

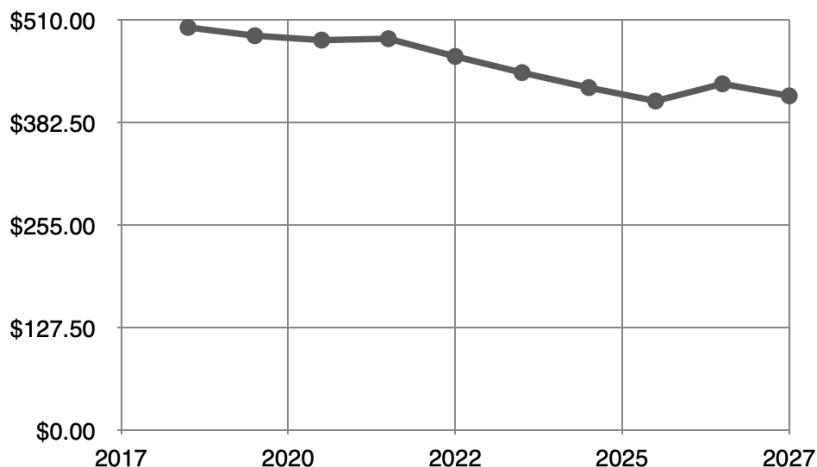
## SUPPORT PATIENT ACCESS TO CARE THROUGH PHYSICIAN PAYMENT STABILITY AND ADEQUACY

The American Society of Nuclear Cardiology (ASNC) calls on Congress to support payment stability and adequacy of Medicare physician payment through comprehensive reform of the Medicare Physician Fee Schedule (PFS), including:

- Annual payment updates tied to the Medicare Economic Index (MEI);
- Revision of budget-neutrality requirements to avoid cuts to the conversion factor in the future; and
- Simplification and improved clinical relevancy of the Merit-based Incentive Payment System.

As one of the few Medicare providers without a payment update tied to inflation, physicians have watched their inflation-adjusted payments decline 33% from 2001 to 2026. An annual inflationary update will allow practices to better absorb periods of high inflation that lead to increased practice and staffing costs.

Physician payments are further eroded by frequent and large payment redistributions caused by budget neutrality. Revising budget-neutrality requirements should be a top priority for Congress. Because of changes to clinical labor pricing inputs, nuclear cardiology practices faced 4 years (CY 2022-2025) of phased-in payment reductions. When the Centers for Medicare & Medicaid Services (CMS) finalized new clinical labor pricing inputs, the rate per minute for a nuclear medicine technologist increased from \$0.62 to \$0.88, a 43% increase. Because nuclear cardiology is allocated a lower share of direct costs associated with clinical labor and uses high-cost supplies, the result was a significant decrease in payment for nuclear cardiology services, including a 12% cut to myocardial perfusion imaging. These cuts were fundamentally unfair. While wages rose and increased payments were justified, CMS imposed a cut to preserve budget neutrality.



78452 — Myocardial perfusion imaging, tomographic (SPECT)

CY2022-2025 reflects phase-in of new clinical labor pricing inputs, cuts to the conversion factor (CF) and no inflationary update.

CY2026 reflects the 2.5% increase to the CF set by Congress.

CY2027 is a projection based on the expiration of the 2.5% but does not account for other factors that could impact the CF.

## HOW MEMBERS OF CONGRESS CAN HELP

**Support a permanent annual inflation adjustment to the Medicare PFS tied to the MEI.**

**Cosponsor the *Provider Reimbursement Stability Act (H.R. 8163)*, which would:**

- Make long-overdue changes to the PFS budget-neutrality requirements, including raising the current \$20 million budget-neutrality trigger to \$54.3 million;
- Require CMS to update the direct cost inputs for practice expense RVUs on a more frequent basis to mitigate misalignment between reimbursement rates and the actual cost of providing services; and
- Stabilize PFS payments by setting a cap of 2.5% annually on positive and negative changes to the Medicare PFS conversion factor.