



April 23, 2020

VIA EMAIL: Seema.Verma@cms.hhs.gov

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

Dear Administrator Verma:

The American College of Radiology (ACR), representing more than 39,000 radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, is contacting the Centers for Medicare and Medicaid Services (CMS) regarding its ongoing implementation of Section 218(b) of the Protecting Access to Medicare Act of 2014 (PAMA). As you know, PAMA requires CMS to establish a program mandating consultation of appropriate use criteria (AUC) by ordering physicians prior to referring Medicare beneficiaries for advanced diagnostic imaging services beginning on January 1, 2017.

CMS Coverage and Analysis Group (CAG) staff, while working diligently through the Medicare Physician Fee Schedule rulemaking process to develop and implement the PAMA AUC program, have encountered many roadblocks that have made it extremely difficult to get the program fully operational. The ACR has been in continuous contact with CAG staff on implementation of the PAMA AUC program and has offered its advice and assistance as needed. Despite the best efforts of everyone involved, significant concerns related to improperly denying claims that may not be subject to the AUC consultation requirement (e.g. imaging performed in critical access hospitals) still exist and preclude full implementation.

The ACR remains firmly committed to the optimization of imaging utilization and therefore believes that the program needs to be statutorily changed in order to be successfully implemented without inappropriately denying claims and to significantly improve and ease its' utilization by ordering and rendering providers. The College believes that the claims processing issues could be resolved if the "real time" claims information requirement were eliminated from the statute. Specifically, the ACR proposes that in lieu of providers being required to report AUC consultation information on each claim for advanced diagnostic imaging services, ordering providers would self-attest to the consultation and the qualified clinical decision support mechanisms would collect the AUC consultation information (as is already required of the mechanism). This information would then be provided to CMS for retrospective review and annual audit. We would also amend the current language to take into account and exempt from the program practices that qualify as an advanced alternative payment model (APM) and also those practices participating in clinical trials. The prior authorization requirement for outliers and those who do not consult AUC at all would still apply.

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The ACR is prepared to work with the Congress to make these changes, but we are requesting that CMS inform the Congress of your support for our proposed changes to this important program.

Should you have any questions or wish to discuss this recommendation further, please contact Cynthia Moran, Executive Vice President, Government Relations and Economics and Health Policy via email at cmoran@acr.org. Thank you for your consideration of request. We look forward to your timely response.

Sincerely,

A handwritten signature in black ink, appearing to read "William T. Thorwarth, Jr. MD", with a stylized flourish at the end.

William T. Thorwarth, Jr., MD, FACR
Chief Executive Officer

Cc: Tamara Syrek Jensen, JD, CMS
JoAnna Baldwin, CMS
Cynthia Moran, ACR
Kathryn Keysor, ACR

Enclosure