

Medicare Access to Radiology Care Act (MARCA) of 2019

Background:

The rising demand and clinical need for timely medical imaging services and the increased complexity of radiologic studies have created high demand for radiology services. At the same time, the Medicare program is looking to identify value-based, efficient solutions to improve patient outcomes.

While Radiologist Assistants (RAs) are newly recognized under Medicare to perform diagnostic imaging services under direct supervision, the radiology practices that employ them are currently unable to submit claims to Medicare for procedures or non-diagnostic services RAs perform in hospitals, where they normally work. Radiologists also cannot bill for procedures that RAs could perform in the office setting where the study is not “incident to” the radiologist. Therefore, legislation is necessary for radiologists to take full advantage of this new recognition of RAs by Medicare. Medicare does not have the authority to fully recognize what RAs are trained to do under their scope of practice which include needle placements, biopsies and injections that often accompany the diagnostic imaging study and are part of a radiology service provided to patients.

Issue:

Prior to 2019, CMS required personal supervision by a physician when a radiographer performed diagnostic imaging services. Previous legislation, MARCA of 2017, focused on reducing the supervision level from personal supervision to direct as defined via a state-recognized scope of practice.

In the CY 2019 Physician Fee Schedule (PFS) Final Rule, the Centers for Medicare and Medicaid Services (CMS) recognized RAs as radiologist staff who can provide services under revised supervision levels. Despite the welcomed ruling by CMS, new MARCA legislation is still needed to allow radiologists to submit claims to Medicare for non-diagnostic services performed by RAs they directly supervise in both the hospital and office setting.

This new MARCA bill language allows RAs to be fully utilized in radiology practices to provide high quality, efficient, and cost-effective care to patients. An RA is an advanced-level radiographer, which now requires a Master’s degree level educational program, and performs procedures and imaging services under the direct supervision of a radiologist. RAs must complete a rigorous academic program encompassing a nationally-recognized curriculum, a radiologist-directed clinical preceptorship, and a mandatory nationally recognized certification examination. RAs are currently licensed or certifies in 31 states.

RAs always practice under the direct supervision of a radiologist, thus ensuring the continuation of high-quality care. The advanced education and training of RAs enable them to perform diagnostic studies and procedures which allow radiologists to focus on interpretations, enhancing

patient safety and outcomes by decreasing the chances for errors and providing more timely information that can affect patient's diagnosis and treatment. **RAs do not perform final interpretation of images, or prescribe medications or therapies.**

This legislation is supported by 114 national, state, and local organizations and companies including the American College of Radiology (ACR), American Registry of Radiologic Technologists (ARRT), American Society of Radiologic Technologists (ASRT) and the Society of Radiology Physician Extenders (SRPE).

Congressional Recommendations:

House: Cosponsor H.R. 1970, Medicare Access to Radiology Care Act of 2019 (MARCA). Include MARCA in the next Medicare-related legislation considered by Congress.

Senate: Cosponsor S. [To Be Announced], the Medicare Access to Radiology Care Act of 2019 (MARCA). Include MARCA in the next Medicare-related legislation considered by Congress.