Medicare Advisors Call for Imaging Standards

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

The Medicare Payment Advisory Commission is calling for national standards for physicians who bill Medicare for the interpretation of diagnostic imaging services, and for any provider who bills Medicare for performing such services. MedPAC advises Congress on Medicare payment issues.

At a recent commission meeting, MedPAC analyst Ariel Winter cited evidence of variations in the quality of physician interpretations and reports. "Ensuring that only qualified physicians are paid for interpreting imaging studies should improve diagnostic accuracy and treatment," he said.

'The goal is to encourage physicians who order significantly more tests than their peers to reconsider their practice patterns.'

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, Mr. Winter said.

Several MedPAC commissioners questioned whether Medicare should get involved in credentialing or accrediting physicians for interpreting imaging studies. Medicare would be taking on responsibilities that previously fell to licensing boards, specialty society certification, or other private sector organizations, said MedPAC commissioner Sheila Burke, R.N., of the Smithsonian Institution.

Mr. Winter acknowledged that some providers might not be able to meet the standards, might have to invest in newer equipment or higher credentialed technicians, or might have to obtain additional education.

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 because "they determine whether a test is appropriate," he said.

Under the MedPAC recommendations, CMS could develop measures of imaging volume for a patient seen by a physician, and could compare these measures to peer benchmarks or clinical guidelines, he said. The agency could then provide this information to the physician in confidence.

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

The panel also 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 control rapid spending growth, Mr. Winter said. Providers who bill for unbundled or multiple imaging procedures would experience a decrease in Medicare payments.

MedPAC also proposed to strengthen the rules in the Ethics in Patient Referral Act (Stark law), which restrict physicians' investment in the imaging centers to which they refer Medicare or Medicaid patients. The panel 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 services and 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., president of the American College of Cardiology, who criticized MedPAC for recommending "restrictive tactics" to ratchet down the use of PET scans, CT, and MRI.

Studies that support these recommendations are biased, and specifically exclude examination of these procedures, he said.

In a statement, Dr. Wolk asked that policy makers take more time to look at this issue and evaluate the long-term health benefits of this technology, in addition to the immediate costs. ■

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