

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 823
(I-18)

Introduced by: Georgia
Subject: Medicare Cuts to Radiology Imaging
Referred to: Reference Committee J
(Steven Chen, MD, Chair)

- 1 Whereas, Medicare office imaging reimbursement is below facility-based imaging on a regular
2 basis and has now extended into payment for digital radiography; and
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4 Whereas, As part of a push to nudge U.S. healthcare providers to adopt digital radiography
5 (DR), the Medicare system reduced payments for exams performed on analog x-ray systems,
6 those using film, by 20% starting in 2017; and
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8 Whereas, In 2018, sites using computed radiography (CR) equipment (cassette based) but not
9 DR had payment reductions; and
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11 Whereas, Starting in 2018, payments for imaging studies performed on CR equipment were
12 reduced by 7% for the next five years, and 10% after that; and
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14 Whereas, Digital radiology (DR) payment is not reduced at all; and
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16 Whereas, The cost to upgrade to DR from CR is substantial; and
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18 Whereas, The image quality of CR and DR are comparable; and
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20 Whereas, Facility radiology systems can afford to upgrade to DR financially more easily than
21 small offices; therefore be it
22
23 RESOLVED, That our American Medical Association advocate for elimination of the Medicare
24 differential imaging payments for small practices versus facility payments (New HOD Policy);
25 and be it further
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27 RESOLVED, That our AMA advocate for elimination of the Medicare computed radiography
28 (CR) payment reductions. (New HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000.

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 in-patient 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