



April 22, 2024

Pat Geraghty
President and CEO
Florida Blue
P.O. Box 1798
Jacksonville, FL 32231

Dear Mr. Geraghty:

The American College of Radiology, representing more than 41,000 diagnostic and interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, including approximately 2,500 members in the state of Florida, is writing to express concern about a recently announced payment policy change that will severely affect radiologists' ability to provide high quality imaging services to patients. In particular, we wish to voice staunch opposition to efforts by Florida Blue to apply a multiple procedure payment reduction (MPPR) to the professional component of imaging services administered to the same patient, by the same physician or physician group, on the same day.

As an organization representing physicians who specialize in diagnosing both severe injuries and life-threatening diseases, we are deeply troubled by this latest attempt to undervalue the role of radiologists within the health care delivery process. We believe that the imposition of an MPPR policy to the professional component of diagnostic imaging services will alter the ability of patients to benefit from multiple imaging exams at the same session, and thereby greatly reduce patient access to independent and community hospital-based radiology practices. Therefore, it is imperative that Florida Blue rescind this payment policy change immediately.

The decision to apply an MPPR to the professional component of diagnostic imaging services is rooted in the incorrect assumption that there are significant efficiencies when radiologists interpret successive imaging studies during a single patient visit. Unfortunately, this logic fails to recognize that radiologists are morally and professionally obligated to expend an equal amount of time, effort, and skill on interpreting images, irrespective of whether or not previous examinations have been performed on the same day, or the modality or section of the body under examination. Clinical settings where patients will require multiple examinations on the same day include severe trauma, cancer diagnosis and follow-up and stroke, making the overall medical complexity of patients requiring multiple examinations typically greater than patients requiring single examinations.

In essence there are two potential scenarios:

- 1) The second (or higher) exam is of the same anatomic area as the first. In that case, the radiologist's work is **increased** as comparison with the earlier exam is necessary to determine if there is any interval change.
- 2) The second (or higher) exam is of a separate anatomic area as the first. In that case, as stated above, all elements of that exam need to be interpreted independent of the first with NO efficiency.

Of further concern is the application of this professional component MPPR for imaging services performed by the same physician **or physician group**. By definition, it is a distinct and separate session when two physicians are involved in providing professional services to a patient on the same day, and absolutely no efficiencies occur when more than one radiologist is involved in furnishing the professional components of multiple advanced imaging services.

Within the field of radiology, physician shortages are a very real current issue. It is especially problematic because of the central role that imaging and minimally invasive image guided therapies play in virtually every significant episode of patient care. No foreseeable relief is seen in the radiologist shortage while the amount and complexity of exams and procedures is increasing, leading to delays in diagnoses and surgical intervention. Additionally, the radiology marketplace is national, therefore Florida-based radiologists may seek employment in states not devaluing their professional services, hence exacerbating work force shortages.

The ACR believes that expansion of the MPPR policy to the professional component of imaging services will particularly impact radiologists in small practices or rural hospitals and imaging facilities, as frequently there is only enough volume to support a single radiologist in rural locations. Frequently in small practices, there will be instances where patients have multiple advanced imaging services that are in clinically separate sessions but interpreted by the same radiologist. Small practice and rural radiologists are providing a valuable and much needed service to areas of the country that are often in remote locations and should not be penalized for providing efficient care.

The ACR is deeply concerned that these cuts to imaging services will greatly undermine our members' ability to provide high quality patient care. It is important that Florida Blue recognize that these changes to physician reimbursement policy are contrary to appropriate clinical practice and not supported by sound data analysis and, if implemented, will adversely affect patient access. Should you have any questions, please do not hesitate to contact Katie Keysor, Senior Director, Economics and Health Policy at kkeysor@acr.org. We would be happy to set up a meeting to discuss our concerns about this policy further.

Sincerely,



William T. Thorwarth, Jr., MD, FACR
Chief Executive Officer