



June 21, 2021

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Brooks-LaSure:

On behalf of our member physicians, hospitals and health systems, the American Hospital Association (AHA) and the American Medical Association (AMA) are contacting the Centers for Medicare & Medicaid Services (CMS) regarding the implementation of the appropriate use criteria (AUC) for advanced diagnostic imaging services mandated under the Protecting Access to Medicare Act (PAMA) of 2014. **Due to the unprecedented financial strain placed on providers by the COVID-19 public health emergency, continued technological challenges, and the need for additional programmatic guidance, we urge CMS to delay the Jan. 1, 2022 AUC implementation date by at least one year to allow providers the opportunity to implement and test operational changes and acquire the education necessary to achieve compliance with the program.**

PAMA requires CMS to establish a program to promote the use of AUC for advanced diagnostic imaging that integrates AUC into the clinical and revenue cycle workflows. The statute requires the ordering professional to consult with a qualified clinical decision support mechanism (CDSM) for advanced diagnostic imaging services to determine if the ordered service adheres to applicable AUC. Payment for the ordered service may be made to the rendering professional and facility only if the claim includes the required AUC data elements, which are the ordering provider's National Provider Identifier (NPI), CDSM queried, and response on the adherence of the ordered service to the applicable AUC. This policy applies when applicable imaging services paid under the physician payment schedule, hospital outpatient prospective payment system, or ambulatory surgical center payment system are provided in specific settings: a physician's office, hospital outpatient department (including the emergency department), an ambulatory surgical center, or an independent diagnostic testing facility.

In the calendar year (CY) 2018 physician fee schedule final rule, CMS adopted a delayed start date of Jan. 1, 2020, for AUC consultation and reporting requirements, determining that 2020 would be an “educational and operations testing year,” during which CMS would pay claims regardless of whether they contain information on the required AUC consultation. Crafted in response to physician, hospital, and other provider commentary, the operations and testing year was designed to raise awareness about the program and enable ordering and rendering providers to adjust workflows, train staff, and gain necessary experience with the program before it impacted claims payments. Last August, as a result of the public health emergency, CMS extended the testing period until Jan. 1, 2022. **However, due to the ongoing COVID-19 pandemic and the public health emergency, providers have been unable to sufficiently engage in these crucial preparatory steps.**

The COVID-19 public health emergency, officially declared on Jan. 27, 2020, transformed the provision of medical care throughout the country. In order to help “flatten the curve” and to comply with directives from federal, state, and local authorities, hospitals and physician practices severely limited all non-emergency surgeries and postponed other non-urgent procedures. While these steps enabled the country to combat the extraordinary circumstances presented by the virus, they significantly limited the provision of diagnostic imaging services. In addition, responding to the challenges of the public health emergency required providers to significantly reallocate resources. In order to meet patient safety needs, providers underwent a massive expansion of telehealth services. Physicians, hospitals and health systems allocated extensive information technology resources so that first-rate patient care could occur remotely.

In addition, there remain some questions concerning how best to implement the program, including how to efficiently populate and include necessary ordering information on a diagnostic imaging claim. CMS implemented the testing period in order to allow physicians to navigate these issues and, presumably, to receive necessary educational guidance as CMS assesses the ongoing status of the program. We have several operational concerns regarding the reporting of information on the claim, including the proper, standardized procedures for transmitting information from the ordering to the rendering provider, efficient reporting of the required data in claims, and understanding aspects of the program requirements and exceptions. During the ongoing public health emergency, CMS has not issued additional information for provider education, nor has the agency done outreach about the program. We remain very concerned about a lack of awareness of the AUC program requirements.

The AUC program requires a significant investment in information technology systems’ changes, maintenance, workflow reconfiguration, staff training, and other resources in order for providers to comply with programmatic requirements. **The ongoing demands of meeting patient care needs caused by the pandemic leave providers unprepared and ill-equipped to devote these necessary resources to ensure a successful implementation of the AUC program under the current timeline.**

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**In order to ensure proper time for education and operations testing of the AUC program and to enable physicians, hospitals, and health systems to maintain their ongoing response to the COVID-19 crisis, we urge CMS to delay the implementation of the AUC program until no earlier than Jan. 1, 2023.** If you have any questions, please feel free to reach out to Terrence Cunningham at AHA ([tcunningham@aha.org](mailto:tcunningham@aha.org)) or Jennifer McLaughlin ([Jennifer.Mclaughlin@ama-assn.org](mailto:Jennifer.Mclaughlin@ama-assn.org)) at AMA. We look forward to continued engagement on this program.

Sincerely,

/s/

Richard J. Pollack  
President and CEO  
AHA

/s/

James L. Madara, MD  
CEO and Executive Vice President  
AMA