

Access to Medical Imaging Coalition

Protecting Seniors' Access to Life-Saving Medical Imaging

– Stop Harmful Medicare Imaging Cuts –

Cosponsor S. 1338/H.R. 1293, the Rockefeller-Smith and McCarthy-Pitts-Green “Access to Medicare Imaging Act of 2007”

ISSUE: Ill-conceived payment cuts in medical imaging in the Medicare physician fee schedule included in the Deficit Reduction Omnibus Reconciliation Act of 2005 (DRA) have leveled an 18-19 percent overall cut to imaging services and are leading to a wide range of adverse, unintended consequences for Medicare beneficiaries and providers.

BACKGROUND: Section 5102(b) of the DRA directs severe reductions in payments for many imaging services under the Physician Fee Schedule (PFS). Under this provision in the DRA, effective January 1, 2007, the payment for the technical component (e.g., equipment, non-physician personnel, supplies, and overhead) of an imaging service will be set at the Hospital Outpatient Department (HOPD) payment rate, if the PFS payment rate is higher.

CONCERNS: This change in Medicare payment policy raises a number of disturbing issues such as:

- **There were no Congressional hearings on nor public consideration of this proposal before it was enacted.**
- **It directs disproportionately large cuts for imaging services, e.g. :**
 - **Ultrasound** - Reimbursement for ultrasound guidance procedures, performed as part of a minimally invasive biopsy for the diagnosis of breast cancer (a biopsy method which saved the Medicare program \$88 million from 2001 – 2003), have been reduced by 42 percent.
 - **PET / Nuclear Medicine** - Reimbursement for PET/CT exams used to diagnose cancerous tumors and determine the effectiveness of cancer treatment have been reduced by 55-63 percent (an unprecedented cut for a new technology whose HCPCS code was just provided by CMS in April 2005).
 - **DEXA** - Reimbursement for bone densitometry studies necessary for the diagnosis of women at risk for osteoporosis (a recently enacted Medicare screening benefit) have been reduced by 45 percent.
 - **MRI** - Reimbursement for MR angiography of the head used to detect the location of aneurysms have been reduced by 43 percent.
- **A failure to recognize the fundamental differences between the costs associated with practicing medicine in a physician’s office versus a hospital outpatient department** - The different payment formulas for each site of service are specifically designed by Congress to take into account the unique differences and costs of providing care in each setting. Linking reimbursement under the PFS system to the HOPD system ignores real-world costs in personnel, rent, and supplies that physicians in non-hospital settings confront daily.
- **Limiting beneficiary access to critical imaging services** – These cuts have the very strong potential to drive imaging from the physician office and free-standing facilities back into hospital outpatient departments, thus limiting Medicare beneficiaries’ access to nearby imaging services that allow for more timely diagnosis and initiation of treatment.
- **Longer wait times for Medicare patients** - On average, patients already wait 10 days to two weeks for non-urgent imaging services in the hospital outpatient department. Reduced access to imaging services in the physician’s office and in free-standing imaging centers could increase these wait times dramatically.
- **Reduced access for Medicare patients in rural areas** - Beneficiaries may be forced to drive long distances for needed imaging services if providers reduce or eliminate imaging locally. Also physicians may choose not to invest in telemedicine equipment that allows specialists at distant locations to help interpret a patient's scan —again harming rural access.

SOLUTION:

Ask your Representative and Senators to please cosponsor the *Access to Medicare Imaging Act of 2007 (S. 1338/H.R. 1293)*, sponsored by Sens. Rockefeller (D-WV) & Smith (R-OR), and Reps. Carolyn McCarthy, Joe Pitts, and Gene Green, to grant a two-year delay of the DRA imaging cuts, and instead work on developing a Medicare imaging policy that preserves access to these critical services while ensuring quality and appropriateness.