

Consumers Can Save More than \$300 per Diagnostic Imaging Test

Hospital outpatient departments perform routine diagnostic imaging tests,¹ such as MRIs and CT scans, for commercially insured individuals at substantially higher prices than stand-alone imaging centers and physician offices. **Shifting diagnostic imaging for non-complex commercially insured individuals to lower-cost imaging centers or physician offices would reduce spending by 62% and save consumers \$312 on average per test.**

The High Price of Diagnostic Imaging in Hospital Outpatient Departments

In 2019^a, the average price of routine diagnostic imaging tests performed in a hospital outpatient department was \$1,855. This is 165% more than the price of the test performed in stand-alone imaging centers or physician offices.



Optimal Use of Lower-Cost Settings for Diagnostic Imaging

Of the nearly six million diagnostic imaging tests performed in hospital outpatient departments,⁴ only 16% of tests are for complex patients, such as those with a contrast allergy or those suffering anxiety and 14% of tests are for patients who do not have a diagnostic imaging facility near their homes. Seventy percent of tests are for non-complex patients and can be performed at lower-cost, diagnostic imaging facilities within a short distance of the patient's home.⁵

Shifting diagnostic imaging tests for non-complex, commercially insured individuals to lower-cost imaging centers or physician offices would reduce spending by 62%. With commercially insured individuals responsible for approximately 27% of the cost of diagnostic imaging, shifting these routine tests to lower-cost sites would save consumers \$312 on average per test.⁶

Savings from Imaging Performed at Lower-Cost Facilities



^a Twelve months ended August 2019.

Methodology and sources for citations are available at: www.uhg.com/diagnostic-imaging-tests-research.