

### Medicare's Appropriate Use Criteria Program

The *Promoting Access to Medicare Act of 2014* included a congressional mandate for the Medicare program to begin requiring physicians who order advanced imaging to consult appropriate use criteria (AUC) through a qualified clinical decision support mechanism (CDSM). This was in response to perceived increased utilization of advanced imaging by clinicians among policymakers. In its 2011 report to Congress on the Medicare Advanced Imaging Demonstration, the Centers for Medicare and Medicaid Services (CMS) found that 82% of advanced imaging orders were appropriate.

Since 2015, Medicare has been delaying implementation of the AUC program as it works out the appropriate method of implementing Congress' mandate. In its yearly rulemaking in 2018 for CY 2019, Medicare announced that it would begin testing the program beginning on January 1, 2020. Little education has been offered via Medicare's learning platform and specialty societies are unable to offer education because Medicare has yet to release implementation details.

### Stand Alone Program Makes Little Sense

PAMA 2014 was passed and signed into law one year before the 114<sup>th</sup> Congress repealed the Medicare Sustainable Growth Rate and created the Merit-based Incentive Payment System (MIPS). Under MIPS, Congress consolidated all of the quality reporting programs into one umbrella. Since 2017, clinicians have been reporting to MIPS' four performance categories: Quality, Resource Use (Cost), Improvement Activities, and Promoting Interoperability.

The AUC program continues to be a stand-alone program. This continued separation makes little sense given Congress' intent with the MIPS program; namely, to consolidate the disparate Medicare reporting programs into one program. Continued separation serves to only increase administrative burden in the Medicare program and increase costs to Medicare providers.

The current law requires providers to consult a qualified CDSM which may or may not be integrated into the electronic health record (EHR). Even if a qualified CDSM is incorporated into the EHR, the incorporated CDSM may not be the CDSM sponsored by the providers' specialty society. There are also differences in CDSM AUC among specialty societies which can lead to conflict between the two differing criteria.

### AAOE Recommends

AAOE recommends that Congress adopt the recommendations of the AUC coalition and repeal the existing AUC program and establish a mandatory high-weighted Improvement Activity in the MIPS program for AUC consultation. This would better align the two programs while maintaining a disincentive to overutilize advanced imaging. We also recommend repealing the requirement to consult a qualified CDSM and instead permit physicians to consult the CDSM that best fits within the providers' clinical workflows.