

114TH CONGRESS  
1ST SESSION

# S. 1020

To amend title XVIII of the Social Security Act to ensure the continued access of Medicare beneficiaries to diagnostic imaging services, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

APRIL 21, 2015

Mr. VITTER (for himself and Mr. CARDIN) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to ensure the continued access of Medicare beneficiaries to diagnostic imaging services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Diagnostic Imaging  
5 Services Access Protection Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Significant reimbursement cuts to the Medi-  
2           care physician fee schedule should be based on de-  
3           tailed empirical analysis data.

4           (2) On multiple occasions since 2011, Congress  
5           has requested the Centers for Medicare & Medicaid  
6           Services (CMS) to provide the data used to establish  
7           its 2012 multiple procedure payment reduction to  
8           the professional component of imaging services.

9           (3) CMS never provided the requested data to  
10          Congress.

11          (4) Enactment of section 220(i) of Public Law  
12          113–93 on April 1, 2014, mandates the disclosure of  
13          CMS data used to determine its 2012 multiple pro-  
14          cedure payment reduction to the professional compo-  
15          nent of imaging services.

16          (5) CMS acknowledged its responsibility to dis-  
17          close this data in the Calendar Year 2015 Medicare  
18          Physician Fee Schedule Notice of Proposed Rule  
19          Making (NPRM) released on July 11, 2014, as well  
20          as in a letter from the Administrator on August 18,  
21          2014.

22          (6) To date, CMS has not complied with the  
23          statutory mandate provided for in section 220(i) of  
24          Public Law 113–93.

1 **SEC. 3. MEDICARE PAYMENT FOR IMAGING SERVICES.**

2 Section 1848(b)(4) of the Social Security Act (42  
3 U.S.C. 1395w-4(b)(4)) is amended by adding at the end  
4 the following new subparagraph:

5 “(E) ELIMINATION OF APPLICATION OF  
6 MULTIPLE PROCEDURE PAYMENT REDUC-  
7 TION.—

8 “(i) IN GENERAL.—The Secretary  
9 shall not apply a multiple procedure pay-  
10 ment reduction policy to the professional  
11 component of imaging services—

12 “(I) furnished on a date that is  
13 more than 60 days after the date of  
14 the enactment of this subparagraph  
15 and in the year in which this subpara-  
16 graph is enacted; or

17 “(II) furnished in any subsequent  
18 year that is prior to a year in which  
19 the Secretary conducts and publishes,  
20 as part of the Medicare Physician Fee  
21 Schedule Proposed Rule for a year,  
22 the empirical analysis described in  
23 clause (ii).

24 “(ii) EMPIRICAL ANALYSIS DE-  
25 SCRIBED.—The empirical analysis de-  
26 scribed in this clause is an analysis of the

1 Resource-Based Relative Value Scale (com-  
2 monly known as the ‘RBRVS’) Data Man-  
3 ager information that is used to determine  
4 what, if any, efficiencies exist within the  
5 professional component of imaging services  
6 when two or more studies are performed  
7 on the same patient on the same day. Such  
8 empirical analysis shall include—

9 “(I) work sheets and other infor-  
10 mation detailing which physician work  
11 activities performed given the typical  
12 vignettes were assigned reduction per-  
13 centages of 0, 25, 50, 75 and 100  
14 percent;

15 “(II) a discussion of the clinical  
16 aspects that informed the assignment  
17 of the reduction percentages described  
18 in subclause (I);

19 “(III) an explanation of how the  
20 percentage reductions for pre-, intra-  
21 and post-service work were deter-  
22 mined and calculated; and

23 “(IV) a demonstration that the  
24 Centers for Medicare & Medicaid  
25 Services has consulted with practicing

1 radiologists to gain knowledge of how  
2 radiologists interpret studies of mul-  
3 tiple body parts on the same indi-  
4 vidual on the same day.”.

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