CR/DR Consolidated Appropriations Act of 2016

Date Created: January 16, 2018
Date Closed: February 26, 2018

Total Responses (# individual members): 337
Membership response rate (individual): 6%
Membership response rate (facility): 28%
Q1: Have ALL of your CR units been upgraded to DR?

Answered: 335  Skipped: 2

- Yes: 29% (97)
- No: 71% (238)
Q2: If you answered no to question 1, how many CR units do you still have?

Answered: 241    Skipped: 96

- 1-5: 75% (N=180)
- 6-10: 18% (N=44)
- 11-15: 3% (N=8)
- More than 15: 4% (N=9)
Q3: If you still have CR units, what is your process for adding the FY modifier for reduced payment?

Answered: 245    Skipped: 93

- Technologist adds the modifier: 28% (N=69)
- HIMS adds the modifier: 10% (N=25)
- Patient accounts/billing adds the modifier: 39% (N=94)
- A department not listed above adds the modifier: 10% (N=25)
- We do not have a good process yet: 13% (N=31)
Q4: If your facility plans to continue operating CR units, what is the primary reason?

Answered: 244    Skipped: 93

- Low outpatient utilization: 30% (N=72)
- Medicare not a significant factor: 9% (N=22)
- Cost of DR upgrade: 41% (N=100)
- Other concerns about DR: 2% (N=5)
- N/A: 18% (N=45)
Q5: What is the estimated cost of the CR to DR upgrade to your facility?

Answered: 297    Skipped: 40

- Less than 50K: 8% (N=23)
- 50K - 100K: 26% (N=76)
- 100K - 150K: 13% (N=40)
- More than 150K: 53% (N=158)
Q6: If you perform an exam using a combination of CR/DR, how will you determine if the FY modifier is needed?

Answered: 257    Skipped: 80

- 24% N=62: If the majority of images are DR - we will NOT add the modifier
- 42% N=109: If even one image is CR - we WILL add the modifier
- 34% N=87: Unsure