



December 20, 2010

James Cross, MD
Head of National Medical Policy
Aetna
151 Farmington Ave (RE52),
Hartford, CT 06156

Dear Dr. Cross:

The American College of Radiology (ACR) and the Radiology Business Management Association (RBMA) strongly object to Aetna's multiple imaging procedure discount policy communicated in the December, 2010 issue of *OfficeLink Update*, whereby global payments are subject to the payment reduction. We respectfully request that any such discounting policy apply solely to the technical component.

Aetna's Policy: Multiple Procedure Reduction for CT Scans, MRIs, or Ultrasounds

Aetna's policy change states, "With dates of service on or after February 1, 2011, we [Aetna] will allow multiple CT scans, MRIs or ultrasounds on the same day at 50 percent for the subsequent scan(s). We are basing this policy on the Centers for Medicare & Medicaid Services (CMS) multiple procedure reduction policy for certain diagnostic imaging procedures." The policy applies to: (1) scans performed on contiguous body areas, (2) technical and global charges, and (3) facility and medical claims, including independent radiology centers. The reduction will not apply to: (1) professional fees billed separately and (2) claim lines billed with Modifier 59.

We acknowledge and appreciate that the policy specifically excludes the professional component. However, applying the reduction to global charges does implicate the professional component since the global charge is the sum of the professional and technical components. Thus, Aetna's policy is contradictory since the result of discounting global charges is a reduction to the professional component, an effect which the policy clearly states is not to occur.

CMS Policy

When the Centers for Medicare & Medicaid Services (CMS) implemented its multiple procedure discount policy in 2005 for the 2006 Medicare physician fee schedule, the policy covered only the technical component (TC) for select "families" of imaging procedures. 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 primarily represents the interpreting physician's time and effort (i.e., physician work). In the case of imaging contiguous body sites, the number of images required to be interpreted is additive, without any economies of scale resulting from the contiguous body site studies. The interpreting physician expends the same amount of time and effort (work) for each of the contiguous body areas as if the

studies were performed separately. Aetna acknowledged this fact by the explicit exclusion of professional fees billed separately from its multiple procedure payment reduction policy. Therefore, discounting global payments without first taking into consideration and separating out the professional component, is unjustified.

Fifty Percent Discount

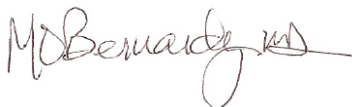
We believe Aetna's policy of a 50 percent discount is excessive and does not reflect the realities of providing these services. ACR and RBMA recognize the presence of economies of scale in the technical component of certain studies of contiguous body areas at the same session. For example, certain activities 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, these "savings" are relatively minor in the aggregate and do not justify a 50 percent discount.

Split-Billing

Aetna acknowledged the explicit exclusion of professional fees billed separately from its multiple procedure payment reduction policy. If Aetna does not, on its own, similarly adjust its multiple procedure payment reduction policy to eliminate any reduction to the professional component included as part of a global charge, then Aetna's policy seems to promote split-billing – one claim for the professional component and another for the technical component, instead of one claim for the global. The unintended consequence of split-billing is an increase in the number of claims submitted and processed, thus adding cost and administrative burden on Aetna and its providers. Additionally, Aetna's patients may be confused by the separate bills where in the past they received just one. This would lead to increased questioning and lower satisfaction by patients. Medicare is able to apply its discount policy to affected claims without resorting to split-billing.

Thank you for the opportunity to express our concerns with respect to Aetna's multiple procedure discount 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 Kathryn Keysor (ACR) at 703.648.8900, extension 4950 or Michael Mabry (RBMA) at 888.224.7262, extension 13363.

Sincerely,



Mark O. Bernardy, MD
Chair, ACR Managed Care Committee



Christie James, MS
Chair, RBMA Payor Relations Committee

cc: Carol A. McMenemy, MD, Aetna