

MULTIMODALITY AUC RESOURCES AND INFORMATION

CMS Federal Mandate Highlights



AUC = appropriate use criteria; CMS = Centers for Medicare & Medicaid Services.

CMS FEDERAL MANDATE

Current Requirements

As of January 1, 2020, CMS has instituted an Educational and Operations Testing Period for implementation of the AUC. They expect¹:

- **Ordering professionals** to consult a qualified Clinical Decision Support Mechanism (CDSM)² and communicate the results to the nuclear imaging provider
- **Furnishing providers** to report the consultation information on Medicare claim forms, including^{1,a}:
 - The appropriate Healthcare Common Procedure Coding System (HCPCS) modifier to describe the level of adherence to the AUC or an exception
 - G-code identifying the CDSM that was used by the referring provider

Full Implementation

After the Educational and Operations Testing Period, CMS will require adherence to AUC using a qualified CDSM in order for Medicare claims for advanced imaging services to be reimbursed.^{1,b}

This CMS policy intends to increase the rate of appropriate advanced diagnostic imaging services furnished to Medicare beneficiaries.¹

What to Watch for

Though claims will not be denied for misreporting AUC information or failing to include AUC-related information on claim forms during the test period, inclusion is encouraged.¹

After full AUC implementation, information regarding the referring provider's consultation of the AUC with a qualified CDSM, or an exception to consultation, must be included on the imaging provider's Medicare claim forms. Providers who do not routinely consult and report the AUC may be identified as outliers and could be subject to prior authorization.¹

Want to learn about other considerations to keep in mind for the nuclear lab?

Discover more at [AllForOneCardiovascular.com](https://www.allforonecardiovascular.com).

To find a qualified CDSM and other CMS federal mandate information, go to [CMS.gov](https://www.cms.gov).

¹Information provided by Astellas is to assist healthcare providers, but the responsibility to determine appropriate coding for a particular patient and/or procedure remains at all times with the provider, and information provided by Astellas should in no way be considered a guarantee of coverage or reimbursement for any product or service.

²Details regarding the Medicare AUC program, including the implementation date, are subject to change without notice based on updates issued by CMS.



WHAT IS AN APPROPRIATE IMAGING STUDY?

Ten leading professional organizations^a reviewed and rated the appropriateness of 7 cardiac testing modalities for the detection and risk assessment of stable ischemic heart disease (SIHD) across common patient indications.³

These organizations determined that an imaging study is considered appropriate when the expected incremental information, combined with clinical judgment, surpasses the expected negative consequences^b by a sufficiently wide margin for an indication that is regarded both as a reasonable approach and as acceptable care.³

In this respect, the **Multimodality AUC** are intended to support clinical decision-making regarding a patient's need for cardiovascular imaging and to facilitate discussions with patients or referring physicians. They are not intended as a substitute for sound clinical judgment and practice experience.⁴

^aAmerican College of Cardiology Foundation (ACCF) AUC Task Force, American Heart Association (AHA), American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance, and Society of Thoracic Surgeons.

^bNegative consequences include the risks of the procedure (ie, radiation or contrast exposure) and the downstream impact of poor test performance such as delay in diagnosis (false negatives) or inappropriate diagnosis (false positives).

THE IMPORTANCE OF THE AUC FOR YOUR PRACTICE

The AUC provide recommendations for performing **the right test on the right patient at the right time**. The ultimate objective of the AUC is to improve patient care and health outcomes in a cost-effective manner.³

According to the ACCF, the AUC are intended to help clinicians rationally utilize cardiovascular imaging techniques in their efforts to deliver high-quality care.³ Many modalities are available for evaluating SIHD, and it can be difficult to determine which tests may be appropriate for each patient. The AUC ratings are intended not as comparisons (head-to-head comparisons between modalities are lacking) but as a way to provide an overall appropriateness level for each modality for a given indication.³

Selecting the Right Test for the Right Patient

One way imaging departments may help avoid unnecessary tests is by systematically checking orders. According to a research report by the Imaging Performance Partnership on Advancing Appropriate Use of Imaging, detecting and correcting an inappropriate imaging order before the test is performed can help improve the overall quality of care delivered.⁵

To learn more about other considerations to keep in mind for the lab, visit AllForOneCardiovascular.com.

ACCF Appropriate Use Criteria for Advanced Imaging³

Appropriate³

The procedure is generally acceptable and reasonable for the indication:

- Benefits generally outweigh the risks
- Generally an effective option
- Depends on physician judgment and patient-specific preferences

May Be Appropriate³

The procedure may be acceptable and may be reasonable for the indication:

- Variable evidence regarding benefit-risk ratio
- Potentially an effective option
- Effectiveness determined by physician in consultation with patient, based on additional clinical variables

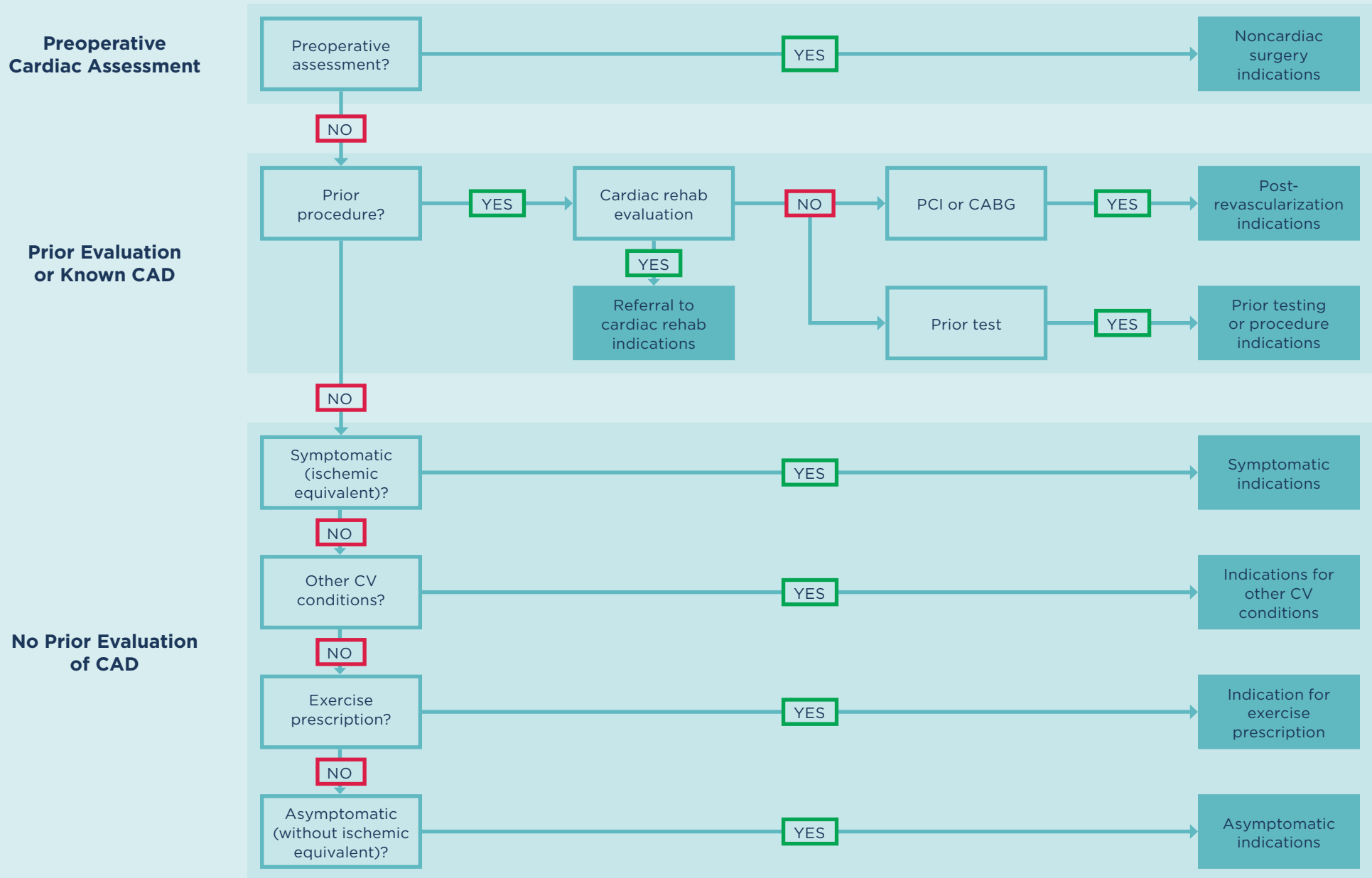
Rarely Appropriate³

The procedure is not generally acceptable and is not generally reasonable for the indication:

- Lacks a clear benefit-risk advantage
- Rarely an effective option for individual care plans
- Exceptions should have documentation of the clinical reasons for proceeding

THE HIERARCHY OF INDICATIONS FOR ORDERING TESTS BASED ON THE ACCF/AHA MULTIMODALITY AUC^{3,a}

Hierarchy of Indications



^aRefer to the published guidelines for further information on test appropriateness for specific patient indications.
CABG = coronary artery bypass graft; CAD = coronary artery disease; CV = cardiovascular;
PCI = percutaneous coronary intervention.

Adapted from J Am Coll Cardiol, 63(4), Wolk MJ, Bailey SR, Doherty JU, et al, ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/SCCT/SCMR/STS 2013 multimodality appropriate use criteria for the detection and risk assessment of stable ischemic heart disease, 380-406, 2014, with permission from Elsevier.

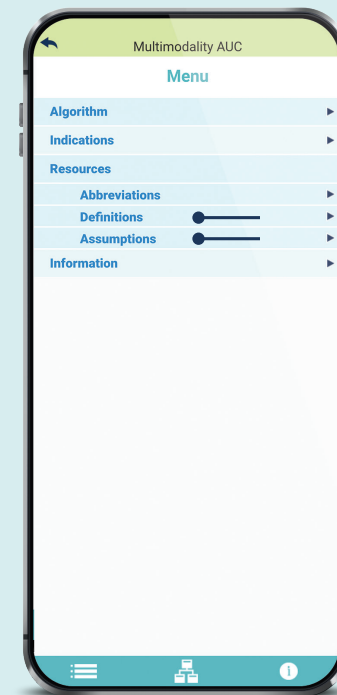
LEARN ABOUT THE MULTIMODALITY AUC USING THE AUC APP

The Multimodality AUC App is a great way to learn more about the Multimodality AUC on your smartphone or tablet. It allows providers to review various cardiac testing modalities that are considered **appropriate, may be appropriate, or rarely appropriate** for 80 indications in the detection and risk assessment of SIHD.

The Multimodality AUC App is not intended to diagnose, treat, or prevent any disease or condition. It is also not a qualified CDSM. Thus, the Multimodality AUC App must not be used to try and comply with the CMS AUC program requirements. The Multimodality AUC App is for informational purposes only.

Get the App

Search **Multimodality AUC** on the Apple® App Store® and the Google Play™ store to find and download the app. Or directly download the app via [Apple](#) or [Google Play](#).



GET INFORMATION, RESOURCES, AND INSIGHTS ON THE AUC

Discover more about the AUC at [AllForOneCardiovascular.com](https://www.allforonecardiovascular.com), including:

- What the AUC may mean for your practice
- Resources that can help your referring providers select the right test for the right patient
- More information on the CMS federal mandate

Do you have colleagues and referring providers who would benefit from an overview of the Multimodality AUC? Point them in the direction of [CardiacTesting.com/multimodality-AUC](https://www.CardiacTesting.com/multimodality-AUC).



REFERENCES: **1.** Centers for Medicare & Medicaid Services. Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging – Educational and Operations Testing Period – Claims Processing Requirements. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11268.pdf>. Accessed 09-18-2019. **2.** Centers for Medicare & Medicaid Services. Clinical decision support mechanisms (01-10-2020). <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM>. Accessed 03-11-2020. **3.** Wolk MJ, Bailey SR, Doherty JU, et al. ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/SCCT/SCMR/STS 2013 multimodality appropriate use criteria for the detection and risk assessment of stable ischemic heart disease. J Am Coll Cardiol 2014;63(4):380-406. **4.** Hendel RC, Patel MR, Allen JM, et al. Appropriate use of cardiovascular technology. J Am Coll Cardiol 2013;61(12):1305-17. **5.** Halim L. Advancing appropriate use of imaging (02-05-2019). <https://www.advisory.com/research/imaging-performance-partnership/research-report/2019/advancing-appropriate-use-of-imaging>. Accessed 05-06-2019.

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