

MEDICARE ACCESS TO RADIOLOGY CARE ACT (MARCA)

Enhance Quality Patient Care: Support Medicare Access to Radiologist Assistant

With approximately 68 million people enrolled in Medicare across the country, it is critical to ensure patients have timely access to quality medical imaging and radiologic services. The Medicare Access to Radiology Care Act (MARCA) will ensure that the radiologist-led team is able to fully rise to meet the needs of all patients.

There are current gaps in Medicare reimbursement that impact patient access.

- Although Medicare recognizes radiologist assistants as qualified to perform certain services under direct supervision of a radiologist as part of a radiologist-led team, the radiology practices that employ RAs are **unable** to submit claims to Medicare for most RA performed services in hospitals and office settings where they normally work.
- In the CY 2019 Physician Fee Schedule Final Rule, the Centers for Medicare & Medicaid Services recognized the RA as a member of the radiologist-led team who can provide services under revised supervision levels. Legislation is still needed to allow radiologists to submit claims to Medicare for nondiagnostic services performed by the RAs they directly supervise in the hospital and office setting as well as diagnostic services in hospitals.
- MARCA allows RAs to be fully utilized in radiology practices to provide high-quality, efficient and cost-effective care to patients. An RA is a midlevel provider for the medical imaging and radiation therapy profession who performs procedures under the direct supervision of a radiologist, a physician who specializes in diagnosing and treating conditions and injuries using imaging equipment, such as computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound.
- RAs always provide services as part of the radiologist-led team under the supervision of a radiologist, thus ensuring the continuation of high-quality care. RAs' advanced education and training enable them to perform assessments and procedures, but they are not allowed to perform final interpretation of images or prescribe medications or therapies.



“Since integrating RAs into our radiology practice, our efficiency has increased, as has our ability to provide even better and safer care to our patients by giving them access to a knowledgeable staff member who can provide them with additional education and the chance to ask questions. Wait times for procedures and for consultations have decreased.”

**Hedvig Hricak, M.D., Ph.D.,
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RAs allow radiologists to focus on interpretations, thus enhancing patient safety and outcomes by providing more timely information that can affect diagnosis and treatment.

MARCA is supported by 117 national, state and local organizations and companies including the American College of Radiology, American Registry of Radiologic Technologists, American Society of Radiologic Technologists, and Society of Radiology Physician Extenders.

RAs enhance quality and do not increase patient volume.

RAs enhance the quality of patient care without increasing patient volume. The benefits of integrating RAs into radiology departments have included:

Efficiency. RAs make radiology practices and departments more efficient. They free up the radiologist to spend more time on interpretations, which enhances outcomes. RA involvement also ensures that the radiologist is readily available for consultations and complex and emergent cases. Radiology is referral-based care. The radiologist is not freed up to do more procedures, but rather to spend more time on the tasks that only he or she is qualified to perform.

Time & Attention. RAs can often spend additional time with the patient before and after the procedure for questions and instructions, giving the patient greater opportunity to ask detailed questions and become well-informed about their procedure.

Decreased Wait Times. RAs help reduce wait times for procedures and consultations. This has significantly increased patient satisfaction and reduced employee overtime.

Specialized Training. RAs are specially trained in radiation safety and image quality that affects diagnostic value. This unique and essential training ensures the best possible image at the lowest possible radiation dose.

Rural Access. In critical access and small rural hospitals with fewer than 100 beds, Medicare has suspended some supervision requirements, allowing RAs to practice where there may not be radiologists available.

