CMS Expands Coverage for PET

On April 3, the Centers for Medicare & Medicaid Services (CMS) finalized a decision to expand coverage of PET imaging in the initial treatment strategy for patients with cancer. Coverage for the 9 currently covered cancers—breast, cervical, colorectal, esophageal, head and neck, non–small cell lung, and thyroid cancer and melanoma and lymphoma—has been expanded from initial diagnosis to include subsequent treatment strategy. Coverage has also been expanded to include ovarian cancer and myeloma. For all other cancers, PET coverage for subsequent treatment strategy evaluation requires participation in an approved Coverage with Evidence Development program, such as a modified National Oncology PET Registry (NOPR).

"This is a major victory for patients," said Robert W. Atcher, PhD, MBA, president of SNM. "CMS's decision to cover PET scans for cancer demonstrates the intrinsic medical value of PET and important role of these scans in diagnosing, staging, restaging, and monitoring treatment for many cancers."

Under previous CMS policy, PET scans for many cancers were reimbursed only if the PET facility submitted data to NOPR. Under the new decision, all Medicare beneficiaries with certain cancers will be able to receive Medicare coverage for at least 1 PET scan, as prescribed by their physicians. According to Atcher and other observers, the decision increases the likelihood that private insurers will follow CMS's lead on reimbursement for expanded PET imaging.

These same observers credited the significant data gathered and published by NOPR with influencing the CMS decision. "For years, physicians and researchers around the world have known that PET is an invaluable diagnostic tool for guiding management of patients with a wide range of cancers," said Barry Siegel, MD, cochair of the NOPR Working Group. "The evidence contained in the NOPR study proves the effectiveness of PET as an essential part of a cancer patient's treatment planning."

SNM scheduled a live audio conference for April 27 to help PET providers better understand the requirements and benefits of the new CMS policy as well as changes to the NOPR system. Atcher noted that the organization will continue to work with partner medical and professional organizations to seek coverage for other types of cancers for which PET has a proven medical and therapeutic value. "Our goal is to continue to work tirelessly on behalf of our patients to ensure that all individuals whom physicians believe would benefit from these advanced imaging procedures receive the coverage they need for care," he said.

Congress Specifies DOE Funding for Nuclear Medicine

The Omnibus Appropriations Act of 2009, signed by President Obama on March 11, carried specially designated Department of Energy (DOE) funding for basic research in medical radioisotopes and nuclear medicine applications. As a result of findings by expert scientific panels and lobbying by the SNM and other groups representing the nuclear medicine community, Congress redirected funds that the DOE had originally targeted at other biological and environmental applications.

In the Joint Explanatory Statements accompanying each section of the Appropriations Act, Congress detailed expenditures that DOE should make out of the overall allotted funds for each program. Out of the more than $500 million budgeted for nuclear physics, $24,900,000 was provided for the Research Isotope Production and Applications program. Within these funds, $5,000,000 was provided for the Research Isotope Development and Production Subprogram to develop and implement a research isotope production strategy consistent with findings of the Institute of Medicine (IOM) and National Research Council (NRC) Committee on the State of the Science of Nuclear Medicine. The first of these reports, submitted to Congress in September 2007, showcased recent advances in nuclear medicine and identified ways in which the DOE and the National Institutes of Health could foster these advances. The Omnibus Act directed the DOE to develop a cost recovery strategy to ensure the long-term viability of the isotope production program. In addition, the department was directed to complete a study on the feasibility of using the University of Missouri Research Reactor to supply up to half of the U.S. demand for medical imaging compounds in the form of ^{99}Mo and ^{99}Tc. Congress also requested that the DOE outline options for preserving U.S. production of ^{252}Ca.

In the category of biological research, the bill provided $423,613,000, out of which $23,121,000 was designated for Radiochemistry and Instrumentation, including $17,500,000 for nuclear medicine medical application research, more than $10 million above the amount DOE had requested for this purpose. The Omnibus text cited the IOM/NRC report and noted that Congress was "concerned that the Department may be looking to move this research in other directions and emphasizes its commitment to nuclear medicine medical application research" at the DOE. All of the $10 million in additional funding in this category was to be awarded competitively in 1 or more solicitations that include all sources—universities, the private sector, and government laboratories. Congress also supported full funding for testing and low dose research.