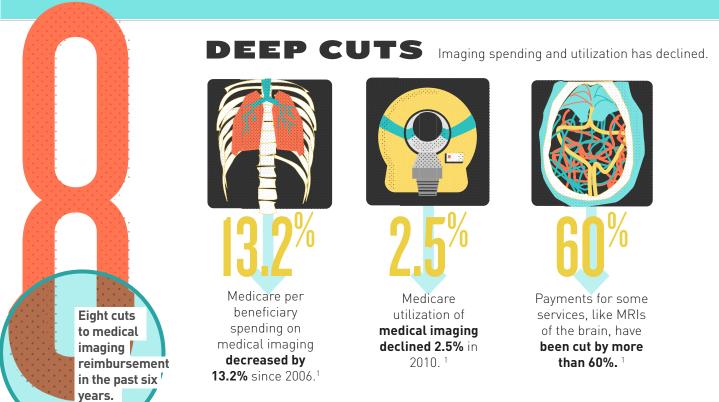
REDUCED IN AGING REINBURSEMENTS HARM CARE Fight cuts to medical imaging in six years have hurt patient access and undercut the benefits of early detection. Additional reimbursement cuts and prior authorization proposals will create more barriers to life-saving medical

imaging services that could threaten seniors' health and well-being.



Medicare spending on non-imaging services grew 20% since 2006.

PRIOR AUTHORIZATION & COVERAGE DELAYS



Nearly two-thirds **(63%)** of physicians typically wait several days to receive preauthorization from an insurer for tests and procedures. ²



More than half **(52%)** of physicians report appealing **80% or more of insurer** rejections on first-time preauthorization requests for tests and procedures. ²



Nearly half of physicians **(43%)** report that first-time preauthorization requests are "often" reviewed by an insurer representative without medical training. ²



In a study of 4,360 Patient Advocacy Foundation imaging cases from June 2007 to June 2011, patients **waited an average of 7.5 working days** for coverage decisions for scans.²

PATIENT HEALTH THREATENED

Further cuts to advanced medical imaging reimbursements will make it harder for doctors – and their patients – to access lifesaving technologies.

Decreased Access to Mammography





FOR EXAMPLE:

fewer DXA bone density screenings between 2007 and 2009

In January 2007 cuts began. ³



By January 2012, there were **214 fewer mammography** facilities and **1,256 fewer** scanners. ³



Those tests may have prevented approximately 12,000 fractures ³







SOURCES

1. http://www.medicalimaging.org/2011/11/new-data-shows-decline-in-medical-imaging-spending-and-utilization-within-medicare-program/

2. http://www.ama-assn.org/ama1/pub/upload/mm/399/preauthorization-survey-highlights.pdf

3. http://content.healthaffairs.org/content/30/12/2362.abstract