

Dear Members of the Oregon Senate,

Thank you for the opportunity to provide input on Senate Bill 56. We don't oppose the bill—in fact, we support insurance coverage for CT coronary calcium score scans, especially if they can be used as a screening tool. However, we have concerns about how this coverage will be implemented and whether it will truly improve access.

1. Reimbursement Must Be Adequate

We have no issue with insurance covering these scans—if the reimbursement is high enough to fully cover the cost. However, it's unclear how we would know in advance whether insurers will pay enough. If reimbursement rates are too low, providers could end up losing money on these exams, which could ultimately limit access rather than expand it.

2. Billing Insurance Increases Administrative Burden and Risk of Denials

Billing insurance is more time-consuming than collecting direct payment from patients, and there is always a risk of claim denials. A major concern is whether insurers will cover the most common diagnosis codes used for these scans. If they don't, providers could struggle to get reimbursed, and patients may still have to pay out of pocket. Right now, there's no clarity on which codes will be covered, which makes it difficult to plan for implementation.

3. Medicare Does Not Cover This Exam for Screening

One of the biggest challenges is that Medicare does not currently cover CT coronary calcium score scans when used as a screening tool. If private insurers follow Medicare's lead, patients may still be denied coverage unless they have an approved medical diagnosis. For this bill to be truly effective, it must ensure that screening diagnoses—not just diagnostic ones—are covered.

4. Allowing Self-Referral Would Improve Access

A key improvement to this bill would be allowing patients to self-refer for this exam, like the exemption available for screening mammograms. If insurers place CT coronary calcium score scans on their "does not require authorization" list, it will remove unnecessary barriers and allow more people to access this valuable screening tool without delays.

Conclusion

We support the idea of expanding insurance coverage for CT coronary calcium score scans, but the bill must ensure that reimbursement rates are sufficient, that insurers cover the most common diagnosis codes, and that screening indications are included—

especially given that Medicare does not currently cover this test for screening. Allowing self-referral and eliminating prior authorization would further improve access. If these concerns are addressed, this bill could be a meaningful step toward better preventive heart care.

Thank you for your time and consideration.

Sincerely,

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