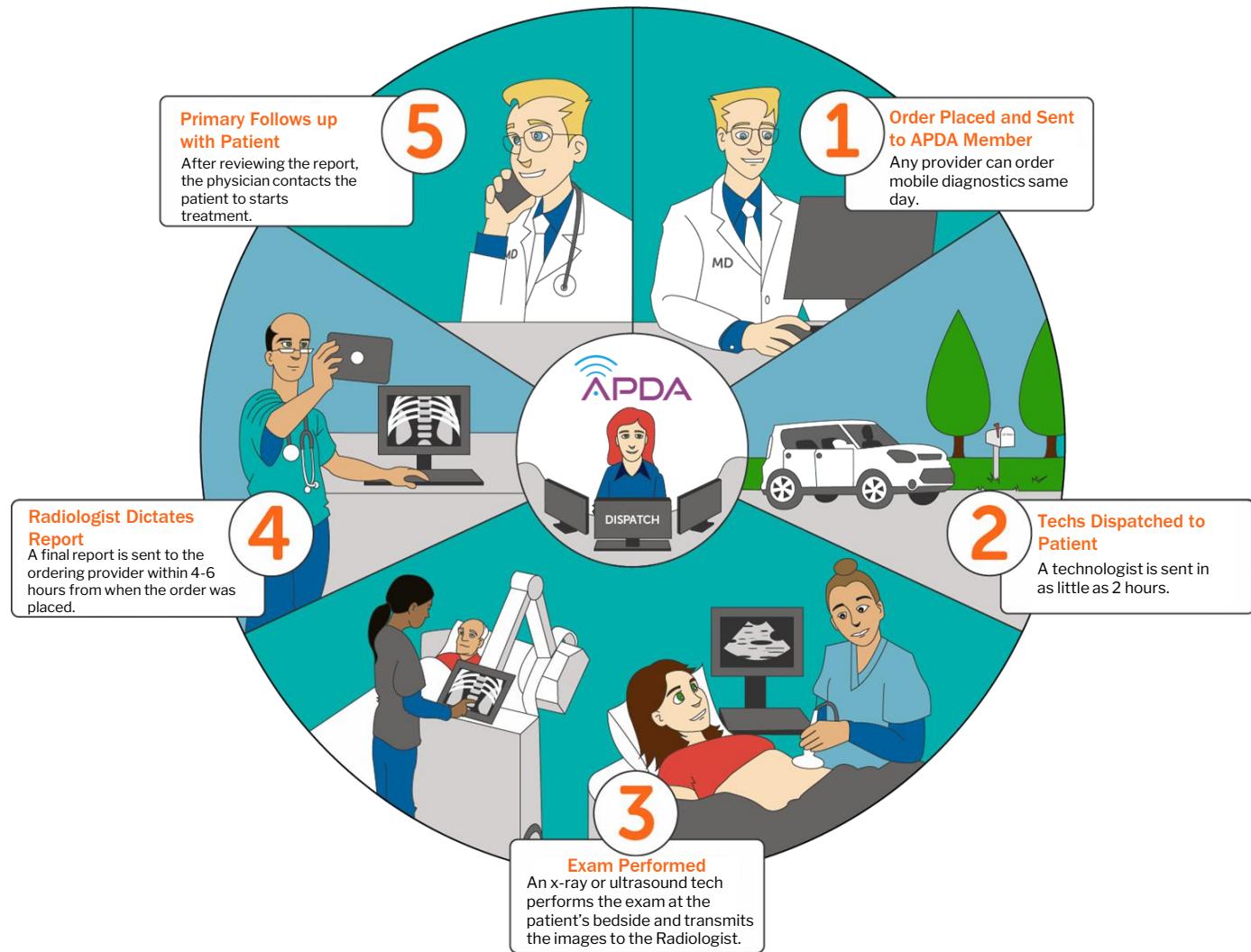


Who We Are

The American Portable Diagnostic Association (APDA) is a national, non-profit organization representing small businesses that supply portable diagnostic services, including x-ray, ultrasound, EKG, telemedicine, and other emerging portable modalities delivered at the patient's bedside. Our members serve the most vulnerable citizens – the frail, elderly and disabled in long-term care facilities, hospice settings, and in their home.



The Benefits of Portable Diagnostics

Improving Care, Improving Health, and Reducing Costs

- Same quality imaging performed by the same credentialed technologists as in the hospital.
- Reduces the risk of a costly ambulance trip, averting prolonged stays in overcrowded Emergency Rooms, minimizing exposure to contagious infections, and preventing unnecessary hospital admission.
- Generates significant Medicare savings by delivering bedside care, bypassing costly hospital visits.

Portable Ultrasound Overview

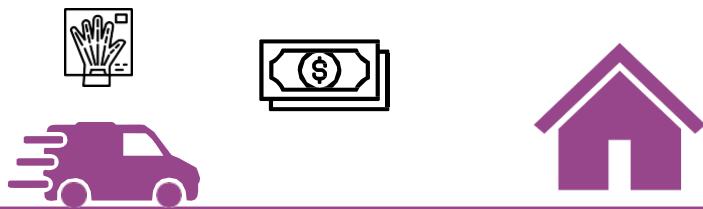
Ultrasound is a preferred imaging method for diagnosing a range of acute and chronic conditions, including blood clot, heart failure, or abdominal disease. Over the past few decades, technological advancements have led to the development of smaller, more portable ultrasound units. Today, portable diagnostic ultrasound is an essential technology ordered by physicians, delivering vital patient care in diverse patient settings while generating significant annual savings to Medicare.

The Issue

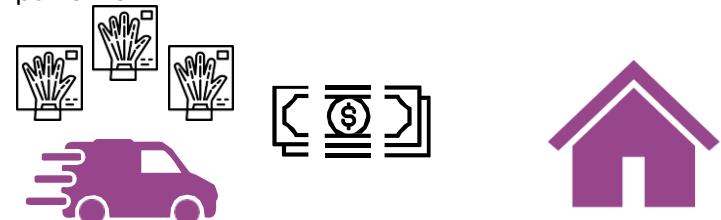
Lack of reimbursement gives little incentive for APDA members to offer ultrasound services. However, SNFs require portable x-ray providers to also provide portable ultrasound services. These small businesses incur financial losses when providing ultrasounds—even on a limited basis. This ultimately limits patient care for the elderly and disabled as providers cannot support a same day service model.

- Medicare does not reimburse portable diagnostics providers for the transportation necessary to perform ultrasound exams.
- To receive reimbursement solely for the examination, providers must enroll separately with Medicare for a fixed-site license, even though their services are entirely mobile. Medicare does not reimburse for travel or set-up costs.
- Ultimately, this increases cost to Medicare and hurts seniors by limiting access to bedside service.

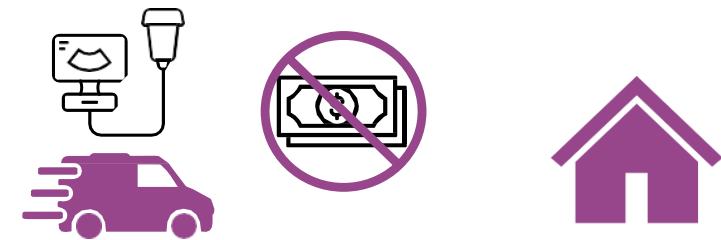
When portable diagnostic providers supply x-ray services, they receive reimbursement for transportation and set-up.



When portable diagnostic providers perform x-rays on multiple patients at the same site, the transportation reimbursement is split among the patients.



When portable diagnostic providers supply ultrasound services, they receive no reimbursement for transportation or set-up.



Billed Services	Ultrasound Exam	Ultrasound Transportation vs Ambulance (avg.)	Ultrasound Set-up vs Emergency Room (avg.)	Total Reimbursement
Portable Ultrasound	\$120	Not reimbursed	Not reimbursed	\$120
Emergency Room	*Included in Emergency Room Fee	\$1200	\$2200	\$3400+

APDA 2025 Legislative Ask

H.R. 2477 & S. 1168 Portable Ultrasound Reimbursement Equity (PURE) Act

Supported by Sens. John Cornyn (R-TX) and Maggie Hassan (D-NH), and Reps. Beth Van Duyne (R-TX), Brad Schneider (D-IL), Mariannette Miller-Meeks (R-IA), and Lori Trahan (D-MA)

The Issue

- Portable ultrasound services do not receive Medicare reimbursement for transportation and setup costs, making it financially challenging for providers to offer these services.
- Many SNFs require portable x-ray providers to also offer ultrasounds, forcing small business to absorb substantial costs that are not reimbursed. While more traditional providers make up for losses due to inadequate Medicare rates through higher commercial insurance reimbursements, the payer mix for APDA providers is more than 90% Medicare and Medicaid.
- This model ultimately limits care for the elderly and disabled as providers cannot support a same day service model. Without timely access to portable ultrasounds, patients are sent to hospitals unnecessarily, often requiring ambulance transport, increasing costs for Medicare and putting vulnerable seniors at greater risk.

The Solution

- The PURE Act ensures portable ultrasound providers receive the same reimbursements for transportation and set up as portable x-ray services.
- The bill will increase access to timely bedside ultrasounds when it is most appropriate for the patient, facilitating faster diagnoses for seniors and disabled individuals in SNFs.
- By modernizing portable ultrasound reimbursements, the PURE Act will allow small businesses to continue offering high-quality mobile imaging services to their communities and improving patient outcomes.

A BILL

To amend title XVIII of the Social Security Act to provide coverage of portable ultrasound transportation and set up services under the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Portable Ultrasound Reimbursement Equity Act of 2025”.

SEC. 2. COVERAGE OF PORTABLE ULTRASOUND TRANSPORTATION AND SET UP SERVICES UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1861(s)(3) of the Social Security Act ([42 U.S.C. 1395x\(s\)\(3\)](#)) is amended by striking “diagnostic X-ray tests” and inserting “diagnostic X-ray and ultrasound tests”.

(b) ENSURING EQUITABLE PAYMENT FOR PORTABLE ULTRASOUND TRANSPORTATION SERVICES.—Section 1834 of the Social Security Act ([42 U.S.C. 1395m](#)) is amended by adding at the end the following new subsection:

“(aa) ENSURING EQUITABLE PAYMENT FOR PORTABLE ULTRASOUND TRANSPORTATION AND SET UP SERVICES.—

“(1) IN GENERAL.—The Secretary shall provide a separate payment under this part for portable ultrasound transportation and set up services in the same manner and to the same extent that separate payments are provided for portable X-ray transportation and set up services.

“(2) PAYMENT REQUIREMENTS.—The Secretary shall specify requirements applicable to suppliers of portable ultrasound transportation and set up services under this part. Such requirements shall be substantially similar to the requirements applicable to suppliers of portable X-ray services under subpart C of part 486 of title 42, Code of Federal Regulations (or a successor regulation).”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to services furnished on or after January 1, 2027 .

To co-sponsor, please contact Lilly Walsh (Lilly_Walsh@cornyn.senate.gov) with Sen. Cornyn's office or Brayden Woods (Brayden.Woods@mail.house.gov) with Rep. Van Duyne's office.



Portable X-Ray Reimbursement Overview

Medicare reimburses for transportation related costs needed to deliver portable diagnostic services to patients.

Due to differences in the delivery of services across diverse geographic areas, the rates are set regionally by Medicare Administrative Contractors (MAC). CMS provides guidance that MACs are to conduct a comprehensive rate re-calibration every five years, or more frequently if conditions warrant (i.e., COVID-19), to ensure reimbursements continue to reflect total and current costs incurred by portable diagnostic providers. Additionally, MACs are required to update reimbursements annually for inflation using recognized inflation indices, such as the Medicare Economic Index (MEI) or Ambulatory Inflation Factor (AIF).

The Issue

- Transportation reimbursements for portable diagnostic service providers no longer supports same day service in most regions of the U.S.
- There is inconsistency and lack of transparency in how MACs obtain cost information from providers and set rates, resulting in significant rate disparities (\$135-\$319).
- In recent years, the labor pool for x-ray technologists has significantly contracted, leading to critical understaffing and significant spikes in wages. Simultaneously, the industry has realized considerable escalation of costs related to vehicles, insurance, and other expenses.
- As costs increase and reimbursements stagnate, APDA members face challenging decisions to limit service hours and geographic coverage, which has restricted access to care for elderly Medicare beneficiaries and exacerbated health disparities.

Update

- Interest and oversight from Congressional offices has played a pivotal role in spurring CMS to action.
- Several Members of Congress have contacted CMS over the past few years to raise concerns about the rate setting process.
- In response, CMS began meeting with MAC medical directors and industry stakeholders to better understand the complexities and challenges of the current rate setting process.
- These meetings have resulted in greater cooperation from some MACs, like NGS, who updated rates for the first time in 10 years. Unfortunately, rates in some other MAC jurisdictions, like CGS and First Coast, continue to lag far behind neighboring states.
- Industry stakeholders, like APDA, are in the process of working with the MACs to develop a uniform cost study to be used by every MAC when setting rates, which we hope will lead to rate predictability and stability.

Billed Services	X-Ray Exam	PXR Transportation vs Ambulance (avg.)	PXR Set-up vs Emergency Room Fee (avg.)	Total Reimbursement
Portable X-ray	\$25 - \$35	\$135 - \$319	\$20 - \$24	\$180 - \$378
Emergency Room	*Included in Emergency Room Fee	\$1200	\$2200	\$3400+

