NRC Overhauls 10 CFR Part 35

The long-awaited proposal for a complete revision of the U.S. Nuclear Regulatory Commission's (NRC) 10 CFR Part 35, regulations for Human Uses of Byproduct Material, was published last month in the Federal Register. The agency has mailed copies of the proposed new regulations to all NRC medical licensees.

The new regulations will simplify the licensing process for medical uses of radioactive byproduct material, according to the NRC, and the comment period will be open for 120 days.

Patent Awarded for Medical Dosimeter

A new disposable dosimeter has been patented by researchers from the U.S. National Bureau of Standards (NBS), the U.S. Federal Management Agency, and the U.S. Army.

According to William McLaughlin, PhD, radiation physicist and senior scientist at the NBS, the dosimeter is the first to use a chemical liquid core for medical diagnostic purposes.

The core has the same response to radiation as human tissue, allowing for an accurate measurement of a patient's dose, said Mr. McLaughlin. With a diameter of 0.1 mm, the device is designed with a mirror at one end which reflects back through the core to measure color change via the microprocessor, he explained.

"Conventional in vivo dosimeters are either small solid state devices, which are not tissue-equivalent, or ionization chambers too bulky to fit into catheters," said Mr. McLaughlin. "The new dosimeter can measure tissue exposure more accurately for both diagnostic and clinical applications," he added.

Far West Technologies, Inc., based in Goleta, CA, has a contract with the army to commercially produce the dosimeter, and the company plans to meet with the inventors to determine how to meet requirements for approval by the U.S. Food and Drug Administration.

HCFA Directs Carriers on Editing of CPT-4 Codes

The Health Care Financing Administration (HCFA) sent directives to all its regional administrators in May with instructions to use nomenclature codes listed in the fourth edition of Current Procedural Terminology (CPT-4), and to cease advising physicians on which CPT-4 codes to use in claims forms.

According to an agreement between HCFA, the American Medical Association (AMA), and the U.S. Department of Health and Human Services, HCFA shall adopt and use CPT-4 for reporting physicians' services under Medicare and Medicaid. HCFA agents are allowed to edit and abridge CPT-4 only within the carrier clinical processing area.

The agreement does not allow HCFA agents to publish, edit, or abridge versions of CPT-4 for distribution outside the confines of the carrier's internal administrative structure," stated the directive.

The AMA said that it had received complaints from physicians about difficulties with certain Medicare carriers in accepting some CPT-reported services for claims processing.

"In some instances, we were advised that certain carriers had informed physicians in their respective areas that they should not use specified CPT codes and nomenclature at all. In other instances, physicians were advised to use a single selected CPT code to report a number of different, separately described CPT services," said James H. Sammons, MD, executive vice president of the AMA.

Dr. Sammons suggested that physicians encountering similar problems should refer the offending insurance carriers to this directive (#BPO-011) from HCFA.

SNM Surveys Quality Assurance

The Society of Nuclear Medicine's (SNM) Education and Training Committee is soliciting information from nuclear medicine departments which have developed internal quality assurance programs.

The committee plans to review current quality assurance procedures and compile a workbook for SNM members.

"Recent actions by Medicare, other third-party payers, and the Joint Commission on Accreditation of Hospitals have linked reimbursement policies to a planned and orderly approach to achieving quality assurance," explained Howard J. Dwarkin, MD, director of nuclear medicine at the William Beaumont Hospital in Royal Oak, MI.

In response to these policies, the U.S. Center for Devices and Radiological Health last year published Recommendations for Quality Assurance Programs in Nuclear Medicine Facilities (see Newsline, Apr. 1985, p. 344).

[Information may be sent to the Education and Training Committee, The Society of Nuclear Medicine, 136 Madison Ave., New York, NY 10016.]