Advocating for Appropriate and Adequate Reimbursement

One of my favorite jokes is about an old tailor who complained that he lost $25 on each pair of trousers that he made. When asked why he continued to make trousers, he said, "It's okay, I make it up in volume." The current medical reimbursement situation in the United States—including both commercial payers and the Centers for Medicare and Medicaid Services (CMS)—make me feel like a frustrated tailor. I work harder, read more studies, and get ever-decreasing reimbursement.

As I write this, SNMMI and multiple stakeholders are in an all-out effort to reverse a proposed national coverage determination by CMS for β-amyloid PET brain studies in patients with mild cognitive impairment. These studies look in the brain for the presence of β-amyloid, which has been positively correlated with development of Alzheimer disease. This is not generally seen in other progressive dementias, such as frontotemporal dementia.

The proposed rule limits the coverage for β-amyloid PET brain studies for Medicare beneficiaries to one in a lifetime (www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=265). This one scan would be covered only if the study is conducted for 2 CMS-listed indications and under research designed to meet the guidelines on coverage with evidence development (CED), which CMS has developed.

At first glance this seems like a victory. We all benefited from the excellent results from collection of data required for the National Oncologic PET Registry. However, closer examination finds that setting up such research for a slowly progressive disorder like Alzheimer disease is quite difficult. One of the endpoints of the study is tissue review after autopsy. This is not likely to do a patient much good and is even more absurd when one considers that the cost of an autopsy is currently a noncovered service for Medicare patients. Establishing a research program to satisfy CMS guidelines will be a challenge.

The technical reimbursement for studies performed on outpatients in the hospital setting is another area of concern for SNMMI. These studies are currently reimbursed within the Hospital Outpatient Prospective Payment System (HOPPS). Each nuclear medicine procedure is assigned a HOPPS payment group, and CMS has put similar studies together based on the perception that costs for such studies are comparable. This is designed to cover the technical costs of performing the study (camera, technologist, supplies, etc.) and also includes the cost of the radiopharmaceutical. This is reasonable for studies for which the price of the radiopharmaceutical is not high. However, for some studies, reimbursement under the HOPPS category may no longer cover the cost of the radiopharmaceutical.

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We have asked that radiopharmaceuticals be treated like drugs, which would be separately reimbursable, but CMS continues to define them as devices. We have tried to convince CMS that this may result in a loss of access to these studies for Medicare patients, and the SNMMI Coding and Reimbursement Committee and staff continue to work with our industry partners to offer a different system for reimbursement of radiopharmaceuticals in the outpatient setting.

Challenging these intrusions in our field will require all of our efforts. By the time this column goes to print, unfortunately, the public comment period for the proposed decision memo on β-amyloid PET brain studies will be closed. This will not be the last issue that requires our efforts. Please respond to our call for comments when these issues come up. These government agencies pay attention to feedback from physicians and the public—sometimes more than they do to formal comments from SNMMI.

SNMMI will continue to work for appropriate reimbursement for our studies. This was given a high priority in the society's new strategic plan but will continue to require resources—both people and money. I urge all readers to keep memberships current in ANY and ALL organizations that can help in this process, including but not limited to the: American College of Nuclear Medicine, American College of Radiology, American Society of Radiation Oncology, and American Society of Clinical Oncology.

We are all in this together. EVERYONE in medicine today needs to stay informed, get involved, and put their support—both time and money—behind these efforts. If we do not, we will not succeed. No one will notice the tailor is gone until after they can no longer buy trousers.

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