Quality Assurance Committee continues to move forward with Phantom Program. The SNM Quality Assurance Committee has wrapped up the 2008 Thyroid Phantom and is now focusing on the 2009 Cardiac Phantom. Most of the participating Veterans Affairs Medical Center locations have submitted their results, which are being compiled for analysis by the committee. Beginning with the 2010 Gastric Emptying Phantom, the submission process will be entirely online. This change has been enthusiastically endorsed by the committee with the hope that this will streamline the submission process and eliminate flaws in the data. Future plans include the gastric emptying (2010), PET/CT (2011), dynamic hepatobiliary (2012), cardiac (2013), and bone (2014) phantoms.

HPRA continues to monitor 99mTc supply. The high-flux reactor in Petten, The Netherlands, has been restarted, and production of 99Mo has commenced. Although a prolonged shortage has been averted, this issue continues to be a top priority for SNM. SNM’s Health Policy and Regulatory Affairs Department will continue to monitor the situation and will actively advocate for a reliable, domestically produced supply of medical isotopes. Check SNM’s Domestic Isotope Availability Web site at www.snm.org (Government Relations section) for more information.

CMS decision on National Oncologic PET Registry (NOPR) due in April. In January 2009, the Centers for Medicare & Medicaid Services (CMS) proposed significant changes to current coverage for oncologic PET. Medicare will publish its final coverage policy on or before April 6. The new policy will go into effect on the day it is released.

SNM recommends that PET providers consider scheduling before the transition date or HOLDING OFF scheduling of patients with current NOPR indications during the 30-d transition time between early April and early May 2009. SNM and NOPR are planning communications with guidance based on the final National Coverage Determination (NCD) throughout the month of April.

CMS allows Medicare contractors 30 d to update their claims systems once the new expanded PET NCD is published. The Medicare Contractors will need to develop an updated list of the new covered, noncovered, and Coverage with Evidence Development–covered ICD-9 codes and implement them into their computer systems. As SNM originally recommended with the implementation of the current NOPR, providers should consider holding claims for patients imaged until the contractors are ready, because claims will likely be rejected within the 30-d implementation period. Providers may continue to submit claims if they choose; however, it is not likely the contractors will have their systems programmed during this transition period. On April 27, 2009, SNM will offer a 90-minute webinar to fully explain the successor NOPR study and answer all your questions. For more information, visit www.snm.org/petchanges.

2009 Reimbursement Roadshows. SNM’s 2009 Reimbursement Roadshows, held in Albuquerque, NM, and Washington, DC, were a success. Sponsored by GE Healthcare, these 1-d seminars teach registrants how to correctly code today’s nuclear medicine procedure and radiopharmaceuticals, use current Current Procedural Terminology and Healthcare Common Procedure Coding System manuals, and get answers to all their coding and reimbursement questions. In addition, this year’s shows included a special presentation on how physicians can earn a 2% bonus on all Medicare claims by participating in the new nuclear medicine Physician Quality Reporting Initiative measure. For those not able to attend, the complete book and CD are available on SNM’s Web site. SNM’s Coding Corner carries complete and regularly updated coverage of the Reimbursement Roadshow and other coding and reimbursement news and payment information.

SNM Capitol Hill Day. SNM has scheduled its Capitol Hill Day for April 20. Participants will meet with their legislators to discuss issues relevant to the practice of nuclear medicine. For more information about participation, send an e-mail to HPRA@snm.org.