

Response to Public Comments
CMS-10654, OMB 0938-1345

Comment: Commenters questioned the assumptions in CMS's calculations as part of the CY2019 PFS proposal to modify the AUC consultation requirement to allow auxiliary personnel, working under the direction of the ordering professional, to interact with the CDSM for AUC consultation. These commenters suggested using the "medical assistant" rather than the "registered nurse" occupation to calculate our revised cost estimates.

Response: As stated in this rule, we have finalized a change in the consulting requirement at 414.94(j) to allow ordering professionals to delegate the consultation to clinical staff acting under the direction of the ordering professional. In aggregate, we update our proposed estimate of an annual burden of 1,282,500 hours at a cost of \$90,698,400 or \$2.33 per consultation to an annual burden of 1,282,500 hours (38,863,636.2 consultations x 0.033 hr/consultation) at a cost of \$41,424,750 (1,282,500 hr x \$32.30/hr) or \$1.07 per consultation using the medical assistant occupation code 31-9092 with mean hourly wage of \$16.15 and 100 percent fringe benefits instead of the registered nurse occupation as proposed.

Comment: A few commenters disagreed that the reporting requirement will not have any impact on any Medicare claim forms. These commenters observed that the electronic claim standard for the institutional provider (837i) does not capture or have a placeholder for reporting the ordering physician's NPI.

Response: We appreciate the opportunity to clarify our analysis and the distinctions between reporting AUC consultation information and standardized communications on Medicare claims forms. The X12N insurance subcommittee develops and maintains standards for healthcare administrative transactions on professional (837p), institutional (837i), and dental (837d) transactions when submitting healthcare claims for a service or encounter. The current mandated version of 837 transactions is 5010™. While we have not finalized a process for implementing the reporting requirements at §414.94(k), we clarify that implementation of changes to the claim form transactions would not take place outside of the existing process we described.