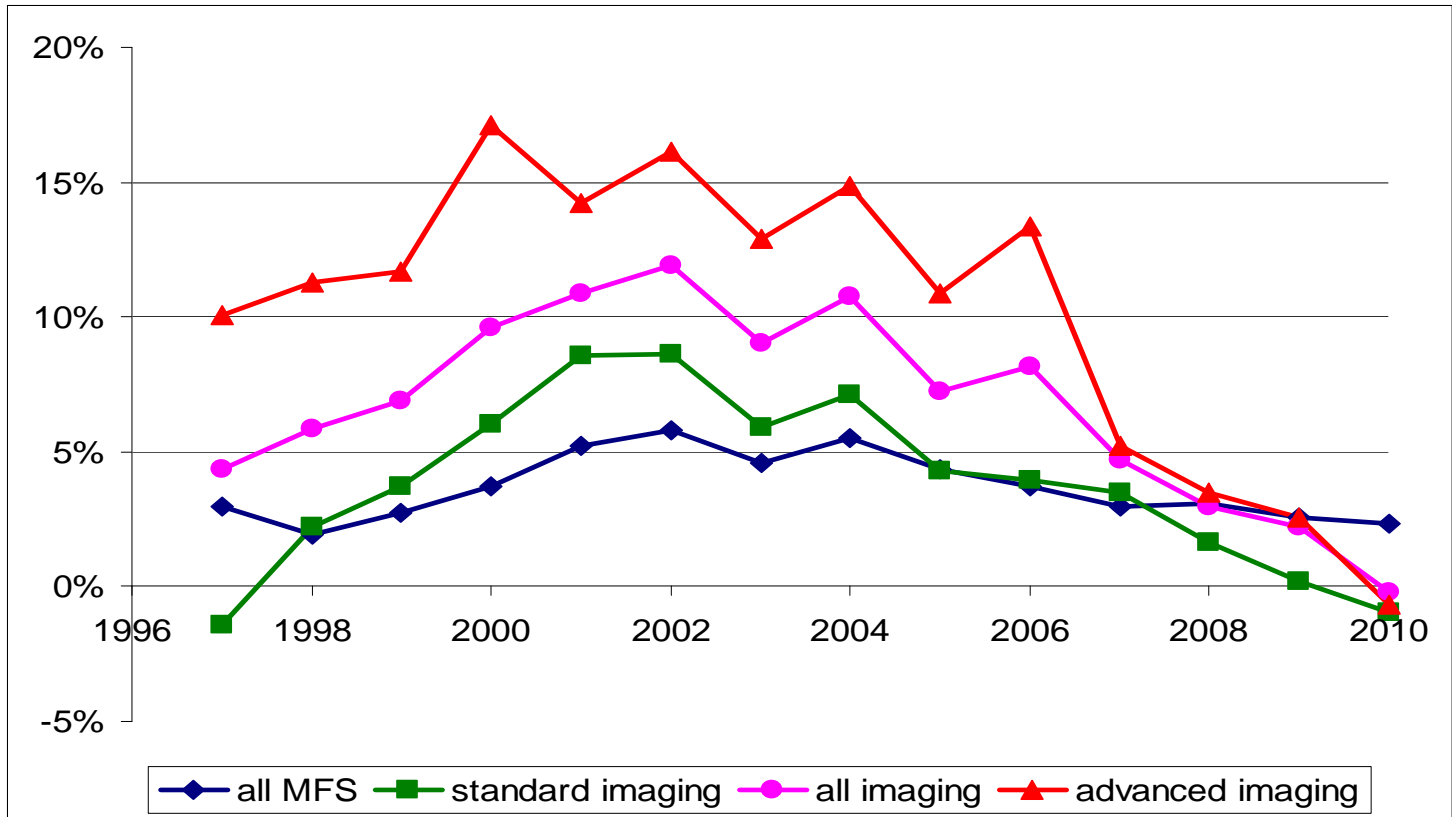


Attachment A

<b>Change in National Medicare Payment 2006 – 2011</b> <b>High Volume Imaging Services with a 25% or Greater Decrease in Payment</b> <b>Examples</b>						
<b>CPT Code</b>	<b>CPT Long Descriptor</b>	<b>2006 Medicare Non-Facility Payment</b>	<b>2011 Medicare Non-Facility Payment</b>	<b>Decrease</b>	<b>Percent Change</b>	<b>Estimated Medicare Utilization 2010</b>
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$574.53	\$417.23	-\$157.30	-27%	1,149,351
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$585.52	\$434.56	-\$150.96	-26%	592,272
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	\$657.90	\$213.37	-\$444.53	-68%	268,643
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$580.59	\$423.01	-\$157.58	-27%	182,707
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$125.06	\$92.42	-\$32.64	-26%	177,656
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	\$564.29	\$234.10	-\$330.19	-59%	150,414
75962	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	\$658.28	\$213.03	-\$445.25	-68%	135,260
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	\$563.54	\$216.09	-\$347.45	-62%	113,548
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	\$572.25	\$270.79	-\$301.46	-53%	94,380
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$700.35	\$477.71	-\$222.64	-32%	2,559,717

## Annual Change in Medicare Outpatient Imaging Volume Per FFS Beneficiary



### Volume Growth for Medicare Physician Payment Schedule Services

- The volume and intensity of services covered under the Medicare physician fee schedule (MFS) grew at an annual rate of about 2% to 3% in the early years of the SGR, accelerated to 4.5% to 6% in 2000 to 2004, decelerated to 3% to 4% from 2005 to 2009, and dropped to an estimated 2.4% in 2010.

### Volume Growth in Imaging

- Annual growth in imaging services volume and intensity has followed the same general pattern but with more dramatic fluctuations.
- Medicare spending on advanced imaging grew from \$1.2 billion in 1996 to \$5.1 billion in 2006, but had fallen back to an estimated \$4.3 billion in 2010 due to significant pay cuts.
- Volume and intensity growth in standard imaging has been trending steadily downward since 2004 and growth rates for advanced imaging volume have trended downward since 2007.
- For both advanced and standard imaging, the estimated volume and intensity of services declined in 2010.
- PET scans and, since 2006, particularly PET scans for tumor imaging, have been a major factor in volume growth for advanced imaging, due to expanded Medicare coverage for PET scans and the high value of PET scans for tumor imaging in cancer care.