



May 3, 2010

John Fallon, MD
Chief Medical Officer
Blue Cross Blue Shield of Massachusetts
401 Park Drive
Boston, Massachusetts 02215

Re: Multiple Imaging Services Payment Policy Effective August 15, 2010

Dear Dr. Fallon:

On behalf of the American College of Radiology (ACR) and the Radiology Business Management Association (RBMA), we are expressing our concerns regarding Blue Cross Blue Shield of Massachusetts' (BCBSMA) new payment policy for multiple imaging services effective on August 15, 2010. We strongly object to the planned 50 percent discount to the professional component (PC) of subsequent procedures covered by the policy.

"Industry Standard"

The policy notification memorandum dated April 15th stated, "This payment policy...is *consistent with industry standards and with other local and national payers* [emphasis added]..." -- we disagree. The "industry standard" policy in this regard is the 25 percent discount to the technical component (TC) only for select "families" of imaging services established by the Centers for Medicare & Medicaid Services (CMS) in 2005 for the 2006 Medicare physician fee schedule. CMS specifically excluded the professional component (and global payments by extension) in its final rule. We recognize that, without data to support the premise, section 3135 of the *Patient Protection and Affordable Care Act of 2010* ("PPACA"), following CMS' policy, increased the discount to 50 percent but again only to the technical component. [We cite the PPACA not in support of the 50 percent discount, which we opposed, but to demonstrate the industry standard applies only to the technical component.]

Professional Component

The professional component for imaging services represents primarily the interpreting physician's time and effort (i.e., physician work). In the case of imaging contiguous body sites, the number of images for interpretation is additive without economies of scale. The contiguous body part examinations, at times, are for different clinical reasons and require additional work in both reviewing the patient's clinical information. The multiple procedure modifier (-51) used to discount the second surgical procedure is not applicable because that modifier is designed to capture the duplicative work of opening and closing the incision as well as the extensive duplicative post-operative work of hospital visits and office visits during the global period. It was never intended to be used to discount the actual surgical work of the second procedure. However, applying a 50 percent multiple procedure discount to the PC does just that and as such is inappropriate. Thus, with the interpreting physician expending the same amount of time and effort (work) for contiguous body areas as if the studies were performed separately, discounting the professional component is unjustified.

Fifty Percent Discount

ACR and RBMA recognize the presence of economies of scale in the technical component of certain studies of contiguous body areas at the same session. For example, certain activities of clinical staff (e.g., radiologic technologists) such as greeting the patient/escorting the patient, providing education, obtaining consent, setting-up an IV, and room clean-up are not repeated for the subsequent procedure. However, in the aggregate, these "savings" do not equal a 50 percent discount. We also oppose this policy applying to instances when multiple different modalities are employed (e.g., ultrasound and CT) or multiple imaging sessions on the same day.

Thank you for the opportunity to express our concerns with respect to BCBSMA's new multiple imaging services payment policy. If you would like to discuss our concerns and/or your policy further, we offer our assistance in that regard. Please feel free to contact Pamela Kassing (ACR) at 703.648.8900 or Michael Mabry (RBMA) at 888.224.7262, extension 13363.

Sincerely



Bibb Allen, Jr., MD, FACR
Chairman, ACR Commission on Economics
Member, AMA RVS Update Committee (RUC)



Worth Saunders, MHA, FACMPE
Chairman, RBMA Payor Relations Committee

cc: Barry Zallen, MD, BCBSMA
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