Radiologists Praise Appropriateness Criteria In SGR Proposal

Radiologists and imaging equipment makers praised lawmakers’ Medicare physician-pay legislative outline for giving doctors guidelines on when to order imaging procedures instead of merely cutting imaging reimbursement to bring down the cost of replacing the Sustainable Growth Rate (SGR) formula. That approach differs from a bill, which Rep. Jackie Speier (D-CA) touted as an SGR offset days earlier, to ban physician self-referrals of imaging and other expensive services. Banning self-referrals would prohibit providers from referring patients to facilities in which they have a financial stake, particularly equipment in their own offices.

The Senate Finance and House Ways & Means committees released an SGR discussion draft in late October that includes so-called appropriateness criteria for imaging. Banning self referrals is more controversial than the appropriateness criteria approach, a spokesperson for the American College of Radiology said, but the college does not oppose Speier’s bill, the Promoting Integrity in Medicare Act.

Under the appropriateness-criteria model, those same physicians could refer patients for services involving their equipment, but physicians would have to consult criteria before ordering the tests. The SGR discussion draft calls for denying Medicare pay to physicians who do not consult guidelines before ordering imaging services. Medicare would monitor doctors’ ordering habits, and those that stray too far from their peers would have to get permission from radiology benefits managers before ordering exams.

CMS would choose from appropriateness criteria that physician groups develop. The American College of Radiology has already developed appropriateness-criteria. CMS would have to identify mechanisms, such as clinical decision support tools, that physicians could use to consult these criteria. The American College of Radiology says decision tools that providers use in Minnesota and at Massachusetts General Hospital have curbed duplicate and unnecessary imaging.

Policymakers have been blaming the overuse of expensive imaging services for driving up health care cost for several years, but industry says utilization is now under control. "Medicare spending on scans today is the same as it was in 2003," the American College of Radiology stated in a release. "And the Health Care Cost Institute reports that imaging is the slowest growing of all physician services among the privately insured."