

Consumers Can Save More than \$300 per Diagnostic Imaging Test: Methodology and Citations

Methodology

UnitedHealth Group analyzed claims for the locations and prices (based on allowed amounts paid for imaging tests performed during the 12 months ended August 2019) of diagnostic imaging tests performed for UnitedHealthcare members with employer coverage. Each claim was assessed to determine if the patient had any clinical reason to have diagnostic imaging tests conducted in a hospital outpatient imaging department and whether the patient had access to a lower-cost imaging facility within a reasonable distance from their homes. For patients who did not need hospital-based diagnostic imaging and had access to a lower-cost imaging facility within a reasonable distance from their homes, savings were determined by calculating the difference in costs of the diagnostic imaging test conducted in the hospital outpatient imaging center and in a lower-cost imaging facility. A blended rate for consumer out-of-pocket costs, based on UnitedHealthcare's fully-insured and self-funded employer clients, was applied to the difference in costs across sites to estimate savings for consumers.

Citations

- ¹ Routine diagnostic imaging tests include magnetic resonance imaging (MRI); computerized axial tomography (CT) scan of the abdomen, chest, head, and other body parts; CT angiography of the neck; diagnostic cardiac catheterization; contrast aortogram; and low dose CT scan for lung cancer screening.
- ² Patients who meet any of the following criteria are considered complex and ineligible for site of service shifts: under age 19; requiring obstetrical observation, perinatology services, urgent or emergency care; having a known contrast allergy or a chronic disease with prior imaging for the diagnosis at the hospital outpatient department; having pre-procedure imaging for surgery being performed at the same hospital; requiring an open MRI due to claustrophobia or anxiety; the equipment for the individual's size is only available at the hospital outpatient imaging department; or use of a freestanding imaging center or physician office would delay timely care and/or adversely impact health outcomes.
- ³ Analysis of claims for UnitedHealthcare members with employer coverage from September 2018 through August 2019.
- ⁴ Ibid. United Healthcare volume of MR/CT tests performed in hospital outpatient imaging departments for members with employer coverage analyzed to extrapolate volume of hospital-based MR/CT tests for the entire United States population with employer coverage.
- ⁵ Ibid. Reasonable distance from each patient's home determined using ACA's network adequacy standards for primary care access, established by the Centers for Medicare and Medicaid Services for qualified health plans offered on the federally-facilitated exchanges.
- ⁶ Blended savings rate, across fully insured and self-funded clients, derived from claims for UnitedHealthcare members with employer coverage from September 2018 through August 2019. Note: while the blended savings rate is 27% for members with employer coverage, the actual savings realized by members will vary based on their plan design.

The brief is available at: www.uhg.com/diagnostic-imaging-tests-research.