

June 22, 2021

Recipient Name  
Recipient Address

Dear (Recipient Name):

Your office regularly refers patients to our practice to receive advanced diagnostic imaging services. Therefore, we are writing to make sure you are aware of an upcoming mandate for Medicare patients to avoid disruptions in care for your patients.

Effective January 1, 2022, the Protecting Access to Medicare Act (PAMA) **requires** referring providers to consult appropriate use criteria (AUC) prior to ordering advanced diagnostic imaging services (ADIS) including CT, MR, Nuclear Medicine and PET. It is important to note that the law does not mandate ordering providers to strictly adhere to the AUC, just consult AUC. Unlike prior authorization, there is no “hard stop” to the ordering process. We are highlighting this requirement to ensure the implementation process goes smoothly and your patients continue to receive the best quality care.

An AUC consult via a [Centers for Medicare and Medicaid Services \(CMS\) qualified clinical decision support mechanism](#) (qCDSM) must be documented. Without a documented consult, rendering providers (both facilities and radiologists) will not receive Medicare payment for the procedure. CMS finalized an “education and operations testing period” that will run from January 1, 2020 through December 31, 2021, where there will be no penalties for incorrect reporting. We expect additional information from CMS on what this means along with additional program details this summer.

Note that while integrated CDS systems may be incorporated into your current EHR system workflow, there are also free online portal qCDSM options that may be used at no cost to you. The qCDSMs with free options are noted on the CMS list in the above link. Additionally, CORA is offering a free mechanism through an electronic ordering system, Royal MD.

Radiology practices are required to report which qCDSM was consulted, the results of the consultation (adhere, not adhere, or not applicable) and the tax identification number (TIN) of the referring physician. CMS will create a series of G-codes and modifiers to report this information on advanced diagnostic imaging claims. Details on these G-codes and modifiers are available at [www.centraloregonradiology.com/appropriate-use-criteria](http://www.centraloregonradiology.com/appropriate-use-criteria). We ask that you please provide this information to our office when ordering advanced diagnostic imaging studies in order to avoid unnecessary delays in patient care starting January 1, 2022.

We wish to be an ongoing resource for you during this implementation process. We expect additional resources to be released by CMS soon. Further information can be found on the Central Oregon Radiology website. Should you have questions about the new requirement, please reach out to Sara Stuemke at 541-598-3286 or [sstuemke@cmillc.org](mailto:sstuemke@cmillc.org). You may also reach out to the American College of Radiology at [PAMA-AUC@acr.org](mailto:PAMA-AUC@acr.org).

Thank you for your attention to this matter in order to ensure the most appropriate and best possible care for our patients.

Sincerely,

Sara Stuemke  
Outpatient Provider Relations