



July 9, 2020

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

***RE: Implementation of the Appropriate Use Criteria for Advanced Diagnostic Imaging Services***

Dear Administrator Verma:

On behalf of our member physicians, nurses, 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 of 2014 (PAMA). **Due to the reduction in imaging services and the technological and financial strain placed on providers by the COVID-19 public health emergency, we urge CMS to delay the January 1, 2021, 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 ordering professional 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 Payment Schedule final rule, CMS adopted a delayed start date of January 1, 2020 for AUC consultation and reporting requirements, determining that 2020 would be an "educational and operations testing year," during which CMS will 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 enable ordering and rendering providers to adjust workflows, train staff and gain necessary experience with the program before it impacted claims payments. However, **due to the 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 January 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. **Due to this decline in services, providers have not had the opportunity to obtain the essential education and experience necessary to ensure programmatic success.** In some cases, physician practices have temporarily closed, and hospitals and practices have reduced staff, making it even more difficult to access and update the necessary information systems and conduct training to prepare for AUC implementation.

In addition, responding to the challenges of the public health emergency requires 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. The AUC program requires a significant investment for information technology systems changes, maintenance, staff training and other resources in order for providers to comply with programmatic requirements. **Due to the demands of meeting patient care needs caused by the pandemic, providers would be strained to devote these necessary resources to ensure a successful implementation of the AUC program.**

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 January 1, 2022. We look forward to continued engagement on this program.

Sincerely,

Richard J. Pollack  
President and Chief Executive Officer  
American Hospital Association

James L. Madara, MD  
CEO and Executive Vice President  
American Medical Association