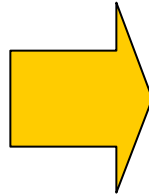


Deep Cuts in Imaging Reimbursement Will Reduce Access to Critical Procedures

The cuts in imaging reimbursement are significant and broad.

...Some \$8 billion over 10 years. That is roughly 1/3 of all cuts in Deficit Reduction Act of 2005.

...The reimbursement cuts affect imaging tests and procedures across a range of conditions and patients.



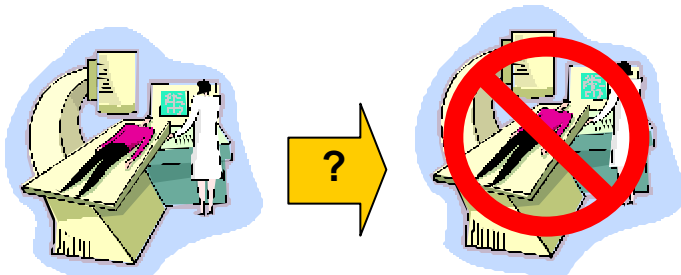
	Percent Cut in Reimbursement
Ultrasound for less-invasive breast biopsies	35%
PET/CT scans for cancerous tumors	50%
Bone densitometry studies for osteoporosis	40%
MR angiography for aneurysms in head	42%
CT of the pelvis	21%

The reimbursement cuts create unintended consequences for patients and physicians...

They give physicians clear incentives to reduce or discontinue imaging services in their offices or independent imaging centers...

...forcing many patients to get their imaging tests in hospital outpatient departments. The result:

- ✂ Further to drive, especially in rural areas
- ✂ Longer waits—currently at 10-14 days

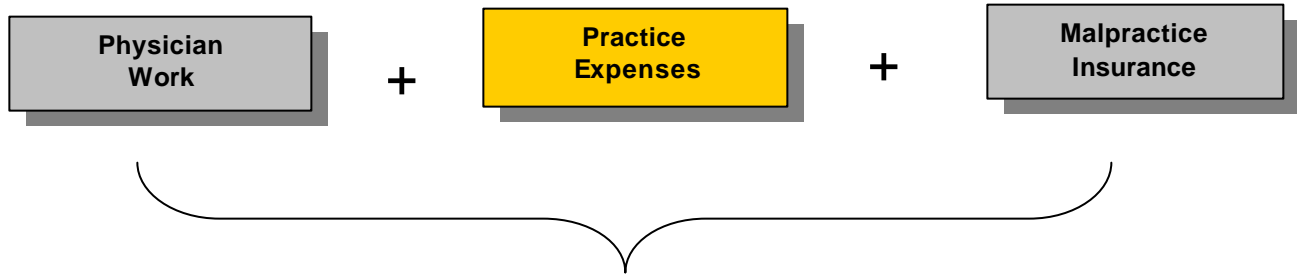


The cuts slash reimbursement for expenses that real-world physicians face daily in running their practices.

Congress cut what is known as the "technical fees," or "practice expenses." These include the basic costs of running a doctor's office or clinic—rent, utilities, insurance, support staff, and so on.

Practice expenses include;

☒ Rent	☒ Clerical
☒ Utilities	☒ Legal
☒ Phone	☒ Acct'ing
☒ Payroll	☒ Office mgt
☒ Supplies	☒ Depreciation



Components of the fees that Medicare pays physicians