

This policy requires physicians ordering certain imaging services—magnetic resonance, computed tomography, nuclear medicine, and positron emission tomography imaging—for Medicare beneficiaries to consult with AUC applicable to the imaging modality.

In the 2016 proposed Medicare physician fee schedule, CMS stated that AUC “crosses almost every medical specialty and could have a particular impact on primary care physicians since their scope of practice can be quite vast.”

The 2016 final Medicare physician fee schedule addressed the initial component of the AUC program, by outlining requirements to use an evidence-based, transparent process for developing AUC and establishing a process to identify provider-led entities to become qualified to develop, modify, or endorse AUC. In late June, CMS posted an [initial list](#) of qualified entities. These include:

- American College of Cardiology Foundation
- American College of Radiology
- Brigham and Women's Physicians Organization
- CDI Quality Institute
- Intermountain Healthcare
- Massachusetts General Hospital, Department of Radiology
- National Comprehensive Cancer Network
- Society for Nuclear Medicine and Molecular Imaging
- University of California Medical Campuses
- University of Washington Physicians
- Weill Cornell Medicine Physicians Organization

Proposed Changes

The regulation focuses on the next component of the Medicare AUC program and includes proposals for priority clinical areas, clinical decision-support mechanism (CDSM) requirements, the CDSM application process, and exceptions for ordering professionals for whom consultation with AUC would pose a significant hardship. CDSMs are the electronic tools through which a clinician consults AUC to determine the level of clinical appropriateness for an advanced diagnostic imaging service for that particular patient's clinical scenario.

CMS developed and proposed eight priority, clinical areas that it believes reflect both the significance and prevalence of some of the most disruptive diseases in the Medicare population. They are:

- Chest pain
- Abdominal pain
- Headache, traumatic and non-traumatic
- Low back pain
- Suspected stroke
- Altered mental status
- Lung cancer
- Cervical or neck pain

These eight clinical areas account for roughly 40 percent of Part B advanced diagnostic imaging services paid for by Medicare in 2014. Included at the end of the AAFP summary is Table 34 that further details the cost and utilization of these eight proposed priority clinical areas. CMS seeks feedback on the proposed list of priority clinical areas and recommendations for other clinical areas that should be included in the future.