## **ACMUI Membership**

The Advisory Committee on the Medical Uses of Isotopes (ACMUI) earlier this year appointed new members and officers to serve as advisors to the U.S. Nuclear Regulatory Commission (NRC) on policy and technical issues in the regulation of the medical uses of radioactive material in diagnosis and therapy. ACMUI membership includes health care professionals representing key roles in various disciplines, including a nuclear medicine physician, a nuclear cardiologist, a medical physicist in nuclear medicine unsealed byproduct material, a medical physicist in radiation therapy, a radiation safety officer, a nuclear pharmacist, 2 radiation oncologists, a patients' rights advocate, a U.S. Food and Drug Administration (FDA) representative, an Agreement State representative, a health care administrator, and a diagnostic radiologist. Members comment on changes to NRC regulations and guidance; evaluate certain nonroutine uses of radioactive material; provide technical assistance in licensing, inspection, and enforcement cases; and bring key issues to the attention of the NRC for appropriate action.

Recent changes in the board include the appointment of Darlene F. Metter, MD (a member since 2016), as ACMUI chair and diagnostic radiology representative, and A. Robert Schleipman, PhD (a member since 2018), as vice chair and health care administration representative. New members include Hossein Jadvar, MD, PhD, MPH, MBA, nuclear medicine physician, and Harvey B. Wolkov, MD, radiation oncology physician. The remaining members of the committee are Gary Bloom, patients' rights advocate; Vasken Dilsizian, MD, nuclear cardiologist; Ronald D. Ennis, MD, radiation oncologist: Richard L. Green, nuclear pharmacist; Melissa C. Martin, MS, medical physicist, nuclear medicine; Michael D. O'Hara, PhD, FDA representative; Zoubir Ouhib, MS, medical physicist, therapy; Michael Sheetz, MS, radiation safety officer; and Megan L. Shober, agreement state representative.

Membership in the ACMUI is gained through a formal nomination and selection process. Members are appointed to 4-y terms and, with NRC approval, may elect to serve up to 2 consecutive terms, for a maximum term of 8 y.

ACMUI

## NCD for Cardiac PET

On November 15, SNMMI announced that the Centers for Medicare and Medicaid Services (CMS) had agreed that National Coverage Decisions (NCDs) for cardiac PET should include quantitative myocardial blood flow assessment. Specifically, after reviewing the NCDs for PET for Myocardial Perfusion and PET for Myocardial Viability, CMS clarified that PET quantitative myocardial blood flow is coverable under these NCDs. Both SNMMI and the American Society of Nuclear Cardiology and their memberships have been active in the effort to secure this determination. Additional information will appear on the SNMMI website at www.snmmi.org.

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## CMS Final 2020 MPFS and HOPPS Rules

The Centers for Medicare and Medicaid Services (CMS) released its 2020 Medicare Physician Fee Schedule (MPFS) final rule and 2020 Hospital Outpatient Prospective Payment System (HOPPS) final rule on November 1, with positive news for the nuclear medicine community. The proposed 2020 MPFS and HOPPS rules, released in July, included changes that could have seriously affected reimbursement for nuclear medicine and molecular imaging procedures. In brief, the final rule now indicates that rather than facing technical component cuts of as much as 80% to myocardial PET reimbursement, the technical component will continue to be paid according to contractor pricing in 2020. Instead of a 157% decrease in reimbursement for some SPECT and SPECT/CT studies, a 3.5% increase in reimbursement is included in the final rule.

This turnaround was in large part the result of coordinated efforts by the nuclear medicine community and associated professional societies. Over the summer and early fall, SNMMI met with CMS to discuss the impact of proposed policy changes on nuclear medicine and molecular imaging services and submitted extensive comments to the agency. SNMMI also worked actively with the American College of Cardiology, American College of Nuclear Medicine, the American Society of Nuclear Cardiology, the Cardiology Advocacy Alliance, and other stakeholders to compile detailed comments on MPFS and HOPPS. SNMMI members responded to calls for comments to CMS on the potential impact on care of their patients, with many suppling invoices from their practices to indicate the actual costs of making services available to patients. SNMMI detailed the specifics of other major successes resulting from these efforts for both the MPFS and HOPPS final rules.

On December 5, SNMMI held an open access webinar to review new codes and payment rates in different settings. In a news release, the society noted that it would collect additional information as necessary to help inform CMS of the cost of making cardiac PET accessible to patients. CMS will continue to review these inputs, and the nuclear medicine community is encouraged to submit additional information on the most accurate resourcebased payment for these services by the February 10 deadline for consideration in future rule making.

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