# Medicaid Reimbursement and the Sustainability of Pediatric Interventional Radiology Services
## Implications for Access and Practice Viability

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## Introduction

Medicaid is the primary insurer for U.S. children, funding roughly half of all pediatric care. Pediatric interventional radiology (PIR) programs, often housed in children’s hospitals, depend heavily on Medicaid reimbursement. Historically, Medicaid paid below the cost of care, and IR has seen steep payment declines. The One Big Beautiful Bill Act (2025) signed July 4, 2025, imposes substantial Medicaid cuts and stricter eligibility threaten PIR finances and access to minimally invasive care.

## Objective

- **Describe** how Medicaid’s role as the major pediatric insurer affects PIR financial stability.
- **Identify** the impact of reimbursement declines and new Medicaid policy on PIR programs.
- **Discuss** how funding cuts may disrupt service access and suggest mitigation strategies.

## Background

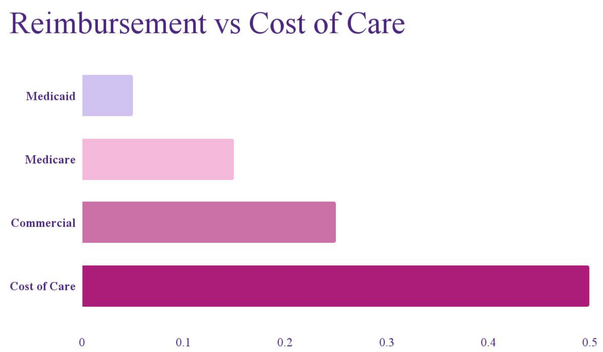
H.R. 1 (the 2025 reconciliation bill), signed July 4, 2025, results in disporportate effects of the pediattric patient population. Namely due to barrieriers to enrollment, reduced renewal periods, and expiration of premium tax credits in December, 2025. Additional restrictions on coverage for vulnerable populations, including lawfully present immigrants, may further strain the pediatric healthcare system.

## Methods

We reviewed CMS data, policy analyses, and IR literature to assess Medicaid payer mix, reimbursement trends, and financial strain in pediatric IR programs.

## Results and Discussion

Medicaid reimbursement policy is a central determinant of pediatric interventional radiology (PIR) sustainability. Existing underpayment, with reimbursement often below the cost of care, has already placed financial strain on pediatric-focused programs.




Regional partnerships between children’s hospitals and smaller or resource-limited institutions may help offset financial burden through shared procedural networks, telehealth support, and coordinated referral systems.

| Practice Type | Medicaid Dependence | Financial Vulnerability |
|---|---|---|
| **Children’s Hospitals** | High | High |
| **Community Hospitals** | Moderate | Moderate |
| **Private Practice** | Low | Lower |

**Table 1. Practice Vulnerability by Setting**

*Reduced Medicaid coverage likely forces pediatric IR programs to cut services, leading to longer delays for needed procedures and greater reliance on invasive alternatives.*

## Conclusion

The H.R. 1 Reconciliation Bill introduces additional barriers, including reduced funding, increased administrative burdens, and eligibility changes, which are expected to increase the number of uninsured children and delay access to care, particularly among low- and middle-income families.

In pediatric interventional radiology, these pressures may result in reduced procedural availability, longer wait times, and increased reliance on more invasive surgical alternatives.

To mitigate these effects, collaborative care models should be considered. Such models may preserve access to high-quality, minimally invasive care while improving system-wide efficiency and sustainability.

## References

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