COMMENTS OF THE
AMERICAN SOCIETY OF INTERNAL MEDICINE
ON
MEDICARE REIMBURSEMENT FOR
ULTRASOUND PROCEDURES
TO THE
HEALTHCAREFINANCINGADMINISTRATION

MARCH 26, 1979
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Mr. Leonard D. Schaeffer
Administrator, Health Care Financing Administration
5006 Mary E. Switzer Building
330 C Street, S.W.
Washington, D.C. 20201

Re: Proposed Rules on Reimbursement for Radiological Services Furnished to a Hospital Inpatient by a Physician in the Field of Radiology, Federal Register, January 25, 1979, File Code MAB-21-P

Dear Mr. Schaeffer:

The above noted proposed rules would provide 100 percent reimbursement for ultrasound procedures performed in the hospital if they are furnished by radiologists. The authority cited for this change is section 1833(a)(1)(B), a 1967 amendment to the Medicare law which permits 100 percent reimbursement for inpatient radiological services.

In 1974, the Bureau of Health Insurance ruled that ultrasound procedures were not "radiological services" for purposes of the 100 percent reimbursement authorized in section 1833(a)(1)(B). The above mentioned proposal to change the 1974 ruling is allegedly intended to simplify the administrative process of billing and payment, one of the purposes of the 1967 amendment.

While we are generally in favor of simplified administration, we must nonetheless object to this modification of ultrasound reimbursement policy. The 1974 BHI ruling was made because other specialists were providing ultrasound examinations to hospitalized patients, the most notable being cardiologists doing echocardiography. Cardiologists are better qualified to perform and interpret an echocardiogram.

Reimbursing patients 100 percent for ultrasound examinations by radiologists and only 80 percent when performed by cardiologists unfairly discriminates against both cardiologists and their patients. The reimbursement differential is not only discriminatory but would create a virtually irresistible incentive for hospitals to transfer all ultrasonography to radiology departments. Increased program payments and a lower quality of care would result. Thus, the proposed reimbursement policy would be a disservice to patients, the many specialists other than radiologists who provide diagnostic ultrasound examinations, and the taxpayers who pay for the Medicare program.
For the aforementioned reasons, we oppose adoption of these proposed rules. The patients of cardiologists (or any other specialists) should be reimbursed at the same level as those of radiologists. To do otherwise would adversely affect the quality of care. If equal reimbursement is not permitted by section 1833(a)(1)(B), then clearly this section of the law must be revised to recognize the advances that have been made in imaging techniques and their performance by physicians other than radiologists. It is DHEW's obligation not to implement a statutory requirement that encourages a lower quality of care without first seeking redress through Congress. ASIM stands ready to assist DHEW if a legislative amendment is the only real solution to this problem.

Sincerely,

Ben D. Hall, M.D.

BDH/jas