Medicare Advisers Call for Standards on Imaging

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WASHINGTON — A federal advisory panel wants to raise the bar on quality and use of imaging services.

In a series of recommendations, the Medicare Payment Advisory Commission called for national standards for physicians who bill Medicare for interpreting diagnostic imaging services, and for any provider who bills Medicare for performing such services. MedPAC advises Congress on Medicare payment issues.

There is evidence of variations in the quality of physician interpretations and reports that Medicare’s MedPAC analyst Arnel Winter shared at a recent commission meeting. "Ensuring that only qualified physicians are paid for interpreting imaging studies should contribute to diagnostic accuracy and treatment," he said.

Standards for physicians would be based on education, training, and experience required to properly interpret studies. Private organizations would be charged with administering the standards. MedPAC commissioner Sheila Burke, R.N., of the Smithsonian Institution. "It is a new area and it’s not entirely clear to me that Medicare should be the right place for that to occur."

Mr. Winter acknowledged that some providers might not be able to meet these standards, but for example, they might have to invest in new equipment or higher credentialed technicians, or they might have to obtain additional education, he said.

Measuring physicians’ use of imaging services should be part of MedPAC’s broader effort to profile fee-for-service physicians on their use of all services, Mr. Winter said. Radiologists can influence which tests physicians order, but physicians are important to the analysis on imaging because “they determine whether a test is appropriate,” he said.

Under the MedPAC recommendations, the Centers for Medicare and Medicaid Services could develop measures of imaging volume for a patient seen by a physician, and could compare these measures to peer benchmarks or clinical guidelines, Mr. Winter said. The agency could then provide this information to the physician in a confidential manner.

"The goal is to encourage physicians who order significantly more tests than their peers to reconsider their practice patterns," Mr. Winter said.

On other recommendations related to imaging, the panel voted that the Department of Health and Human Services improve Medicare’s coding edits that detect unbundled diagnostic imaging services, and reduce the technical component payment for multiple imaging services performed on contiguous body parts.

Better coding will help Medicare pay more accurately for imaging services and help to control rapid spending growth, Mr. Winter said.

MedPAC also proposed to strengthen the rules in the Ethics in Patient Referral Act (Stark law), which restrict physicians’ investments in the imaging centers to which they refer Medicare or Medicaid patients. The restrictions already apply to radiology and certain other imaging services, but it’s unclear whether nuclear medicine is a radiology service, Mr. Winter said.

The panel ultimately voted to include nuclear medicine and positron emission tomography procedures as designated health services under the Stark law. Investment in facilities that provide nuclear medicine services is associated with higher use, creating financial incentives to order additional services and to refer patients to facilities in which the physician is an investor. This undermines fair competition, Mr. Winter said.

Not according to Michael J. Wolk, M.D., who is president of the American College of Cardiology. Dr. Wolk criticized MedPAC for recommending “restrictive tactics” in an effort to ratchet down the use of PET scans, CT, and MRI.

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