Virginia Radiological Society

American College of Radiology

ACR Update

Timothy A. Crummy, MD, MHA, FACR

Commissioner, Human Resources
Board of Chancellors
American College of Radiology

August 2, 2025

ACR.org

Disclosures

- My ACR Conflict of Interest Disclosure is accurate and up to date.
- I have no disclosures relevant to the presentation

Virginia Radiological Society

- 1925
- 22 Chapter Awards in last 20 years!
  - Excellence in:
    - Government Relations – 2006, 2008, 2023, 2024
    - Membership – 2005, 2011, 2017, 2019
    - Communications – 2007, 2009, 2010, 2011
    - Meetings & Education – 2021, 2022
    - Quality & Safety – 2020
    - Overall Excellence – (6 times!!) 2006, 2007, 2008, 2009, 2010, 2011

Virginia Radiological Society

2024 Fellows

- Jennifer Nathan Forero, MD FACR

2025 Fellows

- James Baylous, MD FACR
- Frank Thornton, MD FACR

ACR Leadership 2025 - 2026

Vice-Chair, Board

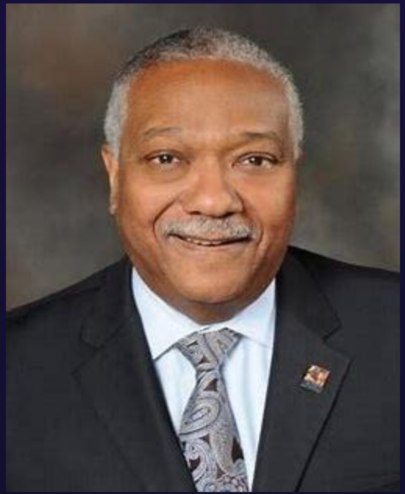
Christoph Wald
Vice Chair

Chair, Board

Alan Matsumoto
Chair

President

Timothy Swan
President



Johnson Lightfoot
Vice President

Eric Rubin
Vice Speaker

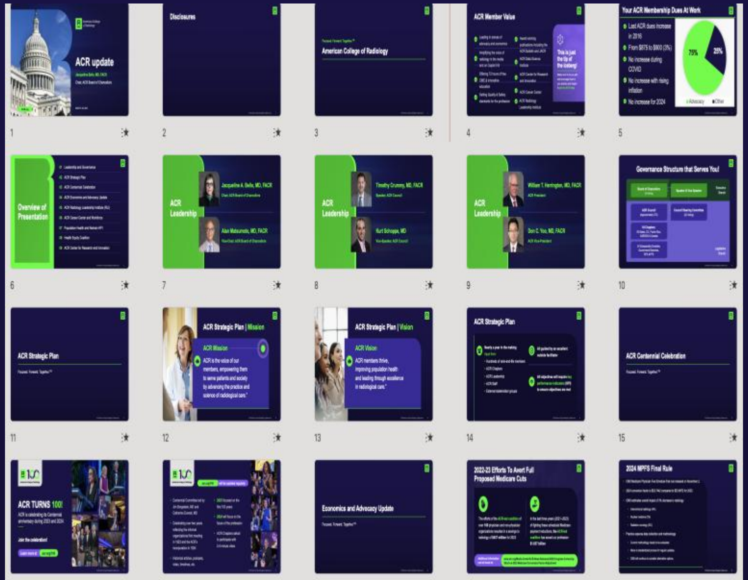
Kurt Schoppe
Speaker

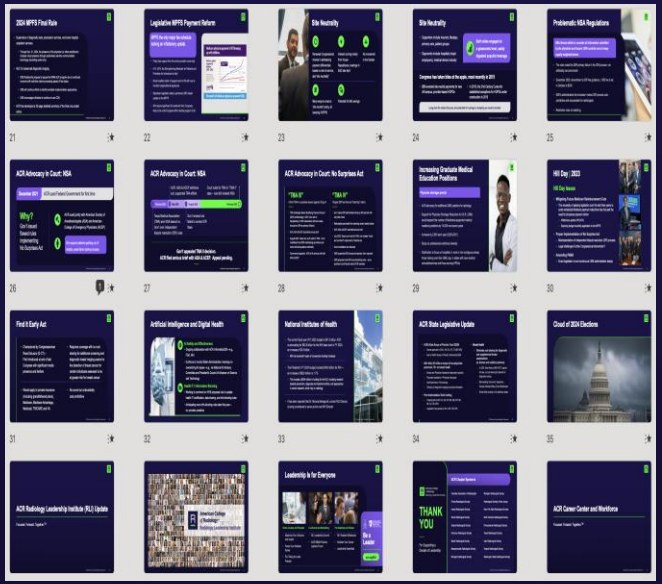
VRS @ ACR

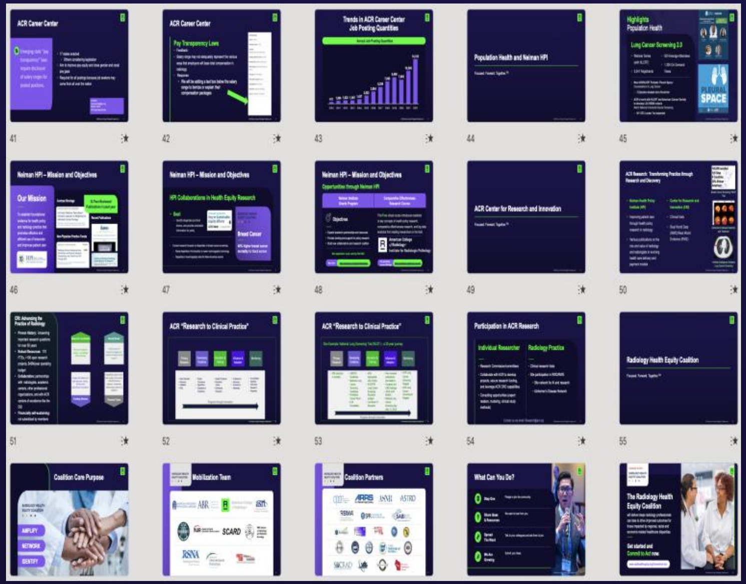
- Alan Matsumoto, MD, FACR
- Arun Krishnaraj, MD, MPH, FACR

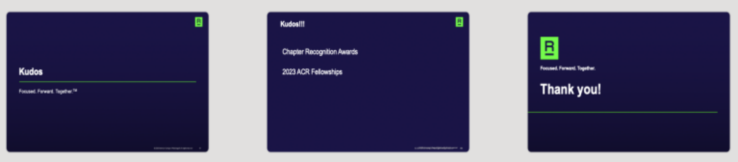
- David Boyd, MD, MBA

Not Today!









Today

- Radiology is an enormously broad, complex field
  - ~ 40,000 radiologists, ~ 1,000 new radiologists annually
  - 100,000s technologists, administrators and other employees
  - Clinical care
  - Research
  - Education
  - Business
- So is ACR – broad, complex organization

ACR Programs & Services

ACR Programs & Services
Purple denotes new or improvements in past 5 years

ACR 2024
Washington, DC
April 13–17

Member & Chapter Support
19 Specialty commissions
Medical Student Support
PIER Program
Resident & Fellows Section
Young & Early Career Section
Medical Student Section
Senior & Retired Section
Awards & Honors
Member Wellness
JACR
ACR Bulletin
Career Center
Chapter Services
Website
AMA Delegate support
Supported by Personify — transitioning to SalesForce/Nimble
Engage

ACR Annual Meeting

Advocacy
Economics
Payment Models
RUC/PEAC
Medicaid, Carrier Advisory, Managed Care, & Coding and Nomenclature Committees
Partnerships & Coalitions
RADPAC Administration
Lobbying activities
ARR support
Gov't Relations: State & Fed
Radiology Advocacy Network
State SOP Grant Fund

Education
CME Compliance
DXIT/TXIT & RadExam
Education Center
Ed Center MicroCourses
AIRP
Case in Point
Continuous Professional Improvement
Radiology TEACHES
Rectal Cancer Staging
RLI

Task Forces/Blue Ribbon Panels
Environmental Sustainability
Fluoro Safety
Population Health

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ACR Programs & Services
Purple denotes new or expansion in past 5 years

ACR 2024
Washington, DC
April 13–17

Quality & Safety
Health Equity Coalition
Lung Cancer Screening
RADS Content
Breast Imaging Lexicon
Radiologyinfo.org
ImageWisely
RADPEER/RADMPROVE
Moore Foundation Award
TCPI & RSCAN Grants
ACRedit Plus

Accreditation
10 modalities
Average 2% growth in revenue
DICOE
Supported by ACRedit & TRIAD applications
Future support from ACR Connect

Appropriateness Criteria
Updated guidelines
Clinical Decision Support
Supported by Gravitas

Registries
7 registries
MIPS Reporting
Supported by NRDR, Assist & CORTEX applications
Future support from ACR Connect
ANCIRR

Research
Head Injury Institute
Health Policy Institute
Federal grants
CURE State of PA awards
Industry Funding
Registries (IDEAS, MIDRC)
Supported by RMS, DART, TRIAD
Future support from ACR Connect

DSI & Informatics
Supported by DART, Assist,
AI Lab, ACR CASCADE, and ACR Connect applications

Too many to list

Supporting Services
Legal
Compliance
Conflict of Interest
Finance & Accounting
Executive & Leadership
Human Resources
Strategy Management and Foresight
BOC & CSC Governance
IT Infrastructure, Cybersecurity & Data analytics
Marketing
Conference/Exhibit presence
Brand Refresh
Social Media
Public Relations
Association & Meetings Services
Building/Facilities Operations

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Today

- What makes a radiologist want to be a member
  - Varies a lot (“different strokes for different folks”)
  - Mine: economics & radiologist reimbursement issues
  - Others: education, research, advocacy, Quality & Safety, …

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Radiology
- Enormous & Complex Field
- No individual can do it all
- But it all needs to get done
  - For patients
  - For radiology – to remain an indispensable field

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ACR

- Accomplish for rads what individual rads cannot accomplish themselves
  - Because of time, interest, expertise
  - But important nonetheless

ACR Jeopardy

ACR Jeopardy

Quality & Safety	State Legislation	Federal Legislation	Economics & Reimbursement
$100	$100	$100	$100
$500	$500	$500	$500
$1000	$1000	$1000	$1.4 Billion

ACR Jeopardy

Quality & Safety	State Legislation	Federal Legislation	Economics & Reimbursement
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$1000	Scope of Practice	$1000	$1.4 Billion

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ACR Jeopardy

Quality & Safety	State Legislation	Federal Legislation	Economics & Reimbursement
$100	$100	$100	$100
$500	$500	$500	MPPR
$1000	Scope of Practice	$1000	CPT Coding

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American College of Radiology

- Scope of Practice
- Reimbursement / Economics - CPT
- Reimbursement / Economics - MPPR

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American College of Radiology

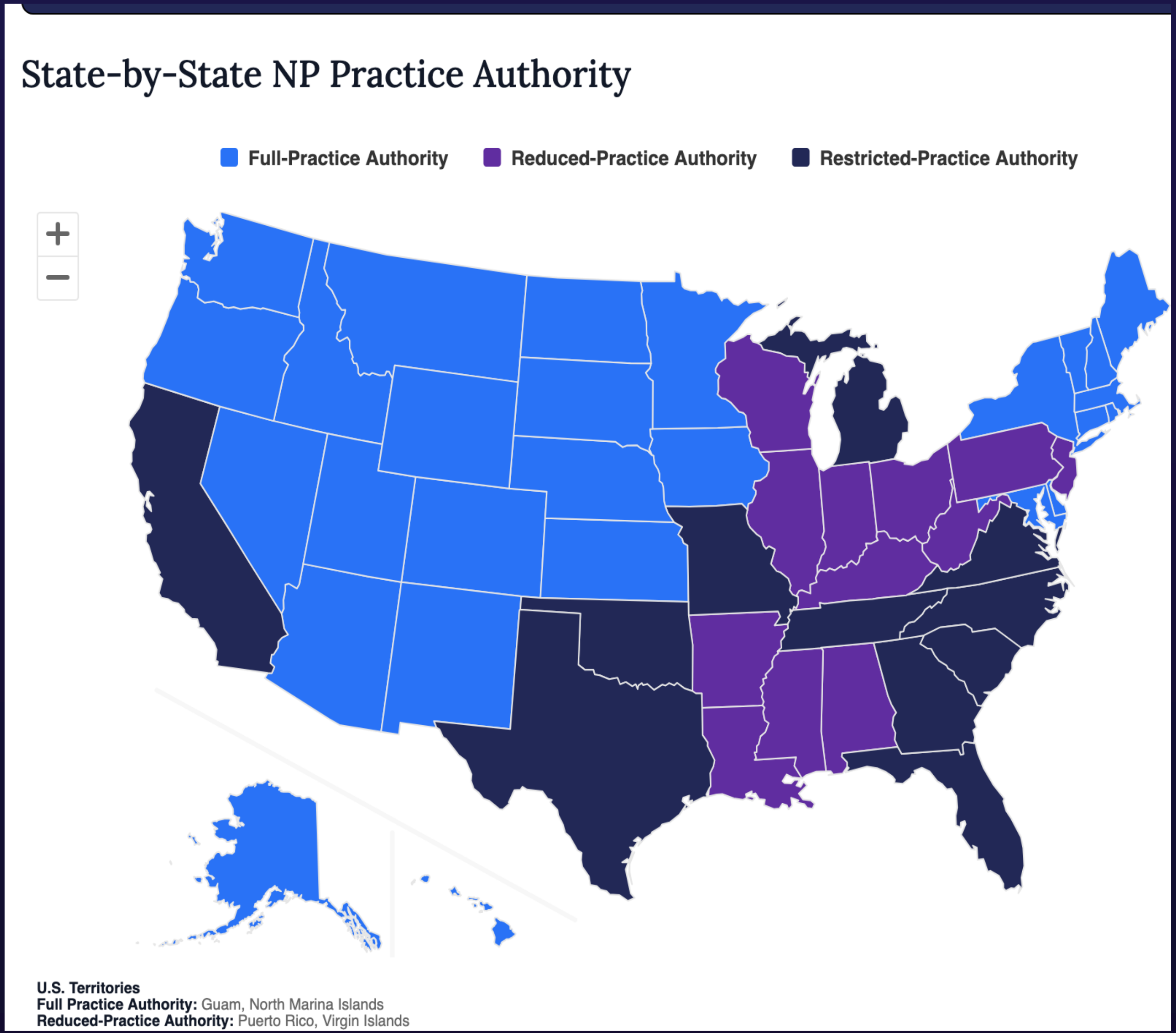
- Scope of Practice
- Reimbursement / Economics - CPT
- Reimbursement / Economics - MPPR

Scope of Practice (SOP)

- 2000s – “Turf” – rads concerned about non-RADIOLOGISTS doing radiology
  - Concerned about not enough work for radiologists
- 2020s – SOP – rads concerned about non-PHYSICIANS doing radiology
  - Concerned about not enough work for radiologists
  - Concerned about Quality and lack of training
  - And … it dismisses the value of our training

Scope of Practice (SOP)

- EVERYWHERE:
  - ACR's 2/29/2024 Advocacy In Action newsletter
    - IN, MI, MN, MS, MO,
    - NH, NY, RI, SD, VA
    - WI, …
  - NP full practice authority: 27 states
  - VA: full practice authority -- (3 years experience)



Scope of Practice (SOP)

- “So What? Who Cares”
  - 1994: 0.01% of imaging → 2015: 1.27%
  - 2016 – 2020:
    - NPP interpretations increased 28.8%
    - 3% of all imaging

Scope of Practice (SOP)

- "So What?"
  - 1994: 0.01% of imaging → 2015: 1.27%
  - 2016 – 2020:
    - NPP interpretations increased 28.8%
    - 3% of all imaging
- Where is the growth?
  - Greatest in Metropolitan areas
  - No growth in rural and small towns
  - Greatest in states with the least restrictive Scope of Practice laws & regulations

Of NP & AP Interpretations

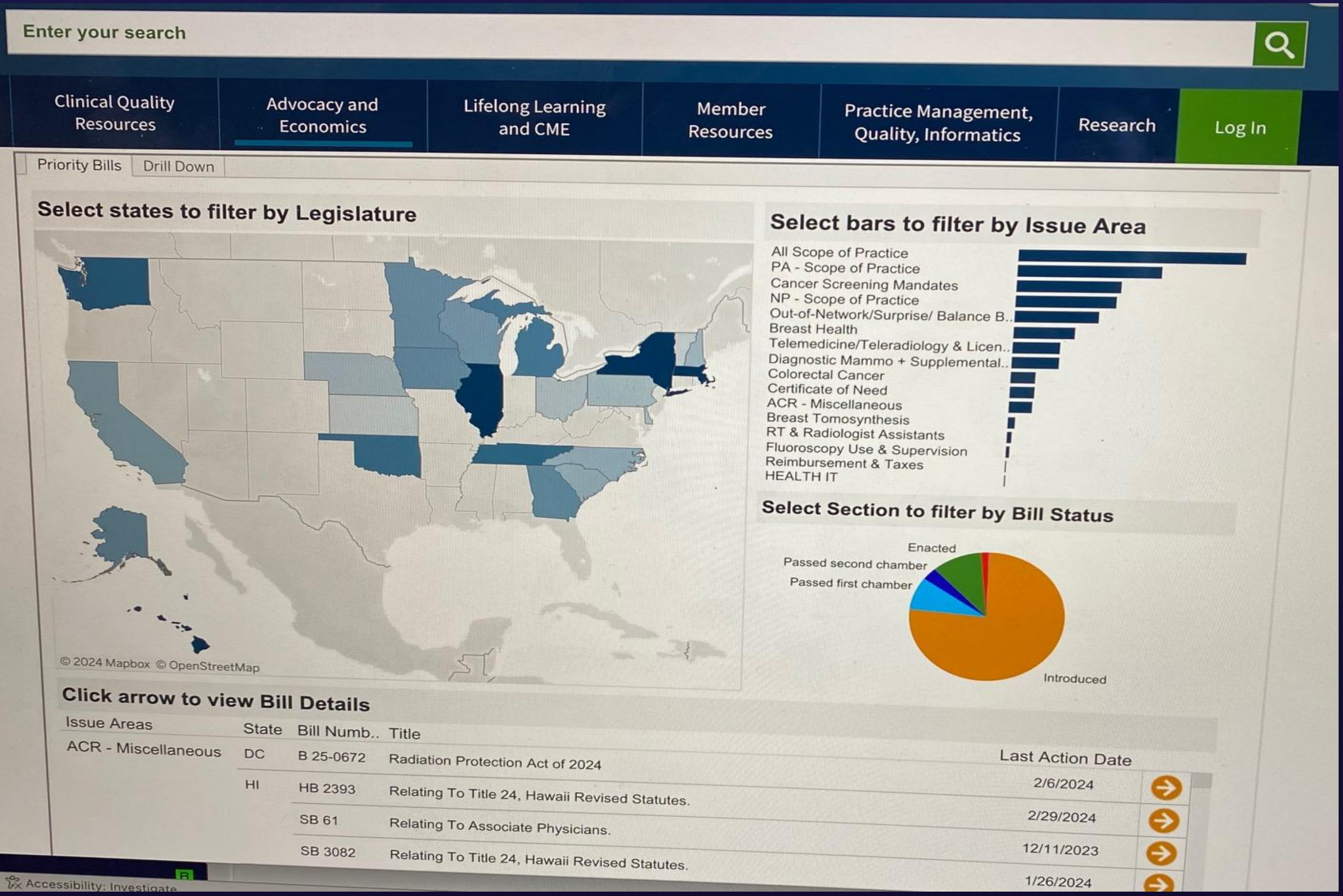
X-ray:	53%
US:	26%
CT:	13%
MRI:	5%
NM:	3%

Scope of Practice (SOP)

- Out numbered:
  - 1,050,000 physicians
  - ~ 40,000 radiologists
  - 385,000 NPs
    - 205,000 (2015) – 90% increase
    - 39,000 new NPs annually
  - 170,000 PAs
    - 115,000 (2015) – 950% increase

- Radiologists working TOGETHER is critical
  - ACR
  - Chapters

Scope of Practice (SOP)



- ACR tracks 100s of bills
- Resources to states
  - Information
- ACR Scope of Practice Fund

Scope of Practice Grants

- ACR State Scope of Practice Fund:

  "The ACR works with our state chapters to advocate at the legislative, regulatory and administrative levels for clear, sensible definition of scope for allied health professionals."

  - ACR support at state level (legislative, regulatory, administrative)

  - Supporting Scope that is:
    - practical, sensible, safe
    - that respects boundaries

Scope of Practice Grants

- **ACRA State Scope of Practice (SOP) Fund ($225K)** - 2021
  - Total Grants provided: $180K; 12 states
    - AL, IA, OK, NJ, NY
    - MI, PA, KS, WI, CT
    - TN, TX
  - Grants approved in 2024
    - MI, AL, IA, NY, OK, CT, TX, TN ($115,500)

Scope of Practice Grants

VRS
VIRGINIA RADIOLOGICAL SOCIETY

MSV[SM]
MEDICAL SOCIETY OF VIRGINIA

Pickral Consulting

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- Scope of Practice
- Reimbursement / Economics – CPT Coding
- Reimbursement / Economics – Payment Policy

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- Scope of Practice
- Reimbursement / Economics - CPT
- Reimbursement / Economics - MPPR

Radiology Reimbursement

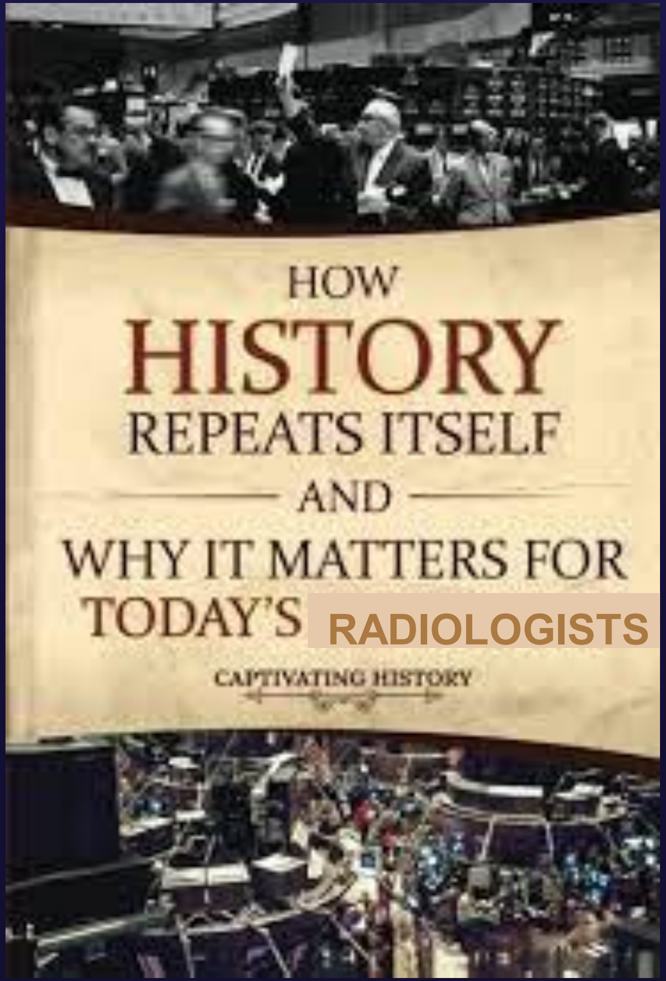
Radiology Reimbur$ement

1. Confidentiality Rules at CPT/CMS

Radiology Reimbur$ement

1. Confidentiality Rules

2. History repeats itself



Radiology Reimbur$ement

1. Confidentiality Rules

2. History repeats itself

3. “Winning” ~ “**<u>Minimizing</u>** Lo$$e$”

Radiology Reimbur$ement

CT Abdomen

+

CT pelvis

=

CT Abdomen-Pelvis

Radiology Reimbur$ement

Bundling

- Single pot of money for physicians
- Bundling → Re-valuing
- Re-valuing = DE-valuing

- CPT rules
  - 2006: > 90% together → bundled
    - CT abdomen & CT pelvis
  - Now: > 75%

A + B > (A+B)

Radiology Reimbur$ement

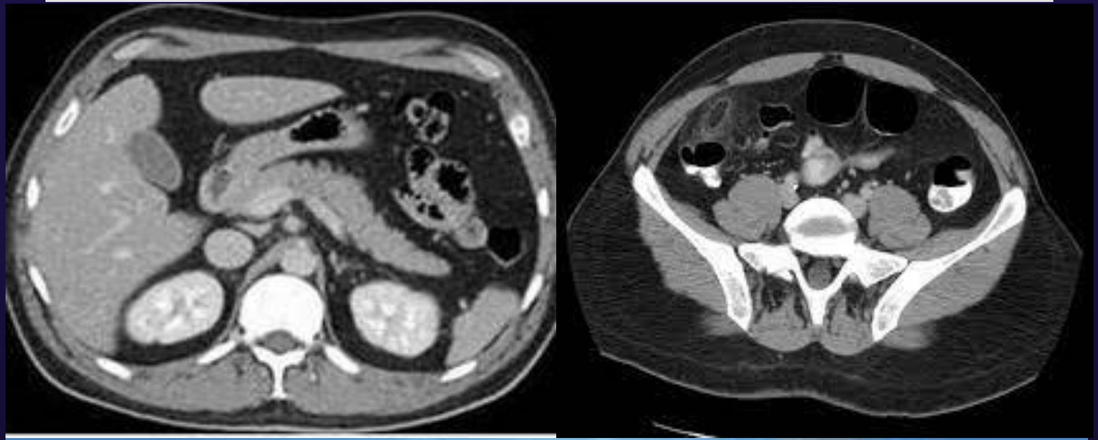
Bundling

- 2006
- Screen threshold = 90%

- Reality: > 90%
- Inevitable

- DELAY, DELAY, DELAY

CT Abdomen + CT Pelvis



Radiology Reimbur$ement

5 Year$

2006

2007

2008

2009

2010

Financial Impact of Medicare Code Bundling of CT of the Abdomen and Pelvis

David C. Levin[1,2]
Vijay M. Rao[1]
Laurence Parker[1]

$284.5 million/year

OBJECTIVE. On January 1, 2011, the Current Procedural Terminology version 4 codes for CT of the abdomen and CT of the pelvis were bundled together. The relative value units attached to the new single codes were lower than the sum of the relative value units accruing to the two separate codes. The purpose of this study was to assess the effect of this new policy on Medicare part B reimbursements for these studies.

MATERIALS AND METHODS. The nationwide 2001–2011 Medicare part B data files were used to select the codes for CT of the abdomen and pelvis before and after bundling occurred in 2011. Procedure volumes were ascertained, and utilization rates per 1000 Medicare beneficiaries were calculated. Aggregate Medicare reimbursements were determined, and Medicare specialty codes were used to determine the reimbursements to radiologists.

RESULTS. In 2011, use of CT of the two body regions remained approximately the same as in 2010 (before bundling), but because the two codes were bundled into one in 2011, the actual rate per 1000 decreased from 277.1 to 148.1. Medicare reimbursements for CT of the abdomen and pelvis had risen steadily from 2001 to 2005 but remained relatively stable thereafter through 2010. However, in 2011 reimbursements decreased from $971.5 million the previous year to $[illegible]87.0 million—a drop of $284.5 million (29%) in a single year. Radiologists experienced $21[illegible]6 million of this decrease.

CONCLUSION. Code bundling of CT of the abdomen and CT of the pelvis resulted in a large reduction in reimbursements for imaging.

It is generally known among radiologists that reimbursements for imaging have been sharply reduced by the Centers for Medicare and Medicaid Services (CMS). The largest cuts have resulted from mechanisms such as the Deficit Reduction Act of 2005, multiple procedure payment reductions, practice expense revaluation, and an increase in the assumed equipment utilization rate. Another recent addition to this list is code bundling [1, 2]. Code bundling can be defined as the combining of two or more existing Current Procedural Terminology version 4 (CPT-4) codes covering two or more physician services into a single code that covers all of those services. When bundling occurs, the old codes may either be discontinued or remain in existence (in case a provider performs the service separately or with another service not involved in the bundling). The request to bundle codes is usually instigated by CMS, but the new codes themselves are defined by the American Medical Association CPT editorial panel [2, 3]. Code bundling is currently done as part of a process to identify codes that are "potentially misvalued" [3]. CMS originally did this by using screens to find codes that were billed together more than 95% of the time, but it has broadened the scope of bundling by identifying codes billed together 75% of the time. When the codes are combined, or bundled, the new codes usually have lower relative value units (RVUs) than the sums of the codes they replace. Silva [3–5] has clearly explained this complex process.

An early instance of diagnostic imaging–related code bundling occurred with echocardiography starting in 2009. In 2010, radionuclide myocardial perfusion imaging was bundled with related codes for determination of left ventricular wall motion and ejection fraction. That same year, similar bundling occurred in coronary CT angiography as these services transitioned from level

Keywords: abdominal imaging, CT, medical economics, pelvic imaging, utilization

DOI:10.2214/AJR.13.11504

Received July 5, 2013; accepted after revision August 14, 2013.

[1]Department of Radiology, Center for Research on Utilization of Imaging Services, Thomas Jefferson University Hospital, 132 S 10th St, Main 1090, Philadelphia, PA 19107. Address correspondence to D. C. Levin (david.levin@jeffersonhospital.org).

[2]HealthHelp, LLC, Houston, TX.

AJR 2014; 202:1069–1071

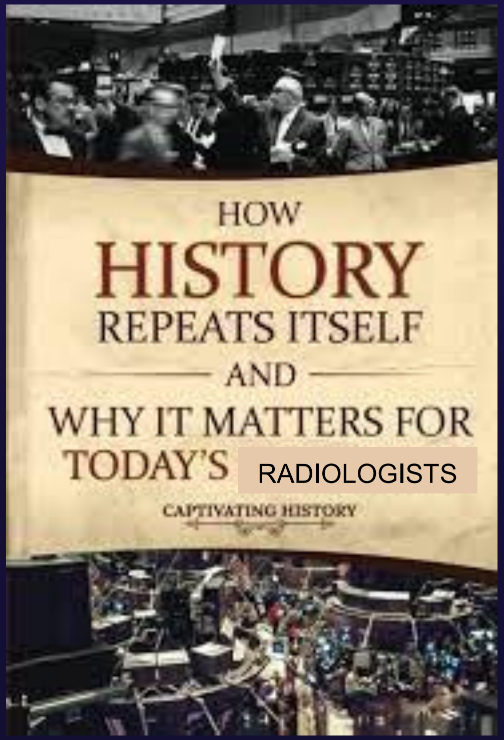
0361–803X/14/2025–1069

CT Abdm + CT Pelvis

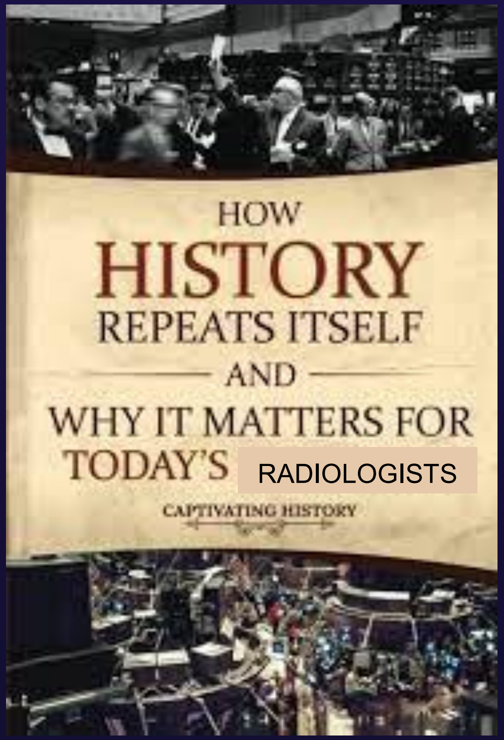
- 2011 – bundled
  - CT abdm + CT pelvis = new value
  - 100% + 100% = 150%
  - 25% reduction
- DELAY, DELAY, DELAY
  - 5-yr net effect = $1,422,000,000
  - Yes, **BILLION**

Radiology Reimbur$ement

Radiology Reimbur$ement



Radiology Reimbur$ement



The Future

Bundling

- 2006: 90% threshold
- 2024: 75% threshold
  - Catches more codes

Radiology Reimbur$ement

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0361–803X/14/2025–1069

- Members' Interests
- Avoiding & Delaying hit$
- 24/7/365

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Econ & Reimbursement

$1.4 Billion

- Scope of Practice
- Reimbursement / Economics – CPT Coding
- Reimbursement / Economics – Payment Policy

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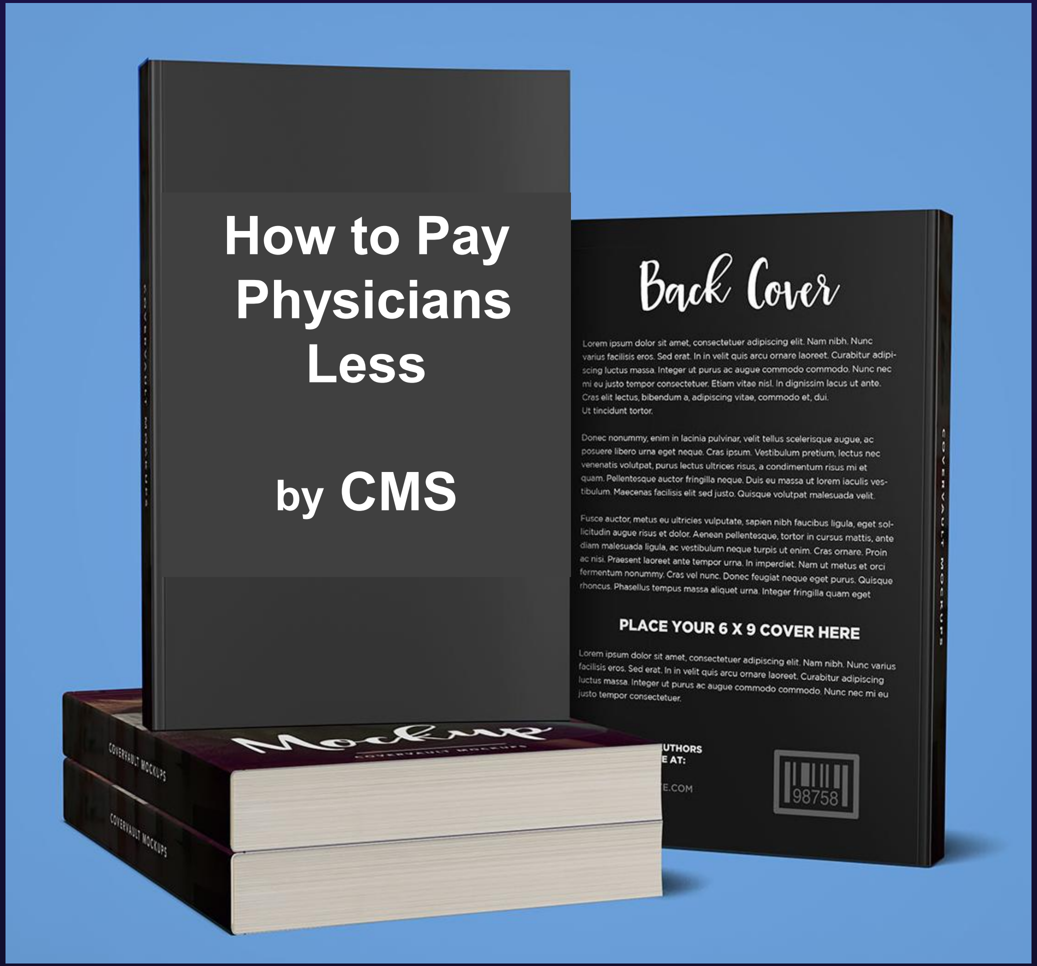
- Scope of Practice
- Reimbursement / Economics – CPT Coding
- Reimbursement / Economics – Payment Policy

MPPR



- Decrease the Conversion Factor
- Bundle Procedures (and payment)
- Medical Necessity (Coverage) limitations
- Deficit Reduction Act cuts (capping TC payments)
- **Multiple Procedure Payment Reduction (MPPR)**

MPPR

- MPPR = “Multiple Procedure Payment Reduction”

MPPR

- MPPR = “Multiple Procedure Payment Reduction”

$$1 + 1 =/= 2$$

$$1 + 1 < 2$$

MPPR

- "Efficiencie$"
- Over lapping work

We're not paying!

MPPR

- Surgery
- 90-day global payment
  - Surgical procedure
  - Inpatient follow up
  - Outpatient follow up

MPPR

- Radiology is different
- No 90-day global payment
  - Everything on same day
  - No follow up appointments (DR)

MPPR

- Deficit Reduction Act of 20025
  - $11 billion cut to Medicare & Medicaid
  - > 25% of total from Imaging ($2.8 billion)

- Technical Component (“TC”)
  - Acquiring images (scanner, tech, receptionist, contrast, IV, bandaid, electicity, …)
  - Everything except the PC

- Professional Component (“PC”)
  - Interpretation (radiologist’s report)

MPPR

- 2006 MPPR for radiology
    - TC only
    - Not cut to payment for interpretation (PC)

    - Same patient
    - Same day
    - Contiguous body parts
    - 25% reduction for the second imaging procedure

MPPR

- Technical Component reduction
  - Efficiencie$ (over lapping work) – eg. CT chest & abdomen
    - Check in once at reception
    - Safety questions once
    - Positioned on table once
    - One IV
    - One dose of contrast
    - ? Single acquisition
    - less time than two full time slots

MPPR

Year	Type	% Cut	Modality	Body Part	Applies To	When
2006	TC	25%	Same	Contiguous	-	Same day

MPPR

Year	Type	% Cut	Modality	Body Part	Applies To	When
2006	TC	25%	Same	Contiguous	-	Same day
2010	TC	50%	Same	Contiguous	-	Same day

MPPR

Year	Type	% Cut	Modality	Body Part	Applies To	When
2006	TC	25%	Same	Contiguous	-	Same day
2010	TC	50%	Same	Contiguous	-	Same day
2011	TC	50%	Different	Non-Contiguous	-	Same day

MPPR

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MPPR

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2011	TC	50%	Different	Non-Contiguous	-	Same day
2012	TC & PC	50% / 25%	Different	Non-Contiguous	Same radiologist	Same day

MPPR

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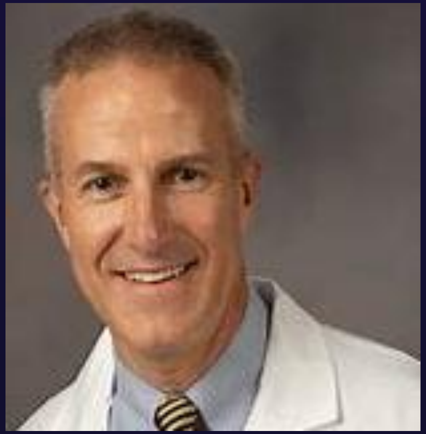
2011	TC	50%	Different	Non-Contiguous	-	Same day
2012	TC & PC	50% / 25%	Different	Non-Contiguous	Same radiologist	Same day
2013	TC & PC	50% / 25%	Different	Non-Contiguous	Same Rad Group	Same day

MPPR

MPPR

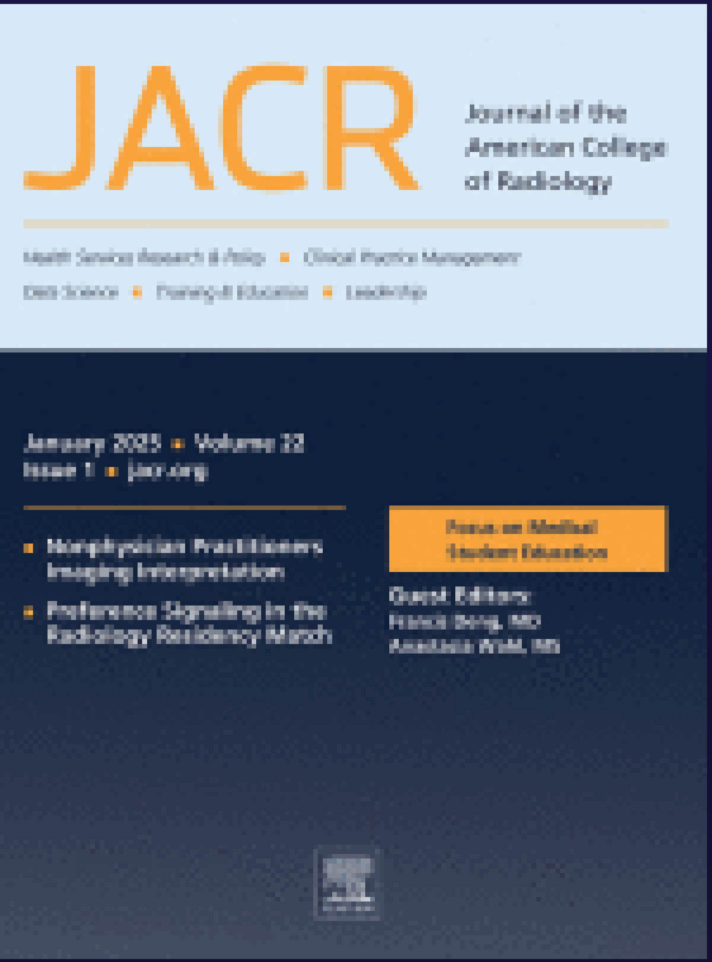


MPPR


Damn! That's Long.
Longest Hail Mary Passes In NFL History


JONES
89

MPPR



Professional Component Payment Reductions for Diagnostic Imaging Examinations When More Than One Service Is Rendered by the Same Provider in the Same Session:

Analysis of Relevant Payment Policy

Authors

Bibb Allen
William Donovan
Geraldine McGinty
Robert Barr
Ezequiel Silva III
Richard Duszak
Angela Kim
Pamela Kassing

MPPR

Diagnostic Imaging Services Access Protection Act

- 2011, 2012, 2013, 2014
- Lots of co-sponsor support

MPPR

Diagnostic Imaging Services Access Protection Act

- 2011, 2012, 2013, 2014
- Lots of co-sponsor support

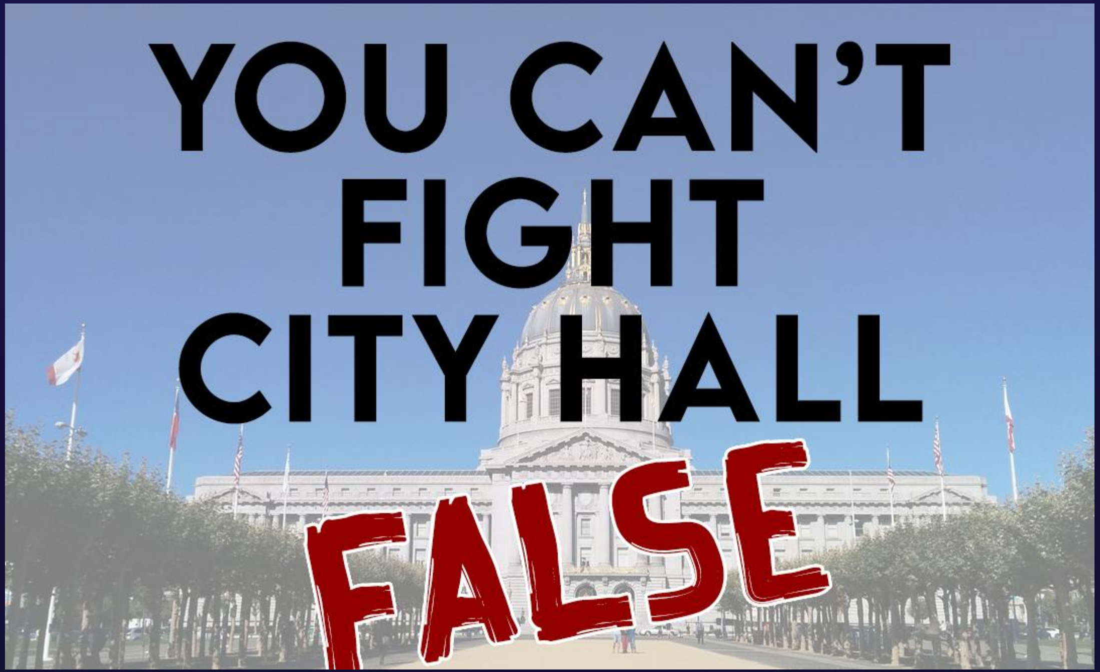
Protecting Access to Medicare Act (PAMA) of 2014

- Mandated CMS to quantify MPPR's supposed efficiencie$

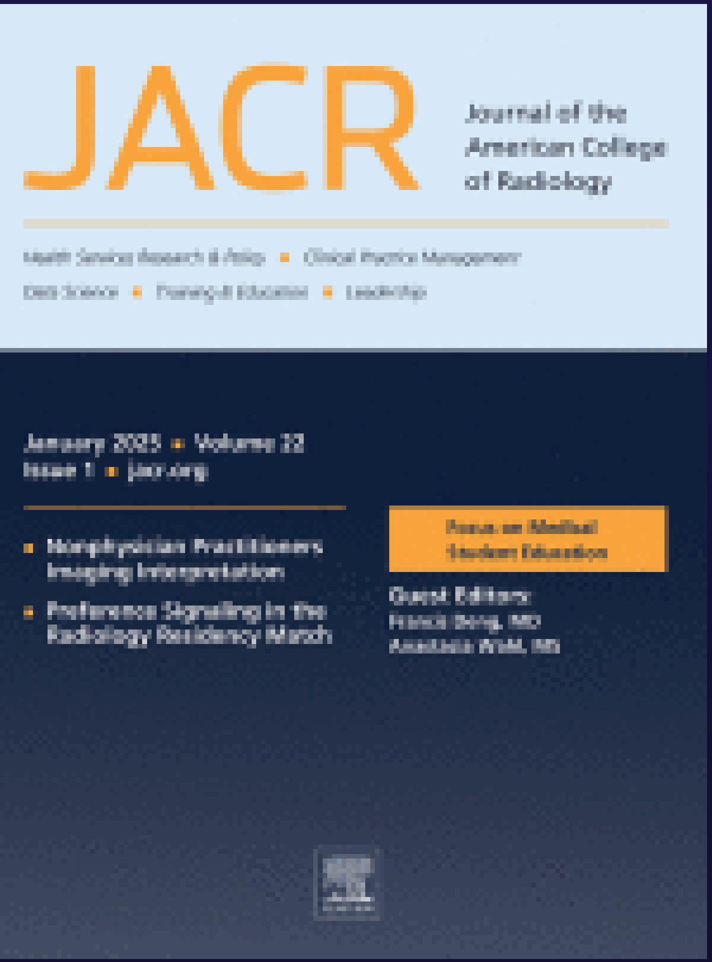
MPPR

- CMS never produced the report
- Congress was pissed
- Consolidated Appropriations Act, 2016
  - 25% → 5%

MPPR



MPPR



Radiologist Professional Payments After Mitigation of CMS's Multiple-Procedure payment Reduction Initiatives

Authors

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MPPR

- Using 2012 – 2014 data
- “Very conservative” assumptions

- $55 – 64 million annually

MPPR

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MPPR

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- 2012 – 2014: ~ 15% increase
- Assuming 7.5% increase & $60M

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- 2017 – 2026: $848 million

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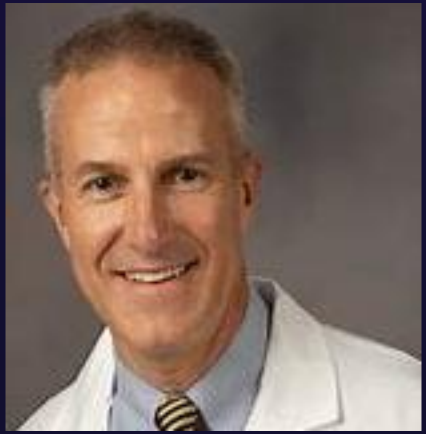

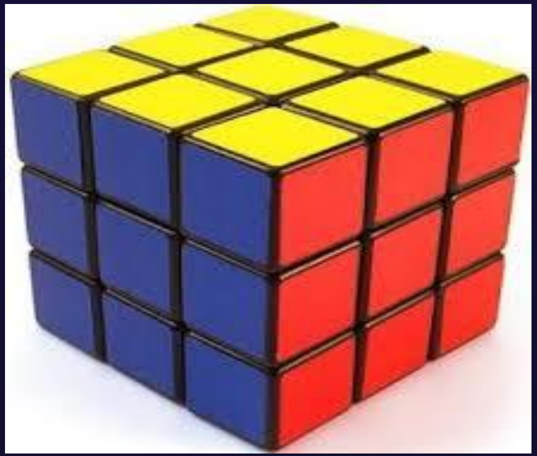

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- Scope of Practice
- Reimbursement / Economics - CPT
- Reimbursement / Economics - MPPR

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Thank you!

VRS

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