News Briefs

SNM/ACNP Asks HCFA For PET Coverage

The Society of Nuclear Medicine and the American College of Nuclear Physicians (ACNP) asked the Health Care Financing Administration (HCFA) to initiate the Medicare coverage process for certain positron emission tomography (PET) studies. The request, which was made on March 7 during an educational PET presentation given by SNM/ACNP physicians working with the technology, for several members of HCFA's Physician Panel and staff, culminates over two years of effort by the SNM/ACNP PET Task Force to identify PET applications that are ready for the clinical setting and are supported in the medical literature.

SNM/ACNP seeks reimbursement for the following indications: determination of myocardial viability; selection of patients for surgical treatment of seizure disorders; and grading of gliomas, assessment of prognosis and detection of tumor recurrence after therapy.

In the official letter requesting reimbursement, Barbara Y. Croft, PhD, president of the SNM, and Myron Pollycove, MD, past president of the ACNP, state that "The medical literature supports the premise that in certain areas, PET studies have progressed far beyond the research setting and are now having a significant impact in improving the quality of care by better directing medical and surgical therapies, and in reducing the costs of medical care."

In presenting an overview of PET technology to HCFA representatives, R. Edward Coleman, MD, director of nuclear medicine, Duke University Medical Center, described PET as a safe, effective, non-invasive, and appropriate imaging modality for accurately determining regional function and biochemistry within various organs of the human body. He noted that PET is different from magnetic resonance imaging (MRI) and computed tomography (CT), which measure anatomy, since PET measures function and metabolism. Thus, because chemical abnormalities precede anatomical abnormalities, PET imaging can identify disease before it is evident through the use of other imaging modalities.

"[SNM/ACNP] are continuing [their] efforts to collect additional clinical data and provide that data to HCFA as soon as it is collected," note Drs. Croft and Pollycove in the request to the agency.

HCFA's Physician Panel, the group of agency physicians that decides to provide coverage or refer the issue to The Office of Health Technology Assessment, was expected to review the issue of PET reimbursement at a meeting in early May. ■

SDIO Accelerator Projects Awarded

The Strategic Defense Initiative Organization (SDIO) has selected two research and development firms to develop a radiopharmaceutical delivery system focusing on the production of fluorine-18, carbon-11, nitrogen-13, and oxygen-15 labeled compounds (see *Newsline* Jan. 1989, p.14). Science Research Laboratory, Inc., (SRL) of Somerville, Massachusetts and Science Applications International Corporation (SAIC) of San Diego, California were chosen late February from a pool of 10 applicants "because their proposals were technically superior," according to Major Glenn Wilson, contracting officer with the SDIO. ■

Implementation of ICD-9-CM Codes

Under the Medicare Catastrophic Coverage Act of 1988, new coding rules requires physicians to include a diagnosis code(s), rather than a narrative description, on all claims for services to Medicare patients as of April 1. Assigned claims without a diagnosis code will not be paid. Unassigned claims without a diagnosis code will be paid, but a pattern of uncoded claims could result in fines and other sanctions, under the new law. Radiologists and nuclear medicine physicians, as well as pathologists, will be required to use the ICD-9-CM V codes for ancillary diagnostic services, such as for patients undergoing routine screening examinations. If a diagnosis is provided at the time of referral, the appropriate diagnosis code must accompany the V code. Also, physicians must code ancillary therapeutic services with the appropriate V code, followed by the diagnosis code for the problem necessitating therapy. Physicians must not code "suspected" or "rule out" diagnosis as if they were established, rather they should code the reasons for the visit with the highest degree of certainty.

Physicians are to use codes from the World Health Organization's International Classification of Diseases—9th Revision, Clinical Modification (ICD-9-CM) coding volumes. The Health Care Financing Administration is allowing a two-month grace period, starting April 1, during which no penalties will be applied. ■