

## Adding MI to Residency Training

In 2007, the SNM Molecular Imaging Education Task Force proposed a molecular imaging curriculum to the Nuclear Medicine Residency Review Committee (NM RRC) to be considered for incorporation into the next version of the nuclear medicine program requirements. This action was taken to address the need to educate both current nuclear medicine physicians and the next generation in molecular imaging. To assist the NM RRC in evaluating this proposal, the SNM sent a survey to all nuclear medicine program directors (NMPDs) and many faculty. The survey responses raised concerns that although incorporation of molecular imaging into the program requirements is a laudable goal, new and emerging molecular imaging techniques may not be applicable to clinical practice in a reasonable time frame.

The NM RRC met in mid-November and reviewed the current program requirements, the SNM-proposed molecular imaging curriculum, and the NMPD survey results. The RRC revised and updated the current program requirements without adding significant new requirements. In regard to molecular imaging and the revised program requirements, the following is proposed: "Regularly scheduled didactic sessions must provide instruction in both diagnostic imaging and non-imaging nuclear medicine applications and therapeutic applications, including: . . . Fundamentals of existing and emerging molecular imaging

techniques, particularly as they relate to current clinical practice."

The timeline for changes in program requirements is often lengthy. It is expected that the proposed new curriculum will be made available for comment in early 2009 and will be discussed at the NMPD session at the 2009 SNM Mid-Winter Meeting in Clearwater, FL. Once the comment period is over and all concerns are addressed, the new requirements must receive final approval from the Accreditation Council for Graduate Medical Education and would likely go into effect in July 2010.

At the next RRC meeting in May 2009, the committee will begin consideration of the next major revision of the program requirements to include considerably more molecular imaging content. The RRC recognizes the importance of balancing new and emerging technologies with practical clinical applications.



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## HEALTH POLICY AND REGULATORY AFFAIRS UPDATE

### CMS Publishes Final 2009 Rules

In November, the Centers for Medicare & Medicaid Services (CMS) published the final calendar year (CY) 2009 rules for the Hospital Outpatient Prospective Payment System (HOPPS) and the Medicare Physician Fee Schedule (MPFS). Each year, these final rules set Medicare and Medicaid policies, procedures, and payment rates for the upcoming calendar year. Once again, 2009 brings important changes to policies and payments for both nuclear medicine procedures and radiopharmaceuticals.

The 2009 HOPPS final rule includes a 3.6% annual inflation update to Medicare payment rates; however, this increase was not realized for all procedures important to nuclear medicine. CMS will continue to package payments for all diagnostic radiopharmaceuticals and contrast agents within the ambulatory payment classification (APC) category. The rates will continue to be set by hospital claims data median costs. Also, CMS is extending through 2009

the 2008 rate-setting methodology for diagnostic nuclear medicine APCs, using only claims that include a charge with a required diagnostic, therapeutic, or other radioactive product. Finally, drugs and biologicals will be paid at 104% of the average sales price (ASP+4).

In addition to these methodologies, CMS will continue through December 31, 2009, to pay therapeutic radiopharmaceuticals and brachytherapy sources at individual hospital (overall) cost-to-charge ratio times the individual hospital charges for rate setting. This payment structure was enacted on July 15 by the Medicare Improvements for Patients and Providers Act (MIPPA) of



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