

CMS releases final rule:

# 5 things providers need to know

The Centers for Medicare and Medicaid Services (CMS) recently released the final rule for the Appropriate Use Criteria (AUC) Program, which confirms the program starts Jan. 1, 2020.

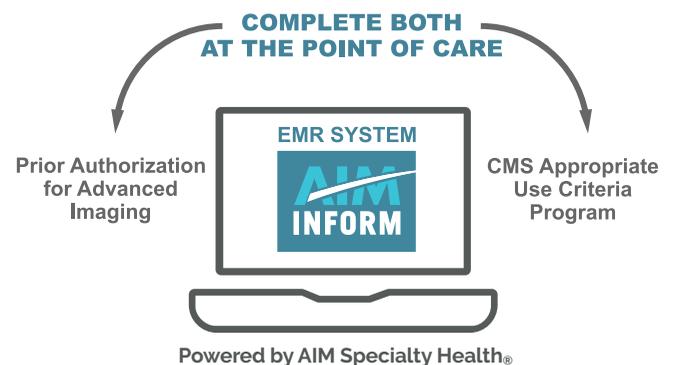
For health systems and provider groups with Medicare fee-for-service patients, it's time to start preparing for this fast-approaching new mandate.

## 5 key takeaways to help you understand the implications of the proposed rule

- 1 No delays in the Jan. 1, 2020 start date.** July 2018 to Jan. 1, 2020 is a voluntary period for ordering providers to consult AUC and report on every applicable imaging service. During a one-year educational and operational testing period after the official start date, claims will not be denied for incorrect reporting.
- 2 Ordering physicians and professionals must consult AUC** for every applicable imaging service including: MRI, Computed Tomography (CT), Position Emission Tomography (PET), and nuclear exams. They must also include the clinical decision support number on both technical and professional claims for payment.
- 3 Doctors can delegate ordering** to a member of their clinical staff who can submit orders under their supervision. This relaxes the requirement for physician-only ordering.
- 4 Independent diagnostic testing facilities (IDTFs) added** to the definition of outpatient settings where advanced imaging services are furnished.
- 5 Government (G) codes and modifiers will be assigned** and used for reporting in an effort to streamline the process and meet the implementation deadline.

### Have you selected your qualified clinical decision support vendor?

Integrated into EMRs clinicians use every day, AIM Inform enables completion of health plan prior authorizations for outpatient advanced imaging and complies with the Appropriate Use Criteria Program at a single source. As a result, your patients receive quality care at the right time, and you achieve real-time clinical determination and payment clarity.



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