

Imaging Reimbursement Cuts Proposed

Amidst the increasing demands to reign in healthcare spending, several government entities, including the Congressional Budget Office (CBO), Government Accountability Office (GAO), Medicare Payment Advisory Commission (MedPAC), and the US Senate have called for a reduction in Medicare spending on imaging services – the fastest growing segment of Medicare Part B spending.

Recent government scrutiny of imaging expenditures appears to reveal high levels of utilization, as well as the increased likelihood of self-referral for in-office imaging procedures. A June 2008 report from the GAO stated that Medicare spent over \$14 billion on imaging services in 2006 – a two-fold increase from 2000. Additionally, the 13% per year average increase for imaging expenditures was well above the 8.2% growth rate for all other physician services.¹ Further, the report found that the number of imaging procedures conducted in-office (where the physician collects both the technical and professional revenue) increased from 58% of procedures in 2000 to 64% of procedures in 2006.² MedPAC's June 2009 report found a statistically significant, positive correlation between physician self-referral and imaging usage. The report also discussed similar results in regards to increased imaging usage being associated with increased spending.³ Such rapid increases in both volume and expenditures for imaging services have made the imaging industry a target for healthcare cost-reduction programs. Proposals from the GAO, CBO, Senate and MedPAC include suggestions to prospectively review imaging claims through the use of radiology benefit managers and to restructure the payment formula in order to decrease reimbursement for advanced imaging procedures.

In the past year, the GAO, Senate, and CBO have all issued proposals seeking prospective review of imaging claims through the use of radiology benefit managers. Given findings of rapid increases in imaging expenditures and potential incentives for physicians to self-refer, the GAO 2008 report recommended that the Centers for Medicare and Medicaid Services (CMS) utilize “front-end” solutions such as prior authorization and radiology benefit managers to help reduce imaging expenditures.⁴ Both the Senate Finance Committee's April 2009 healthcare policy report and the CBO's December 2008 Budget Options for Healthcare, echoed

support for the GAO's recommendation for the use of radiology benefit managers as a way to prospectively eliminate unnecessary scans.⁵ While most private plans require prior authorization for imaging procedures, CMS' current efforts to control spending rely solely on retrospective reviews. CMS commented that the transition to prospective reviews, such as prior authorizations, would require additional administrative resources.⁶ However, despite potential administrative costs to CMS, the CBO suggested that the use of prior authorization could reduce federal outlays by as much as \$220 million between 2010 and 2014, increasing to a total of \$1 billion between 2010 and 2019.⁷

There are also numerous proposals to increase the utilization rate for imaging payments. The current Medicare payment formula for calculating Practice Expense RVUs for imaging services assigns a utilization factor for the given imaging service. A higher utilization factor stretches the payment over more procedures, thereby creating a lower payment per procedure. If the utilization factor is less than actual utilization of services performed, physicians would be overpaid for their services. Currently, the imaging utilization factor assumes that imaging equipment is utilized for 50% of the physician's office hours or approximately 25 hours per week, even though most imaging equipment is typically used at greater than 50% capacity. Because of the suspected overpayments due to the low utilization factor, MedPAC, the CBO, and both houses of Congress have made proposals to change the utilization rate for imaging.⁸

In its 2008 report, the CBO report suggested that the payment formula be restructured in order to reflect the higher capacity of imaging machines. The CBO report suggested increasing the utilization rate from the current 50% to 75% or 95%. Doing so would save between \$1 billion and \$1.5 billion in the next five years.⁹ MedPAC proposed a similar adjustment in its March 2009 Report to Congress when it recommended that machines costing over one million dollars would be reimbursed, assuming a 90% utilization rate (45 hours per week).¹⁰ The Senate Finance Committee's May 2009 healthcare financing report indicated support of MedPAC's March 2009 recommendation.¹¹ Finally, in the draft of its healthcare reform bill, released on June 19, 2009, the House of Representatives proposed increasing the utilization rate

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to 75%.¹² Any adjustment of the utilization rate above fifty 50% would result in lower Practice Expense RVU reimbursement.¹³ The CBO suggested that increasing the utilization rate would save the Medicare Trust Fund over \$1 billion dollars over the next five years.¹⁴

The recent government proposals to reduce payments for imaging services have garnered opposition from several imaging groups. Specifically, the Medical Imaging and Technology Alliance (MITA) stated that the GAO, in its proposal for the use of radiology benefit managers, did not clearly explain how they would create “*impact savings*.”¹⁵ In addition, the American College of Radiology (ACR) stated that the increase in the imaging utilization rate to 90% for MRI and CT scan procedures will reduce reimbursement anywhere from 5% – 40%. The ACR further criticized the proposals stating that rural imaging centers, which often provide more than fifty hours of care per week, will find it almost impossible to meet 90% utilization.¹⁶ If the utilization rate is increased, there is concern that many physicians may not be able to purchase advanced imaging equipment or will reduce services provided, thereby reducing patients’ access to imaging technology.¹⁷

Both the ACR and MITA suggested that in order to control Medicare costs, Congress should instead consider creating and promoting appropriateness criteria (as mentioned in the Senate’s April 2009 healthcare reform proposal) rather than payment cuts and preauthorization requirements.¹⁸

¹ “Medicare Part B Imaging Services: Rapid Spending Growth and Shift to Physician Offices Indicate Need for CMS to Consider Additional Management Practices,” United States Government Accountability Office, June 2008, p. 12, <http://www.gao.gov/new.items/d08452.pdf> (Accessed 6/16/09)

² “Medicare Part B Imaging Services: Rapid Spending Growth and Shift to Physician Offices Indicate Need for CMS to Consider Additional Management Practices,” United States Government Accountability Office, June 2008, p. 12, <http://www.gao.gov/new.items/d08452.pdf> (Accessed 6/16/09)

³ “Report to Congress: Improving Incentives in the Medicare Program,” Medicare Payment Advisory Commission, June 2009, p. 81

⁴ “Medicare Part B Imaging Services: Rapid Spending Growth and Shift to Physician Offices Indicate Need for CMS to Consider Additional Management Practices,” United States Government Accountability Office, June 2008, p. 27-34, <http://www.gao.gov/new.items/d08452.pdf> (Accessed 6/16/09)

⁵ “Budget Options Volume 1: Healthcare,” Congressional Budget Office, December 2008, p. 81; “Description of Policy Options – Transforming the Healthcare Delivery System: Proposals to Improve

Patient Care and Reduce Healthcare Costs,” United States Senate Finance Committee, April 29, 2009, p. 7-9, <http://finance.senate.gov/sitepages/leg/LEG%202009/042809%20Health%20Care%20Description%20of%20Policy%20Option.pdf> (Accessed 5/6/09)

⁶ “Medicare Part B Imaging Services: Rapid Spending Growth and Shift to Physician Offices Indicate Need for CMS to Consider Additional Management Practices,” United States Government Accountability Office, June 2008, p. 27-34, <http://www.gao.gov/new.items/d08452.pdf> (Accessed 6/16/09)

⁷ “Budget Options Volume 1: Healthcare,” Congressional Budget Office, December 2008, p. 81.

⁸ “Financing Comprehensive Healthcare Reform: Proposed Health System Savings and Revenue Options,” Senate Finance Committee, May 2009, p. 9.

⁹ “Budget Options Volume 1: Healthcare,” Congressional Budget Office, December 2008, p. 117

¹⁰ “Report to Congress: Medicare Payment Policy,” Medicare Payment Advisory Commission, March 17, 2009, p. 10, http://www.medpac.gov/documents/Mar09_March%20report%20testimony_WM%20FINAL.pdf (Accessed 6/16/09)

¹¹ “Description of Policy Options: Financing Comprehensive Healthcare Reform: Proposed Health System Savings and Revenue Options,” United States Senate Finance Committee, May 20, 2009, p. 9 <http://finance.senate.gov/sitepages/leg/LEG%202009/051809%20Health%20Care%20Description%20of%20Policy%20Options.pdf> (Accessed 6/16/09)

¹² “House Healthcare Reform Bill Calls for 75% Increase in Imaging Utilization,” Health Imaging News, June 24, 2009, http://www.healthimaging.com/index.php?option=com_articles&view=article&id=17868 (Accessed 6/24/2009)

¹³ “Report to Congress: Medicare Payment Policy,” Medicare Payment Advisory Commission, March 17, 2009, p. 10, http://www.medpac.gov/documents/Mar09_March%20report%20testimony_WM%20FINAL.pdf (Accessed 6/16/09)

¹⁴ “Budget Options Volume 1: Healthcare,” Congressional Budget Office, December 2008, p. 117

¹⁵ “GAO Report Ignores Key Data and Medical Guidelines,” Medical Imaging and Technology Alliance, June 2008, http://www.medicalimaging.org/MITA/gao_report.pdf (Accessed 6/18/09)

¹⁶ RBMA: MedPAC Imaging Use Rates Far Above Reality,” Health Imaging, June 19, 2009, http://www.healthimaging.com/index.php?option=com_articles&view=article&id=17820:rbma-medpac-imaging-use-rates-far-above-reality (Accessed 6/22/09)

¹⁷ “Further Cuts to Imaging Should Not Occur Absent Reliable Data,” American College of Radiology, June 2009, <http://www.acr.org/SecondaryMainMenuCategories/NewsPublications/FeaturedCategories/CurrentHealthCareNews/More/FurtherCutstoImaging.aspx> (Accessed 6/17/09)

¹⁸ “Further Cuts to Imaging Should Not Occur Absent Reliable Data,” American College of Radiology, June 2009, <http://www.acr.org/SecondaryMainMenuCategories/NewsPublications/FeaturedCategories/CurrentHealthCareNews/More/FurtherCutstoImaging.aspx> (Accessed 6/17/09)



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Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *“The U.S. Healthcare Certificate of Need Sourcebook”* [2005 - Beard Books], *“An Exciting Insight into the Healthcare Industry and Medical Practice Valuation”* [2002 – AICPA], and *“A Guide to Consulting Services for Emerging Healthcare Organizations”* [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *“Shannon Pratt Award in Business Valuation”* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored *“Research and Financial Benchmarking in the Healthcare Industry”* (STP Financial Management) and *“Healthcare Industry Research and its Application in Financial Consulting”* (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser's Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



Anne P. Sharamitaro, Esq., is the Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the *Journal of Health Law*, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *“Healthcare Organizations: Financial Management Strategies,”* published in 2008.