RADIOLOGISTS PUSH AUC PROGRAM FIX TO OFFSET MEDICARE OVERHAUL THEY WANT IN RECONCILIATION

Congress could save up to $700 million annually in Medicare if it fixes the Appropriate Use Criteria (AUC) program for providers requesting radiology services, according to Centers for Medicare and Medicaid (CMS) data the American College of Radiology (ACR) cited as they urged lawmakers to reform the Physician Fee Schedule (PFS) as part of the reconciliation bill, and said legislation introduced by Sen. Marsha Blackburn (R-TN) could be an offset.

May 7 to join the thousands of other lobbyists trying to sway lawmakers as Congress sludges through its reconciliation process. Most of the focus has been on potential Medicaid cuts as the House Energy & Commerce Committee tries to meet its goal of $880 billion in savings, but many providers are still pushing for Medicare reforms.

Radiologists are pushing to include in the reconciliation package the so-called doc pay fix -- specifically, tying Medicare physician payment to the Medicare Economic Index -- and one of the ways to help pay for it could be Blackburn's Radiology Outpatient Ordering Transmission (ROOT) Act.

The ROOT Act would address issues CMS has with implementing the Appropriate Use Criteria program Congress created in 2014 to help providers ordering radiology, or advanced diagnostic imaging services (ADIS), for their Medicare patients. The ACR says this program is an "effective and evidence-based program, founded on physician-developed guidelines that is intended to optimize patient care by guiding providers as to whether an advanced imagine study is appropriate and if so, which kind of study is most appropriate."

After numerous implementation problems and delays, CMS concluded in the 2024 Physician Fee Schedule there are fundamental issues that can't be resolved without legislative action.

The ROOT Act would address this by replacing the point-of-care real time claims processing requirement with an ordering provider's attestation that they reviewed the qualifying AUC. It would also ensure providers who participate in clinical trials or small and rural practices are excluded from the requirement, along with requests for imaging services for screening.

"The need for the AUC program is still as evident as it was when it first passed in 2014," ACR's fact sheet on the bill says. "State legislatures continue to explore the expansion of non-physician scope of practice resulting in increased ordering of ADIS by less educated providers."