

NEWS BRIEFS

First Comprehensive PET Cost Study Released

On January 25, 1991, the New York accounting firm of Coopers & Lybrand released a study detailing the costs associated with clinical positron emission tomography (PET) service in the United States. Derived from a survey of PET centers across the U.S. and based on Medicare accounting methods and policies, the document is the first comprehensive evaluation of the cost of PET studies and will serve as a standard reference.

To survey PET facilities in the U.S., Coopers & Lybrand sent questionnaires to 44 facilities that are expected to provide PET services during 1991; 91% of those surveyed responded. Operational facilities provided actual data for 1990, while prospective facilities gave projected cost data for 1991.

The final report, which was funded by the Institute for Clinical PET, made the following major conclusions:

- The average cost of a clinical PET procedure is \$1,716.
- The average cost of a PET procedure using rubidium-82 (⁸²Rb) is \$1,617, while the average cost of a PET procedure using a cyclotron-produced radiopharmaceutical is \$1,749.
- Cyclotron-based PET facilities have average capital and fixed costs per facility of \$531,182 and \$716,673, respectively.
- Meanwhile, ⁸²Rb-based PET facilities have average capital and fixed costs of \$446,142 and \$528,179, respectively. The report noted that while cyclotron-based facilities experience higher average capital and fixed costs than ⁸²Rb-based facilities, they have lower average variable costs per scan (\$265) than rubidium-based sites (\$326).
- Two-thirds of the PET facilities that submitted charge data were charging *below* the cost of their procedures.
- Most PET facilities are not functioning at efficient levels of volumes. ■

ICP Recommends ICD-9 Codes for PET to HCFA

The Institute for Clinical PET (ICP) presented a proposal to codify positron emission tomography (PET) procedures under the Health Care Financing Administration's (HCFA) revised ICD-9-CM system. Mathis P. Frick, MD, professor of radiology, Creighton University School of Medicine, Omaha, Nebraska, founding trustee of the ICP, presented the proposal to HCFA representatives on December 7, 1990.

"I believe we were able to convey the need and urgency of developing separate ICD-9 codes for PET to the HCFA representatives," says Dr. Frick. He adds that the HCFA will edit and rewrite all codes for nuclear medicine within the next year. Following a rigorous review and approval procedure involving various HCFA committees and other health-related government agencies, the ICD-9-CM revisions will be instituted in October 1992.

ICP's recommended codes for PET are as follows:

- 92.30 Positron Emission Tomography (PET)
- 92.31 PET of brain
- 92.32 PET of heart; perfusion scan for detection of coronary heart disease
- 92.33 PET of heart; determination of myocardial viability
- 92.34 PET of skeletal system
- 92.39 PET not elsewhere classified

The Society of Nuclear Medicine (SNM), the American College of Nuclear Physicians (ACNP), and the American College of Radiology have formed a task force to work with HCFA on code revisions. The SNM and the ACNP say that while the long-term implications of the new codes are unclear, they may be useful in collecting data for Food and Drug Administration product application processes. HCFA has as-

assured the SNM and the ACNP that the revised coding system is not intended to compete with the AMA's existing CPT-4 code system. ■

HIAA Assesses Rates for PET

The Health Insurance Association of America (HIAA) sponsored a meeting for its members on October 31, 1990 entitled "A Forum on Investigational and Experimental Modalities: The Clinical Application of Positron Emission Tomography to Cardiac Imaging."

"Essentially, the panelists at the forum consisted of medical experts who espoused either PET or single-photon emission computed tomography [SPECT]," says John L. Cova, PhD, director of HIAA's medical technology assessment office. "They presented papers and published peer-reviewed data based on their clinical and research activities with PET or SPECT. The audience consisted of HIAA members who were given the opportunity to assess the cost-effectiveness and utility of PET and SPECT so that they can recommend to their companies how they will insure these imaging procedures. It's important to point out that the HIAA can in no way suggest insurance rates. It can only provide forums like this to exchange information."

The HIAA, according to Dr. Cova, is a trade organization representing over 300 private corporate insurers that provide for the health insurance needs of over 95,000,000 Americans. In March of this year, the HIAA sponsored another forum that compared the clinical values of PET and SPECT in brain imaging.

Transcripts and an executive summary of the October meeting are available and can be obtained by writing to: HIAA, 1025 Connecticut Ave., NW, Washington, DC 20036-3998. ■