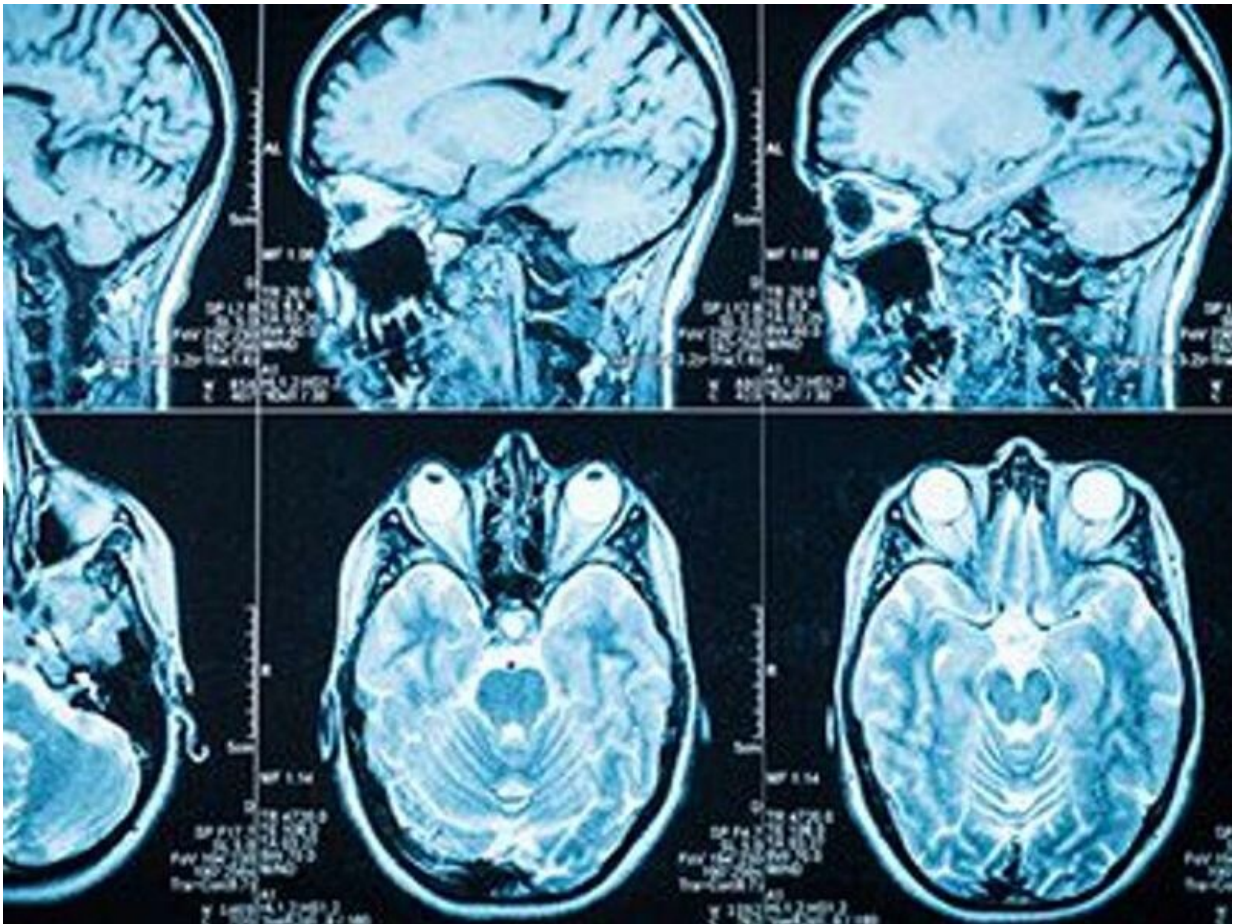


Patients burdened by cost of diagnostic imaging interpretations

August 10 2021



(HealthDay)—Secondary interpretations of diagnostic imaging

examinations result in small but real patient financial burdens, according to a study published online July 19 in the *Journal of the American College of Radiology*.

Sean P. Doyle, Ph.D., from the Emory University School of Medicine in Atlanta, and colleagues sought to identify patient and imaging study characteristics that correlate with higher patient bills and out-of-pocket payments. The analysis included data extracted for 7,740 secondary imaging interpretations performed over 25 months, including total professional charges, insurance payments, patient-billed liabilities, and patient out-of-pocket payments.

The researchers found that mean secondary [interpretation](#) professional charges, insurance payments, patient-billed liabilities, and patient out-of-pocket payments were \$306.50, \$108.02, \$27.80, and \$14.55, respectively. Bills were received by patients for 47.5 percent of services, and patients made out-of-pocket payments for 17.1 percent. Patients who were younger, uninsured, and seen in outpatient settings had higher patient-billed liabilities and out-of-pocket payments. In contrast, patient-billed liabilities and out-of-pocket payments were lower for patients who were Black (versus White), had government-sponsored (versus commercial) insurance, and had secondary interpretations performed during the second, third, or fourth quarter of each calendar year (versus the first quarter).

"Improved [price transparency](#) and enhanced patient communication about the value of secondary interpretations could reduce potential surprises when [patients](#) receive these bills," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

Citation: Patients burdened by cost of diagnostic imaging interpretations (2021, August 10) retrieved 21 June 2024 from <https://medicalxpress.com/news/2021-08-patients-burdened-diagnostic-imaging.html>

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