

Congress of the United States
Washington, DC 20515

June 22, 2011

The Honorable Dave Camp
Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
House Committee on Ways and Means
1139E Longworth House Office Building
Washington, DC 20515

The Honorable Fred Upton
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Henry Waxman
Ranking Member
House Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairmen and Ranking Members:

We write to you regarding our concerns with a recent Medicare Payment Advisory Commission (MedPAC) recommendation that we believe may harm Medicare beneficiaries' access to accurate diagnosis of imaging services, such as magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).

Specifically, we are opposed to adoption, either through legislation or regulation, of a MedPAC recommendation from its April, 2011 session, "Improving Payment Accuracy and Appropriate Use of Ancillary Services," that would apply a multiple procedure payment reduction (MPPR) to the professional component of multiple imaging procedures performed for the same patient, on the same day, in the same setting.

In recent years, MPPR policies that have been implemented by the Centers for Medicare and Medicaid Services (CMS) applied solely to the technical component, which represents the cost of equipment, non-physician personnel, and medical supplies. The professional component represents the value of the physician's work in performing the interpretation of the imaging service for a patient's medical record. Adoption of MedPAC's recommendation to apply an MPPR to the professional component of diagnostic imaging services – either by legislation or regulation – would set a dangerous precedent for Medicare reimbursement policy.

The goal of a MPPR is to improve the Medicare program by modifying multiple payments for certain services that can be performed consecutively. As a result, efficiency is achieved and costs are lowered. While we agree that more needs to be done to bring efficiencies to the Medicare program and slow the growth in health care costs, we believe that applying a MPPR to the professional component of diagnostic imaging would not decrease utilization or increase efficiency given that reducing the professional component will primarily affect radiologists who, as consulting physicians, rarely order the imaging studies they are asked to interpret. Additionally, since each imaging service produces its own unique set of images that require individual interpretation, the radiologist is ethically and professionally obligated to expend the same amount of time and effort, regardless of whether the images were obtained on the same day or over multiple days.

Further, the unintended consequences of MedPAC's proposed policy may actually increase Medicare costs. Imaging reimbursement, specifically payments for advanced imaging modalities, has been the focus of payment reductions, both legislatively and through regulation, for the past several years. These payment cuts are making it extremely difficult for radiologists to keep their practices and free-standing imaging centers open for business and available to patients. Without access to these facilities, patient access to valuable community-based diagnostic imaging services could be compromised and the vast majority of imaging services may be delivered in the hospital setting, potentially at a higher cost to Medicare.

Before moving forward with any of MedPAC's recommendations, Congress and CMS should consider the work CMS is doing in conjunction with the physician members of the Relative Value Scale Update Committee (RUC) to develop changes to physician reimbursement. Applying the MPPR to the professional component would inappropriately supersede ongoing work between CMS and RUC to develop bundled Current Procedural Terminology (CPT) codes and independent values for services commonly performed together.

While we recognize and appreciate MedPAC's role as an advisory body to Congress, its recommendations should be thoroughly analyzed, challenged, and scrutinized. We look forward to working with you and your staff to ensure that these damaging cuts to diagnostic imaging services do not come to fruition.

Sincerely,



Pete Olson



Jason Altmire



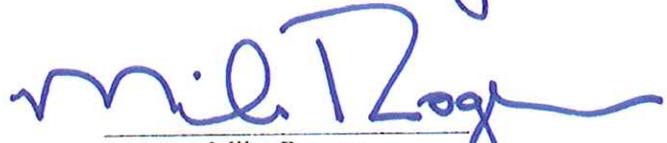
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Tim Murphy



Cynthia Lummis



Mike Rogers

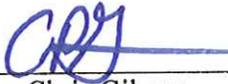


Todd Akin



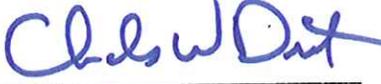
Paul Broun

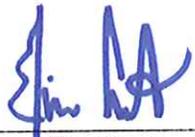

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Andy Harris


Patrick Meehan


Charlie Dent


Jim Costa

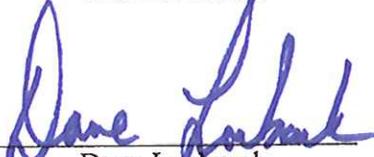

Devin Nunes

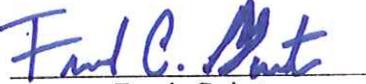

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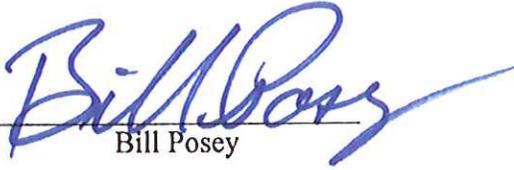

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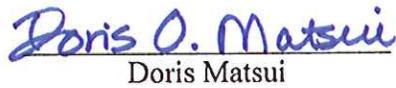

Shelley Berkley

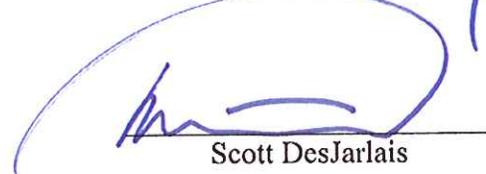

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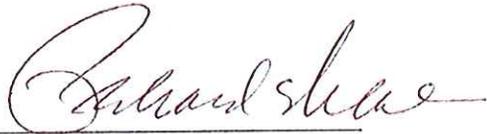

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Brett Guthrie


Phil Gingrey



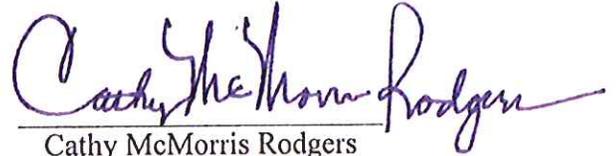
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Lois Capps



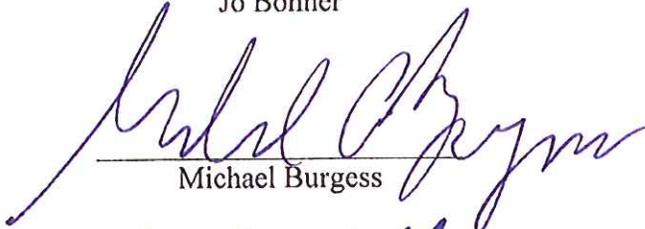
Jim Matheson



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Barney Frank



Michael Burgess



Steve Rothman



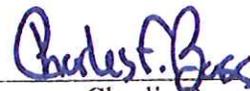
Thaddeus McCotter



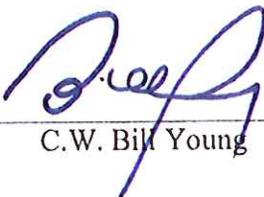
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