

September 22, 2011

Senator Patty Murray  
Co-Chair, Joint Select Committee on Deficit Reduction  
448 Russell Senate Office Building  
Washington, DC 20510

Representative Jeb Hensarling  
Co-Chair, Joint Select Committee on Deficit Reduction  
129 Cannon House Office Building  
Washington, DC 20515

Dear Co-Chair Murray and Co-Chair Hensarling,

The undersigned medical organizations, representing physicians and other health care provider organizations dedicated to high quality imaging, are writing to convey our strong opposition to payment cuts to medical imaging services and the introduction of prior authorization in any legislation, including the current negotiations surrounding the debt ceiling.

Over the past several years, legislative and regulatory changes have led to significant cuts in Medicare payments for advanced imaging and other diagnostic imaging procedures. Payments for some services have been reduced more than 60% between 2006 and 2013. ([Attachment A](#)) Continued reductions to imaging services cannot be absorbed by physician practices without impacting quality and access to high quality care. Growth in the volume of outpatient diagnostic imaging services began trending downward in 2007, and **in 2010, volume for both standard and advanced imaging services per fee-for-service beneficiary actually fell below the 2009 levels.** ([Attachment B](#)) Not surprisingly, some of these services also had begun to shift out of physician offices and into more expensive hospital outpatient departments, suggesting that another round of imaging cuts is not only unnecessary but also counter-productive. We strongly urge Congress not to apply additional payment cuts and restrictions on these services.

Our groups are committed to ensuring appropriate provision of diagnostic imaging but experience with private payers suggests that a prior authorization requirement would impose a significant burden on the Medicare program, increase affected physicians' practice costs, and lead to delay or denial of medically necessary care. For example, 63 percent of the 2400 physicians responding to an American Medical Association survey said they typically wait several days for a response to a prior authorization request and 13 percent generally wait more than a week. Earlier this month, the Delaware Insurance Superintendent fined Blue Cross and Blue Shield of Delaware \$325,000 after determining that 12% of initial denials in its nuclear cardiac imaging preauthorization program were inappropriate. Patients whose physicians focus on conditions that almost always require diagnostic imaging could be particularly at risk because the requirement ignores factors such as patient demographics and clinical mix.

While radiology benefits managers and companies that sell black box software edits contend that their products can save money, studies cited in MedPAC's June 2011 Report to Congress suggest that these savings do not extend beyond the first year. The Office of Inspector General found that

Medicare's previous foray into prior-authorization was not cost effective. Experience in the state of Minnesota suggests that equal or greater savings can be achieved with a less intrusive approach that uses computerized decision support tools that incorporate appropriateness guidelines developed by the medical profession and do not involve "hard denials" of care. In Delaware, Blue Cross and Blue Shield has agreed to implement a new program using appropriateness criteria developed by the American College of Cardiology. **Medicare also has recently launched a test of this approach and the results of this demonstration should be evaluated before other alternatives are imposed.**

Taken together, these provisions would exacerbate an already challenging situation for physicians who serve Medicare patients by taking additional dollars away from Medicare, all while doing nothing to address the broken and unsustainable Medicare physician payment system. Therefore, we urge that they be removed from further consideration. We stand ready to work with Congress to ensure that any future policy changes affecting diagnostic imaging take into account the substantial changes that already have been implemented by CMS, by Congress and by diagnostic imaging providers, and ensure that patients retain access to diagnostic services performed in physicians' offices.

Sincerely,

American Academy of Neurology  
American Association of Clinical Urologists  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Rheumatology  
American Gastroenterological Association  
American Medical Association  
American Medical Group Association  
American Society of Echocardiography  
American Society of Neuroimaging  
American Society of Nuclear Cardiology  
American Urological Association  
Association of Black Cardiologists  
Cardiology Advocacy Alliance  
Large Urology Group Practice Association  
Medical Group Management Association  
Society for Cardiovascular Angiography and Interventions  
Society of Cardiovascular Computed Tomography  
Society for Cardiovascular Magnetic Resonance  
Society for Vascular Surgery

cc: Sen. Max Baucus (D-Mont.)  
Rep. Xavier Becerra (D-Calif.)  
Rep. Dave Camp (R-Mich.)

Rep. Jim Clyburn (D-S.C.)  
Sen. John Kerry (D-Mass.)  
Sen. Jon Kyl (R-Ariz.)  
Sen. Rob Portman (R-Ohio)  
Sen. Pat Toomey (R-Pa.)  
Rep. Fred Upton (R-Mich.)  
Rep. Chris Van Hollen (D-Md.)