Whereas, Medicare office imaging reimbursement is below facility-based imaging on a regular basis and has now extended into payment for digital radiography; and

Whereas, As part of a push to nudge U.S. healthcare providers to adopt digital radiography (DR), the Medicare system reduced payments for exams performed on analog x-ray systems, those using film, by 20% starting in 2017; and

Whereas, In 2018, sites using computed radiography (CR) equipment (cassette based) but not DR had payment reductions; and

Whereas, Starting in 2018, payments for imaging studies performed on CR equipment were reduced by 7% for the next five years, and 10% after that; and

Whereas, Digital radiology (DR) payment is not reduced at all; and

Whereas, The cost to upgrade to DR from CR is substantial; and

Whereas, The image quality of CR and DR are comparable; and

Whereas, Facility radiology systems can afford to upgrade to DR financially more easily than small offices; therefore be it

RESOLVED, That our American Medical Association advocate for elimination of the Medicare differential imaging payments for small practices versus facility payments (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for elimination of the Medicare computed radiography (CR) payment reductions. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/23/18
RELEVANT AMA POLICY

Parity in Medicare Reimbursement D-390.969
Our AMA will continue its comprehensive advocacy campaign to: (1) repeal the reductions in Medicare payment for imaging services furnished in physicians’ offices, as mandated by the Deficit Reduction Act of 2005; (2) pass legislation allowing physicians to share in Medicare Part A savings that are achieved when physicians provide medical care that results in fewer inpatient complications, shorter lengths-of-stays, and fewer hospital readmissions; and (3) advocate for other mechanisms to ensure adequate payments to physicians, such as balance billing and gainsharing.

Citation: BOT Action in response to referred for decision Res. 236, A-06; Reaffirmation I-08; Modified: BOT Rep. 09, A-18