

Without your participation and data, fighting IR reimbursement cuts is nearly impossible

1. Question: What can you do now to have an impact on these cuts for CY 2022?

Answer:

- **Voices for IR**- send the call to action (CTA) to congress to prevent a Medicare payment reduction for IR. [Click here](#)
- **VIRTEX**- participation, this registry can help IR fight reimbursements cuts. [Click here](#)
- **SIRPAC**- donations go directly toward supporting political candidates who understand and support SIR interest. [Click here](#)

2. Question: Why is [VIRTEX](#) participation important?

Answer: This registry will help IRs fight reimbursements cuts. In this presentation, Dr. Matt Hawkins gives an example of when the MPFS proposed rule was released this year. The SIR economics team appealed to CMS that many IR office-based labs serve rural and underserved areas that treat lower-extremity PAD and dialysis patients. In contrast, making the argument that these cuts in an office will adversely affect our patients. CMS asked how much is it going to affect our patients? Unfortunately, we cannot answer that question with the way we collect data currently. Suppose Virtex contained all of our membership data today. In that case, we could have collected the data needed with real numbers on how many patients were being cared for in an office-based setting in underserved areas, who have better outcomes of percutaneous treatments. Adding data like this to an appeal letter to CMS speaks volumes and can help IRs get reimbursed for the procedures they perform. SIR membership needs to get involved with Virtex, SIR's data registry, now more than ever.

3. Question: What resonates with the stakeholders on the Hill?

Answer: Congressional leaders want to hear impactful stories from practices about patients. When you meet with CMS, they want data to back up your appeal.

4. Question: How can you advocate on behalf of your profession?

Answer: When you receive a RUC survey for IR codes, you need to take the time and fill it out. The data we receive from these RUC surveys drive the RVU value of IR procedures. Ultimately CMS does have the final say in the RVU value of the procedure, but these surveys are the starting point. Without your participation, the value of the procedure has no starting point.

5. Question: How many OBLs are there currently in the US?

Answer: We do not have this data. There are a lot of shifting business models. Physicians may go into an OBL for a short time and then come back out of it. SIR physician members may have listed this when they first registered in personify but today are no longer part of an OBL. This question is one of the challenges we face when appealing these cuts with CMS.

6. Question: Is IR affected disproportionately by the cuts compared to other procedural specialties?

Answer: For similar specialties such as vascular surgery, we are affected the same by these cuts. IR is not the only specialty that will be affected by these cuts. Those specialties in a non-facility, office base setting will see similar cuts to those we spoke about tonight in this presentation. SIR is working very closely with other specialty societies through coalition building to try and mitigate these cuts. This year SIR has worked together with the other specialty societies staff, leaders, and physicians have analyzed the rule, understand the cuts and come up with clear arguments on how these cuts will impact access to care, patient care, and outcomes.