Oppose Application of a Multiple Procedure Payment Reduction to the Professional Component of Diagnostic Imaging Services

Background: In July 2011, after consulting earlier MedPAC recommendations, CMS included provisions in the 2012 Medicare Physician Fee Schedule Proposed Rule to impose a 50 percent MPPR to the professional component of select advanced diagnostic imaging services (i.e. CT, MRI, and Ultrasound). CMS' proposed policy would result in an inappropriate and unsubstantiated reimbursement cut for radiologists. The value of physician-radiologist interpretations of examinations that usually contain hundreds of images, as well as providing the results of these analyses into the final written medical report for the referring physicians, will be severely undermined. Despite tremendous opposition from the ACR, CMS ultimately included a 25% MPPR reduction to the professional component in its final physician fee schedule rule released in November. CMS also used the final rule to expand the scope of the 25% MPPR so it applies to both individual and multiple physicians interpreting multiple imaging procedures on the same patient, on the same day, irrespective of practice setting. Although on December 16th CMS announced that it would no longer apply the MPPR to different interpreting physicians in the same practice, the 25% reduction remains in effect for a single physician interpreting multiple images from the same patient, during the same session, on the same day.

Issue: Application of an MPPR to the professional component of diagnostic imaging services performed on the same patient on the same day is an arbitrary and imprecise tool to control Medicare spending. This rule overestimates perceived efficiencies within the professional component, is not supported by sound data and was not developed with substantial physician input. Since each imaging study produces its own set of images requiring individual interpretation, the radiologist is ethically and professionally obligated to expend the same amount of time and effort, regardless of the date of service. Because reductions to the professional component primarily impact radiologists who, as referral-based physicians, rarely order the imaging studies they are asked to interpret, CMS' attempts to impose an MPPR to the professional component of select advanced diagnostic imaging services also fails to adequately address inappropriate utilization.

Recommendation:

- Cosponsor H.R. 3269, the Diagnostic Imaging Services Access Protection Act of 2011, which is budget neutral and blocks efforts by CMS through the 2012 Medicare Physician Fee Schedule Proposed Rule to apply an MPPR to the professional component of select advanced diagnostic imaging services performed by the same physician, for the same patient, irrespective of the date of service or practice setting.
- In 2013 and beyond, prevent the Secretary of HHS from imposing an MPPR to the professional component unless the reduction is based on the data, analysis, and conclusions of a transparent study completed by an expert panel of physician members from a national medical specialty society experienced in the field of diagnostic imaging services. H.R. 3269 mandates the completion of such a study prior to imposing a future MPPR.
- Any attempts to apply an MPPR to the professional component of select advanced diagnostic imaging services must recognize that comprehensive data indicates that professional component efficiencies vary across modalities and range from a minimum of 2.96 percent for CT to a maximum of 5.45 percent for Ultrasound.

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