

Proposed Amendment to the Protecting Access to Medicare Act of 2014

Background

Section 218 (b) of the Protecting Access to Medicare Act of 2014 (PAMA) mandated the consultation of appropriate use criteria (AUC) by providers ordering advanced medical imaging exams. Although PAMA called for the AUC program to be implemented on January 1, 2017, several regulatory delays have been issued throughout the years resulting in full implementation currently scheduled to begin on January 1, 2022.

Issue

The ACR is concerned that certain claims processing problems at CMS may further delay the program's implementation and that existing statutory language may be unnecessarily cumbersome for today's ordering providers. As such, we are proposing the following "technical" changes to the statute to ease the program's implementation from both CMS and the providers' perspective.

Proposed Solution

The basic structure and intent of the PAMA legislation would remain. The amending language we are proposing would remove the point of care "real time" claims processing obligation and replace it with ordering providers' attestation of conferring with qualified Appropriateness Use Criteria for advanced imaging studies. This ordering data would then be collected by the qualified Clinical Decision Support Mechanism (qCDSM) that would allow annual review and audit by CMS.

The ACR is also suggesting the adoption of two additional exclusions within the PAMA statute. To recognize other federal quality assurance programs as well as the importance of continued medical research, the College suggests excluding from the AUC consultation process those ordering providers who participate in an advanced alternative payment model (Advanced APM) and those ordering providers who participate in clinical trials.

Request

To avoid further delays to the implementation of the AUC program, the ACR requests that Congress enact these technical corrections to the Protecting Access to Medicare Act of 2014 in order to streamline the AUC imaging ordering consultation process and provide further exclusions to those ordering providers who participate in Advanced APMs and clinical trials.