



SNM Scores Success in RVU Re-Evaluation

The Balanced Budget Act of 1997 recently passed by Congress reflects the results of sustained efforts on the part of Society leaders, working in conjunction with the Practice Expense Coalition and the American Medical Association, to defer implementation of resource-based practice expense relative value units (RVUs) and to delay new practice expense methodology until further review.

Members of the SNM Coding and Reimbursement Committee, chaired by Kenneth McKusick, MD, were instrumental in collecting and analyzing data and providing comments to the Health Care Financing Administration (HCFA).

These efforts resulted in delaying practice expense RVU implementation for one year, until January 1, 1999. In addition, the new practice expense values will be phased in over a four-year transition period ending in 2002.

The most significant achievement, however, was ensuring that a new practice expense methodology will not be imposed until further work and validation have been completed. The Act requires Medicare offi-

cials to collect new data and reassess the current methodology, while at the same time prompting HCFA to use generally accepted cost-accounting principles.

Those principles include:

- Recognition of all physician practice expenses, as opposed to only those that can be tied to a specific procedure.
- Using actual data on equipment utilization and other key assumptions.
- Consultation with physician organizations about methodology and data.
- Development of a refinement process during the transition.

The legislation also requires the General Accounting Office to report to Congress on the adequacy of the data, methods for allocating direct and indirect expenses and the proposal's potential impact on access to care.

Surgical specialties, in particular, will take an additional cut in reimbursement because of a special "down payment" provision created in the Senate that begins in 1998. Nuclear medicine was minimally affected (less than 0.1% decrease) by the Senate language.

Another outcome of the Act was the move to a single conversion factor beginning January 1, 1998. This will prove beneficial for nuclear medicine because the profession will realize a significant (9.7%) increase when the current conversion factor of \$33.85 is increased to \$37.13 in 1998.

A new proposed rule with the new resource-based RVUs will be published by May 1, 1998, with a 90-day comment period. We will keep you informed during this restudy process, and we encourage you to review and comment on the proposed rule next spring. The Commission now has the opportunity to move aggressively to affect the rule-making process for the benefit of the SNM membership. We extend our thanks to those members of the SNM leadership who responded to our action alerts by contacting their members of Congress. Your efforts made a difference. For more information or questions on the Balanced Budget Act, contact Wendy Smith, Director of Health Care Policy, at (703) 708-9000, ext. 242, or by e-mail at wsmith@snm.org.

More Common Nuclear Medicine Coding Questions

The Commission's Coding and Reimbursement Committee continues to accept questions on nuclear medicine coding and reimbursement (see *J Nucl Med* 1997;38:36N) and will provide answers to selected questions from SNM members in this space. All questions must be submitted in writing and faxed to Wendy Smith, Director of Health Care Policy, at (703) 708-9015. Questions may also be sent by e-mail to wsmith@snm.org. Questions are reviewed by Committee members, and recommendations are usually available within 10 business days. Some recent questions and recommendations appear below.

ENDOCRINE

Q: Does 78007 (thyroid imaging, with

uptake; multiple determinations) include a single administration of a radiopharmaceutical? Does it include both oral and intravenous radiopharmaceuticals?

A: This is not specified. More than one radiopharmaceutical may be used, but that would not change the coding of the procedure itself. Under Medicare, radiopharmaceutical charges may be submitted for each agent used for outpatient studies.

BONE

Q: What about additional reimbursement for SPECT bone imaging in addition to planar bone imaging?

A: The correct code for SPECT bone imaging is 78320, which may be used in addition to the planar bone imaging code

78306 (whole body imaging) when both procedures are done and reported. The usual payment is 100% for 78320 and 50% for 78306. Note that the bone SPECT code 78320 is not to be used in addition to the other planar bone imaging codes 78300 (bone and/or joint imaging; limited area) and 78305 (bone and/or joint imaging; multiple areas).

CARDIOVASCULAR

Q: How do you include additional charges above charges for cardiac SPECT alone?

A: Assuming that this question is in reference to myocardial perfusion imaging, since there are no CPT codes for SPECT gated blood pool imaging, the correct code for ejection fraction mea-

surement with myocardial perfusion imaging is the add-on code 78480.

PULMONARY

Q: If you are only able to complete a perfusion study and not the entire ventilation study, even though you attempted the ventilation study, do you assign the CPT code for perfusion only or the code for ventilation and perfusion (V/Q)?

A: If part of the ventilation study was useful, it is probably justifiable to use the code that represents V/Q, 78585 (pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath), considering the use of resources. However, there is a new modifier that allows for discontinuation of the procedure, which may also be used. The Discontinued Procedure modifier -53 is to be used when the physician elects to terminate a diagnostic procedure because of extenuating circumstances or circumstances that threaten the well-being of the patient. The -53 modifier indicates that the diagnostic procedure was started but discontinued.

RENAL

Q: Is it possible to obtain reimbursement for computer processing as in renal quantification studies?

A: The quantification codes 78890 (generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes) and 78891 (generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes) are not recognized by HCFA, but they are recognized by some other carriers. The renal codes 78704 (kidney imaging; with function study) and 78707 (kidney imaging; with vascular flow and function study) refer to "imaging renogram" and do not explicitly state that computer quantification is included in the procedure. Thus, it would be our opinion that 78890 would be an appropriate additional code when computer quantification is performed for those two procedures, as well as for CPT codes 78701 (kidney imaging; with vascular flow), 78715 (kidney vascular flow only)

and 78727 (kidney transplant evaluation).

Q: When performing adrenal imaging for MIBG, could CPT code 78075 (adrenal imaging, cortex and/or medulla) be used?

A: 78075 could be used, but we prefer to use tumor imaging codes 78800 (radiopharmaceutical localization of tumor; limited area) or 78803 (radiopharmaceutical localization of tumor; tomographic SPECT) because these latter codes better reflect the resources used to perform and interpret the study.

The opinions referenced are those of members of the SNM Coding and Reimbursement Committee based on their coding experience and they are provided, without charge, as a service to the profession. They are based on the commonly used codes in nuclear medicine, which are not all inclusive. Always check with your local insurance carriers as policies vary by region. The final decision for coding of any procedure must be made by the physician considering regulations of insurance carriers and any local, state or federal laws that apply to the physician's practice. The SNM and its representatives disclaim any liability for claims arising from use of these opinions.

Final Reimbursement Roadshows for 1997

The SNM CHCPP roadshow, "Reimbursement for Nuclear Medicine Procedures," will be offered twice this fall, in Rye Brook, NY, and St. Louis, MO. Originally presented as a Categorical Seminar at the 1996 and 1997 SNM Annual Meetings, this course was first offered as a stand-alone roadshow last February in Baltimore. Its overwhelming success in Baltimore led to further presentations in Monterey, CA, and Clearwater Beach, FL, in conjunction with the Western Regional and Southeastern Chapter meetings earlier this fall.

Speakers include Becky Cacciatore, CNMT, and Kenneth McKusick, MD. The registration fee of \$200 includes workbook, case studies, continental breakfast and beverage service. Those who register for the fall offerings will save the 12% increase in course fees going into effect in 1998.

This one-day workshop will cover major procedural aspects of nuclear medicine services, including proper code selection, claim submission and documentation. Nuclear medicine physicians and technologists, medical office managers, key billing and medical records personnel will learn to properly use the current CPT and ICD-9-CM manuals; to use HCPCS II for effective coding and billing; to understand third-party payments; to be updated on the new editions of CPT and relevant Medicare changes; to be fully knowledgeable on the current Correct Coding Initiative and its implications for fraud and abuse; and to review common procedures, fine-tune skills and maximize reimbursement.

SNM is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and will offer 6 hours

in Category 1 credit toward the AMA Physician Recognition Award. A maximum of 6 continuing education hours (CEH) will also be available to VOICE participants.

Times and dates for the two remaining 1997 presentations are as follows:

- Thursday, October 23, from 8:30 am to 3:30 pm.; Rye Brook, NY (SNM Greater New York/New England Chapters)
- Saturday, November 15, from 9:30 am to 4:30 pm.; St. Louis, MO (stand-alone roadshow)

For additional information or a registration form, contact Marie Davis at (703) 708-9000, ext. 250, or by e-mail at mdavis@snm.org.

—Wendy J.M. Smith, MPH, is the director of health care policy