March 4, 2015

The Honorable Orrin Hatch
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Bldg.
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
221 Dirksen Senate Office Bldg.
Washington, DC 20510

The Honorable Paul Ryan
Chairman
House Committee on Ways & Means
1102 Longworth House Office Bldg.
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
House Committee on Ways & Means
1106 Longworth House Office Bldg.
Washington, DC 20515

The Honorable Fred Upton
Chairman
House Committee on Energy & Commerce
2125 Rayburn House Office Bldg.
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy & Commerce
2322A Rayburn House Office Bldg.
Washington, DC 20515

Dear Chairmen Hatch, Ryan, and Upton and Ranking Members Wyden, Levin, and Pallone:

On behalf of more than 82,000 physicians and other clinicians that are members of our various societies, our collective group strongly urges you to refrain from enacting additional payment reductions for imaging services, or restrictions on access to diagnostic imaging services, as a part of any package of budgetary offsets to help pay for the cost of averting the scheduled Medicare physician payment reductions under the Sustainable Growth Rate ("SGR") formula. Medical imaging provides tremendous value in the healthcare system and can help clinicians arrive at timely and accurate diagnoses that might not happen in the absence of these important tools.

Targeted and appropriate use of medical imaging services can reduce health system costs and improve quality. For example, low-to-intermediate-risk patients that presented in an emergency department ("ED") with symptoms of acute coronary artery syndromes and receive a Coronary Computed Tomographic Angiography ("CCTA")—as opposed to traditional care—have been shown to be more than twice as likely to be discharged from the ED (rather than being admitted as an inpatient) and have a 25 percent shorter length-of-stay on average.[1] By helping clinicians determine an accurate diagnosis more quickly, imaging services can help reduce hospital admissions and the costs that come with hospital inpatient stays for misdiagnosed conditions.

Despite the proven effectiveness of diagnostic imaging from a clinical, quality, and cost to the healthcare system standpoint, policymakers have repeatedly reduced Medicare payments for imaging services. Together, Congress and the Centers for Medicare and Medicaid Services ("CMS") have advanced 13 separate payment reductions directed at imaging services provided in physicians' offices and hospitals within the past eight years.

[1] Litt, Harold and Gatsonis, Constantine et al, "CT Angiography for Safe Discharge of Patients with Possible Acute Coronary Syndromes," 366 NEW ENG. J. MED. 1393-1403 (2012). *Available at* http://www.nejm.org/doi/full/10.1056/NEJMoa1201163

These payment reduction policies severely impact Medicare payment rates for physician practices, as well as hospital radiology and other imaging departments. Over the last eight years, physician office payment rates for rendering the ten most frequently performed Magnetic Resonance ("MR") services fell by 61 percent, on average, while hospital payment rates for these MR services fell by 11 percent. Similarly, between 2006 and 2014, physician office payments for rendering the ten most frequently performed CT services[2] declined by 42 percent on average, while hospital payments for these services declined by 18 percent. Payment to various cardiovascular imaging services such as echocardiograms fell by 25-40% following the 2010 implementation of data from the flawed Physician Practice Information Survey (PPIS). These repeated payment decreases, as well as any future payment reductions, cannot be justified by simply pointing to imaging utilization and volume in the Medicare program, as imaging service volume and spending have exhibited a multi-year downward trend in each of the past four years.

In addition, Congress recently worked with medical specialty societies to develop an Appropriate Use Criteria ("AUC") policy as a part of the *Protecting Access to Medicare Act*. This policy will help arm clinicians with greater access to national medical specialty society developed guidelines that are instrumental in enabling physicians to determine if any scan is indicated, and if so, select scans that are appropriate for their patients' given clinical circumstances. Under the AUC policy, beginning in 2017, physicians will be required to consult with evidence-based AUC when ordering imaging services for Medicare patients, and those "outlier" physicians that have particularly low adherence to the clinical guidelines, despite this consultation, will be subject to prior authorization for imaging orders.

We felt compelled to alert Congress that over the course of the next two years, CMS will complete the process of implementing this important AUC policy. By November 15, 2015, the agency will select a multitude of accepted evidence-based criteria developed by either national medical specialty societies or other provider-led entities, which ordering clinicians must consult prior to referring patients for advanced diagnostic imaging services. The criteria will assist clinicians in determining the appropriateness of a test on a patient-by-patient basis. By April 1, 2016, CMS will also deem accepted "mechanisms," such as clinical decision support tools or other software programs, by which order physicians can access digital versions of the appropriateness criteria. Rather than defaulting to any additional reimbursement cuts, Congress should first permit the AUC policy to be fully implemented within the Medicare system. Many of the groups listed below are working with CMS to ensure the most efficacious implementation of the AUC policy. If implemented correctly, the undersigned groups are confident, based on experience documented in peer reviewed literature, that this policy will lower the volume of unnecessary imaging procedures and subsequently generate tremendous savings to the health care system.

In light of the history of unsustainable payment reductions that have already been leveled upon imaging service payments and the multi-year trend of annual decreases in imaging utilization, and the need for the recently-enacted AUC policy to become fully implemented, we urge Congress to oppose any new Medicare payment reductions for imaging services. Additional decreases in Medicare payments would pose a threat to continued beneficiary access to these critical diagnostic tools and services. Policymakers should look to other commonsense Medicare savings solutions to help offset the budgetary cost of repealing the SGR and fixing our broken physician payment system.

Sincerely,

[2] For services that were Medicare-payable services for the duration of the nine-year period

American College of Cardiology
American College of Radiology
Cardiology Advocacy Alliance
Access to Medical Imaging Coalition
American Association of Physicists in Medicine
American Association for Women Radiologists
American Osteopathic College of Radiology
American Radium Society
American Roentgen Ray Society
American Society of Emergency Radiology
American Society of Head and Neck Radiology
American Society of Spine Radiology
Association of Program Directors in Radiology
Association of University Radiologists
North American Society for Cardiovascular Imaging
Society for Imaging Informatics in Medicine
Society for Pediatric Radiology
Society of Abdominal Radiology
Society of Chairs of Academic Radiology Departments
Society of Chairs of Radiologists at Children's Hospitals
Society of Computed Body Tomography and Magnetic Resonance
Society of Interventional Radiology
Society of Radiologists in Ultrasound
Society of Thoracic Radiology