the 2014 legislation have resulted in numerous implementation problems and delays. It is now apparent that statutory changes to the PAMA program are necessary to make the program implementable.

### **2024 Medicare Physician Fee Schedule Final Rule**

The AUC program has been operating in an “educational and operations testing period” without payment penalties in place since January 1, 2020. In the 2024 Medicare Physician Fee Schedule final rule, released in November 2023, CMS finalized its proposal to pause the program for reevaluation, including pausing the ongoing educational and operations testing period. In conjunction with this, CMS also rescinded the AUC program regulations and is reserving them for future use. The agency did not indicate a timeframe for resumption of implementation. The final rule states, “...the real-time claims-based reporting requirement prescribed by section 1834(q)(4)(B) of the Act presents an insurmountable barrier for CMS to fully operationalize the AUC program”.

Despite the implementation barriers necessitating the program reevaluation of the program, CMS recognizes the value of the AUC program to improve utilization patterns for Medicare beneficiaries. The Agency indicated that utilizing AUC to ensure that patients receive the right imaging at the right time would “inform more efficient treatment plans and address medical conditions more quickly and without unnecessary tests”. The rule states that this could result in potential savings to the Medicare program of \$700,000,000 annually. CMS arrived at this estimate by extrapolating savings from a clinical decision support pilot project performed by the Institute for Clinical Systems Improvement in Bloomington, Minnesota.

### **Where do we go from here?**

The American College of Radiology did not oppose the PAMA AUC program pause in its comment letter to CMS; however, the College supports retaining the basic structure and intent of the PAMA Imaging AUC program. The College is actively working with Congress to remove the unimplementable point-of-care “real time” claims processing obligation and replace it with an ordering provider’s attestation of “conferring/reviewing” qualified AUC for the ordering of advanced imaging studies. The payment penalty to the imaging provider would be removed. The ordering data would be collected by the CDS mechanisms and subject to an annual, retrospective review and audit by CMS. Compliance or non-compliance data would be collected and could be reviewed by hospitals or health systems to help manage utilization within their facility and act as an important educational tool for ordering providers.



While Congress works to determine legislative revisions to the current AUC program, the ACR strongly urges its members to encourage those who have already implemented CDS programs to continue to use them. The PAMA AUC policy for advanced diagnostic imaging services was designed to curb patient exposure to unnecessary radiation, reduce Medicare spending on low-value advanced imaging procedures, promote the movement towards value-based care, and be a more credible policy alternative to the imposition of burdensome advanced imaging prior authorization programs in Medicare. Imaging CDS programs have been proven to reduce unnecessary imaging and ensure that patients receive the right imaging at the right time.

Questions about the PAMA AUC program may be directed to Katie Keysor, Senior Director, Economics and Health Policy at [kkeysor@acr.org](mailto:kkeysor@acr.org) or [PAMA-AUC@acr.org](mailto:PAMA-AUC@acr.org).