



CONGRESS SHOULD NOT ENACT FURTHER DIAGNOSTIC IMAGING PAYMENT REDUCTIONS

Medicare payment for diagnostic imaging –including cardiac ultrasound--already has been reduced drastically over the past several years.

- Medicare payment for cardiac ultrasound services in non-hospital settings will have been reduced by over 50% since the beginning of 2009.
- Medicare payment for many diagnostic imaging services in non-hospital settings will have been reduced by 25%-40% by 2013, when current payment changes are fully transitioned.

Diagnostic imaging is no longer growing faster than other Physician Fee Schedule services.

- Growth of imaging services under the Physician Fee Schedule in both 2008 and 2009 was lower than the aggregate growth in all physician services
- Per capita use of cardiac ultrasound services in the Medicare population has remained virtually unchanged since 2007.
- In 2010, volume for both standard and advanced imaging services per fee-for-service beneficiary actually fell below the 2009 levels.

Most recently, MedPAC has proposed, among other things, that Congress reduce Medicare payment for diagnostic services ordered and performed by the same physician.

- This recommendation is inconsistent with the need for more coordinated and “patient centered” health care. **Physicians would be penalized for interpreting the diagnostic tests of their own patients.**
- This proposal goes well beyond existing restrictions on physician “self-referral” and impacts services personally provided by physicians to their patients.
- The primary impact of this policy would be to reduce Medicare payment for office-based x-ray and ultrasound services—relatively low cost services that historically have experienced modest rates of growth.
- This proposal would significantly reduce Medicare payment to primary care physicians, which is inconsistent with health care reform and other policy initiatives which broadly recognize the need to increase payment to these physicians.

In addition, some have recommended requiring pre-certification of certain advanced imaging services.

- Prior efforts to mandate pre-certification in the Medicare Program failed to achieve significant savings.
- Nearly two thirds of physicians typically wait several days to receive preauthorization for tests and procedures, while one in eight wait more than a week.
- Pre-certification places government squarely at the center of efforts to ration patient care.
- Use of physician decision support tools rather than pre-certification would be far less costly to the Medicare Program and has been successful in eliminating medically unnecessary testing.

THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY URGES YOU TO OPPOSE FURTHER DIAGNOSTIC IMAGING PAYMENT REDUCTIONS!

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