



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

December 11, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

On behalf of our physician and medical student members, the American Medical Association (AMA) appreciates your decision to hold physicians harmless and not deny claims that contain errors related to the new appropriate use criteria (AUC) G-codes and modifiers or that do not contain AUC data during the Educational and Operations Testing Period beginning January 1, 2020. That said, there are outstanding technical and operational questions and challenges that will hinder physician participation, including lack of information from the Centers for Medicare & Medicaid Services (CMS) about the transfer of information from the ordering to the furnishing clinician, documentation of required information on Medicare Part B and facility claims, and identification of outliers. While we agree that AUC consultation can have a beneficial effect on cost and patient outcomes, we are very concerned about the scale and complexity of the AUC program. We recommend that CMS clarify through increased education and outreach that AUC consultation and claims reporting is expected to begin, but is not required, in 2020 and address underlying challenges and duplication of the Quality Payment Program (QPP) as part of your Patients Over Paperwork initiative.

Although the requirements for consultation and reporting of AUC were enacted by Congress in 2014 and CMS has attempted to implement these policies in a deliberative fashion, we are concerned that many physicians remain unaware of the underlying program requirements. This reality is compounded by the fact that the AUC program will affect almost every physician who orders or furnishes advanced diagnostic imaging services. One key aspect of ensuring a seamless rollout is outreach and education, and we are extremely concerned that the lack of education to date about the program exacerbates the administrative burdens associated with AUC and creates the potential for confusion and difficulty processing claims. We recommend the agency increase its efforts to inform physicians about AUC and use as a guide its training and resources for operationalizing the new Medicare Beneficiary Identifier, which include webinars, a frequently asked questions document, regular correspondence with tips and resources to understand the new identifier, and a transition period.

Furthermore, we support your Patients Over Paperwork initiative and urge CMS to address AUC as part of your efforts to reduce administrative burdens in health care. We believe there are less burdensome ways to implement AUC, including exempting physicians who are taking on financial risk in alternative payment models, limiting AUC claims-based reporting to clinical priority areas as CMS has identified that it will only be analyzing the AUC data for these conditions, and allowing compliance via means other

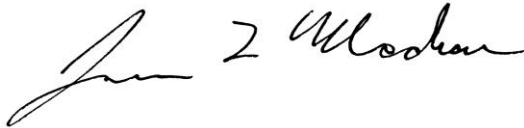
The Honorable Seema Verma

December 11, 2019

Page 2

than claims, such as qualified clinical data registries. CMS also needs to align the hardship exceptions in the QPP with the AUC program including the exemptions for new physicians for one year and for low volume of Medicare patients. Moreover, to reduce burden, CMS should also consider allowing for physicians to attest once as to the existence of a certain hardship exemption rather than having a physician attesting with every individual order and on every claim, especially in extreme and uncontrollable circumstances like a natural disaster.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD