



NEW CPT CODES FOR 1998

Two new cardiovascular PET and three new renal codes were approved for 1998 by the CPT Editorial Board, and two renal codes were deleted.

For the two new PET codes for myocardial perfusion (single and multiple studies), the Relative Value Scale Update Committee (RUC) approved physician relative value units (RVUs) of 1.50 for 78491 (myocardial imaging PET; single study) and 1.87 for 78492 (myocardial imaging PET; multiple studies).

Renal codes 78726 and 78727 were deleted. The first (78726) was originally designed to represent blood measurements

of renal function (with pharmacological intervention) but had come into mixed and inconsistent use as an imaging code. Renal transplant evaluation (78727) was deleted because the procedure is essentially the same as 78707. The code for renal function, 78725, will be included in the 1998 CPT and will represent non-imaging renal function measurements. The Society of Nuclear Medicine (SNM) has applied for a change in description for the 1999 CPT to include the term "non-imaging."

Three new renal codes were approved: 78707 will now include renal transplant

evaluation; a new code (78708) was initiated for single renal evaluation with pharmacological intervention; and a second code (78709) was approved for multiple renal studies with and without pharmacological intervention. The RUC approved RVUs of 0.96 for 78707 (kidney imaging with vascular flow; single study without pharmacological intervention); 1.21 for 78708 (kidney imaging with vascular flow; single study with pharmacological intervention) and 1.41 for 78709 (kidney imaging with vascular flow; multiple studies with and without pharmacological intervention).

HCFA SETS NEW PHYSICIAN PAYMENT POLICIES FOR MEDICARE

On October 31, the Health Care Financing Administration (HCFA) published in the *Federal Register* its final rule on revisions to payment policies under the Medicare physician fee schedule. All policies become effective January 1, 1998.

There will be one conversion factor (CF) beginning in 1998. The 1998 CF has been set at \$36.69, an 8% increase from the 1997 CF of \$33.85 for nuclear medicine and all other nonsurgical procedures.

HCFA will maintain its 1997 policy for ordering in-office diagnostic tests. This policy, which does not apply to diagnostic tests furnished in a hospital, states that all diagnostic tests must be ordered by the referring physician (the treating physician who will use the test to manage the patient's care) to be considered reasonable and necessary and therefore reimbursed. SNM informed HCFA in its August 18, 1997, comments that nuclear medicine physicians, under state and federal regulations, are the only physicians who can actually order radiopharmaceuticals and thus order nuclear medicine tests. Although HCFA maintained its policy, it will address SNM concerns if additional information is submitted. SNM is planning to submit the appropriate NRC regulatory language.

Perhaps the most controversial HCFA policy is the supervision of diagnostic tests

in an outpatient setting. HCFA contends that diagnostic procedures are safe and effective only when they are furnished with appropriate physician supervision. All diagnostic tests payable under the physician fee schedule require at least "general supervision" by a physician, the minimum level of physician supervision required by HCFA. "General supervision" means that the procedure is furnished under the physician's overall direction and control, but physician presence is not required during the performance of the procedure. Under general supervision, the qualifications of nonphysician personnel who actually perform the diagnostic procedure as well as maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

However, all nuclear medicine procedures require at least "direct supervision." Under direct supervision, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.

Because of its frequency, it is important to note that the cardiovascular stress test requires "personal supervision," the highest level, wherein a physician must be in the room during the procedure.

Failure to meet the required level of physician supervision will result in claim

denial on the basis of the procedure's being "not reasonable or necessary."

Telemedicine is placed at particular risk under the supervision structure. Although Medicare currently pays for the interpretation of diagnostic procedures using images or other data transmitted via teleradiology, HCFA states in the final rule that under its policy, a physician cannot appropriately provide direct or personal supervision of diagnostic tests through telemedicine. Naturally, under the current policy, nuclear telemedicine would not be reimbursed. HCFA is willing to accept additional information on this issue.

In response, a Physician Supervision Task Force has been appointed by SNM president H. William Strauss, MD. The task force is chaired by Kenneth McKusick, MD, and consists of members from SNM and the American College of Nuclear Physicians. It will consider HCFA's final rule, notably the definition of "direct supervision" and the issue of teleradiology, and will develop a nuclear medicine position statement. The task force hopes to collaborate with the American College of Radiology, the American Society of Nuclear Cardiology and the American College of Cardiology to achieve consensus on the issue.

The Balanced Budget Act (BBA) of
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Lines from the President (Continued from page 24N)

Edward Silberstein (a revised and updated version of the highly respected *Gamuts in Nuclear Medicine*), and *Nuclear Medicine Patient Management for the 21st Century*, by Naomi Alazraki and Andrew Taylor. (Sponsored by the SNM Education and Research Foundation, this book will replace the much-admired staple, *Fundamentals of Nuclear Medicine*.)

The Communication Services Department has also initiated two new self-assessment series in nuclear medicine cardiology and nuclear medicine oncology. Each series consists of eight topic modules, with a new module slated to appear every three to four months. The first topic booklets in each series—*Physical and Technical Aspects of Nuclear Cardiology*, from the nuclear medicine cardiology program, and *Overview of Nuclear Medicine Oncology and Conventional Tumor Imaging*, from the nuclear medicine oncology program—are now available.

Also available are ten new patient pamphlets, nine of which are subject-specific, as well as a Spanish-language version of "Guidelines for Patients Receiving Radioiodine Therapy."

Information Services

This vital headquarters department assists all areas of the Society. Particularly important is its responsibility for developing and maintaining the SNM web site (www.snm.org). If you haven't already visited your home page, please do so. You'll

find a wealth of continually updated information on meetings and other key Society functions, as well as news on the field of nuclear medicine. For the first time this year, the SNM Department of Meeting Services will be accepting meeting abstract submissions via the site and providing registration and hotel reservations on-line.

Other Activities

This report would be incomplete without some mention of two important position searches. The search for a new *JNM* editor-in-chief is in its final phases. The Publications Committee will make the difficult choice among several superb candidates by the end of December. The search for a new SNM executive director is also under way and should be completed by January. While the search takes place, Virginia Pappas, SNM Associate Executive Director, is serving as chair of the Interim Management Committee. Pappas, working with our skilled, knowledgeable department directors, has maintained the organizational momentum that allows the Society to enhance the practice of nuclear medicine.

As 1997 draws to a close, I hope that each of you has found a portion of that personal satisfaction and professional challenge that the science and art of nuclear medicine provide. For the coming year, I hope that you will join me in a renewed effort to expand the role nuclear medicine plays in serving humanity.

— H. William Strauss

CHCPP News

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1997 delays the implementation of the resource-based practice expense system until January 1, 1999, and specifies the manner in which practice expense RVUs in 1998 are adjusted. Although nuclear medicine is exempted, the 1997 BBA enacted a provision that in 1998 would redistribute practice expense RVUs in the direction of resource-based RVUs. The 1998 practice expense RVUs for certain services are reduced to 110% of their work RVUs for the service, and the monies are used to raise the practice expense RVUs for office visit procedures.

HCFA intended to eliminate the separate 8.3% budget-neutrality adjustment to the work RVUs that resulted from changes made during the five-year

review of work RVUs. Because of effects of the 1997 BBA, however, HCFA is postponing the elimination of the separate budget neutrality adjustment until 1999.

HCFA has adopted a proposal to increase the work RVUs associated with global surgical services to reflect the increased evaluation and management present in the preservice and postservice portions of these services. Because of these increases, HCFA has reduced all work payments by 0.7% to maintain budget neutrality.

HCFA has also set regulations for the new entity "Independent Diagnostic Testing Facility (IDTF)" to replace the "Independent Physiological Laboratory." The replacement will be phased in, with completion scheduled July 1, 1998. For more specific information on the IDTF require-

ments, see the October issue of "CHCPP News" (*J Nucl Med* 1997;38:35N,48N) or section II.D.3 of the October 31, 1997 *Federal Register*.

As a result of its review of submitted comments on the definition of "actual charges," HCFA did not issue a final rule and will study the issue further. (For related information, see the issue of "CHCPP News" noted above and the *Federal Register* section II.J.)

To obtain more information on these policies or the 1998 physician fee schedule of RVUs, contact the Superintendent of Documents at (202) 512-1800. Specify stock number 069-001-00101 (10/31/97 *Federal Register*). The cost per copy is \$8. If you have specific questions concerning these policies, please contact Wendy Smith at (703) 708-9000, ext. 242, or by e-mail at wsmith@snm.org.

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