

ANNUAL MEETING BOUND?

If you are attending the 51st SNM Annual Meeting, June 19–23, at the Pennsylvania Convention Center in Philadelphia, you will find an excellent selection of continuing education seminars, scientific paper sessions, and opportunities for professional development. Our Online Meeting Planner was designed to help you get the most out of the educational programs and another online tool, the Virtual Exhibit Hall, is a useful way to efficiently find vendors you may be particularly interested in. See www.snm.org/am for all the details on the 51st SNM Annual Meeting. Some of the “don’t miss” opportunities for technologists include:

Technologist First-Timers Brunch

Come meet the Technologist Section leadership and learn how to get the most from your first (or 20th) annual meeting experience. This informal brunch and brief presentation will preview education and social programs to help make the annual meeting work for you. Old timers are welcome to drop by and adopt a newbie.

Sunday, June 20
10:30–11:30 AM
Overlook Cafe

Technologist Section Plenary Session

Tuesday, June 22
8:00–9:45 AM
Room 203AB

Technology Session Business

Meeting/Scientific Award Ceremony

Be sure to attend the SNMTS annual business meeting on Tuesday, June 22, at the conclusion of the technologist educational program. SNMTS President Lyn Mehlberg, CNMT, will report on the current status and future direction of the SNMTS. Other highlights will include presentation of Technologist Section awards and the installation of Nanci A. Burchell, CNMT, as the new SNMTS President.

Tuesday, June 22
4:30 PM–6:00 PM
Room 203AB

Technologist Section Party

This final bash is sponsored by all of our exhibitors. A band, DJ, dancing, and great food will make this an enjoyable evening for all. Buses will depart

all SNM hotels beginning at 8:30 PM to transport party-goers. The last bus from the technologist party to SNM hotels will leave at 1:15 AM for those who just have to close down the bar.

Tuesday, June 22
9:00 PM–1:00 AM
Philadelphia Marriott

CARE ACT SUPPORT TOPS 100 IN HOUSE, TWO MORE SENATORS ADDED

Bi-partisan support for the Consumers Assurance of Radiologic Excellence bill continues to grow with 21 co-sponsors added to the House total and two to the Senate total since the RT in DC blitz last month.

On March 9 more than 100 radiologic technologists, including members of the SNMTS, spent the day on Capitol Hill lobbying for passage of legislation mandating licensing of radiologic technologists in all states. A number of legislators signed up as co-sponsors immediately after the tech blitz, but apparently the effects of the grassroots lobbying effort are continuing.

More co-sponsors have signed up in the last two months than in any comparable time period since Rep. Heather Wilson, (R-NM) introduced the bill, HR 1214, in March 2003. The total number of sponsors in the House now stands at 101. The bill has been in the House subcommittee on Health for just over one year. In the Senate, S1197 has been in the committee on Health, Education, Labor, and Pensions since it was introduced in June of last year by Sen. Michael B. Enzi, (R-WY). Including Enzi, the bill has 13 Senate sponsors.

New co-sponsors in the House are: Rep. Timothy H. Bishop, (D-NY), Rep. Jerry F. Costello, (D-IL), Rep. Alcee L. Hastings, (D-FL), Rep. Jesse L. Jackson, Jr. (D-IL), Rep. Jim Ryun, (R-KS), Rep. John F. Tierney, (MA), Rep. Sue W. Kelly, (R-NY), Rep. Richard E. Neal, (D-MA), Rep. Philip M. Crane, (R-IL), Rep. Betty McCollum, (D-MN), Rep. Corrine Brown, (D-FL), Rep. Ken Lucas, (D-KY), Rep. John M. McHugh, (R-NY), Rep. Robert Brady, (D-PA), Rep. Brian Baird, (D-WA),

Rep. James P. Moran, (D-VA), Rep. Paul Ryan, (R-WI), Rep. Ron Kind, (D-WI), Rep. Stephen F. Lynch, (D-MA), Rep. John Boozman, (R-AR), and Rep. Jerrold Nadler, (D-NY).

Sen. Thad Cochran, (R-MS) and Sen. Joseph R. Biden Jr., (D-DE) have added their names to the co-sponsor list for the companion bill, known as the RadCARE Act, in the Senate.

NEW OPPORTUNITY: ONLINE TEACHING FILES

Many of you are familiar with our online teaching files and the “Case of the Week.” The Case of the Week presents a patient with a specific condition along with relevant images to aid in diagnosis. Interactive questions test the viewer and offer feedback, a diagnosis, and plan of action based on the data.

SNM offers you the opportunity to publish your cases in the online teaching files. Our goal is the formation of a community of nuclear medicine case study contributors and reviewers. Each case study will be presented on the SNM web site, recognizing all authors, contributors, and reviewers. Contact Seth Gold at sgold@snm.org for more information.

ONLINE VOICE TRANSCRIPTS

Online access to Verification Of Involvement in Continuing Education (VOICE) transcripts, an exclusive member benefit, is extraordinarily helpful for those nuclear medicine technologists who need to provide proof of their VOICE credit hours. New to the 2004 version of SNM.org is the dynamic capability to update VOICE transcript in real time. Pass an online examination and your record will be automatically updated in seconds, as opposed to what used to be a 2 to 3 week wait for your transcript to be manually updated.

Instead of having to contact SNM headquarters to get your VOICE transcripts mailed or faxed to your home, simply log in to the My Account page at www.snm.org and enter your date of birth to view and download your official VOICE transcript. Online examinations are graded automatically and your credits are updated immediately.

Once other forms of VOICE credit documentation (meetings, books, journal articles, etc.) are received at SNMITS, the Education Department staff quickly updates transcripts.

If you are having difficulty logging in at www.snm.org, or if the website does not recognize your date of birth, please contact the SNM Internet Services team at InternetServices@snm.org. Be sure to include your full name, date of birth, contact information, and SNM Member ID number.

If you have a question about how current your online credit information is, check the "current as of..." field near the top left of the transcript for the date. If any of the data on your VOICE transcript is incorrect or missing, please contact the SNM Education Department at Education@snm.org or 703-708-9000.

CALL FOR NMTCB DIRECTOR

The Nuclear Medicine Technology Certification Board (NMTCB) is seeking applicants to serve on its Board of Directors. This is an excellent opportunity to become involved in one of the more challenging and important areas of your profession—establishing standards of professional competency. Interested CNMTs should request an application form, and may direct any questions to, Dr. Bhaskar R. Dawadi, executive director, at 800-659-3953 or board@nmtcb.org. Completed applications received by August 1, 2004, will be reviewed at the fall NMTCB Board meeting. The 4-year term for the newly elected director begins on January 1, 2005.

COOPERATIVE EFFORT BETWEEN ASRT AND SNMITS RESULTS IN PET/CT CURRICULUM

Fusion imaging, theoretically possible between many existing modalities, is rapidly becoming not just a clinical reality but a clinical standard in the form of PET/CT. As a result, it is critical for imaging technologists and radiation therapists to learn to use this more complicated equipment rapidly and effectively to ensure safe and high quality patient care. To this end, the American Society of Radiologic Technologists (ASRT) and the Society of Nuclear Medicine Technologist Section (SNMITS)

have designed a curriculum for supplementary training that will address the needs of practicing technologists who wish to gain competency in this new modality.

PET/CT imaging combines skills needed by the technologists who perform CT and PET separately. Radiographers, who perform CT, lack nuclear medicine-specific training, and nuclear medicine technologists, who perform PET, lack background in CT techniques. Radiation therapists may also use PET/CT to provide precise tumor location information for planning intensity modulated radiation therapy (IMRT), where high doses of cancer-killing radiation are delivered directly to cancer cells, sparing the surrounding tissue. The new curriculum addresses the question of which skills each type of practicing technologist needs to add to their existing skill set in order to become competent in both PET and CT.

Hybrid PET/CT systems have been available commercially since 2000. By the end of 2002, an estimated 150 units were in operation; by 2003, 225 units; and by the end of 2004 more than 400 units will have been sold to hospital-based nuclear medicine, CT, or radiation therapy departments as well as outpatient center-based radiology and oncology departments.

In contrast, there are fewer than 5,000 technologists who are certified in both radiology and nuclear medicine, and fewer than 200 technologists are certified in both nuclear medicine and CT. The need for cross training is obvious and is expected to grow rapidly as more and more fusion scanners are deployed in clinical settings.

The PET/CT Curriculum developed jointly by the ASRT and SNMITS identifies "gaps" in the education of radiography, radiation therapy, and nuclear medicine technologists who wish to perform PET/CT. The "Gap Analysis for Basic Nuclear Medicine for Dual Modality Imaging" identified the following topics that radiography and radiation therapy technologists need to address to become competent providers of PET/CT services: radiation protection, radionuclides and radiopharmaceuticals, instrumentation and quality control, and diagnostic procedures. The "Gap Analysis for Basic CT and PET for Dual Modality Imaging" analysis identified the gaps that nuclear medi-

cine technologists need to address: patient care, patient assessment, radiation protection, computers, CT computers, image quality in CT, CT process, spiral computed tomography, physics/instrumentation, CT, applied terminology, cross-sectional anatomy (multiplane) with pathologic correlation, procedure protocol, and procedures.

This curriculum is now available on the Web sites of both organizations—www.asrt.org and www.snm.org. At the end of April, CD-ROMs with the PET/CT Curriculum content were mailed to educational institutions with radiography, nuclear medicine, or radiation therapy programs. State regulators have been provided copies of the PET/CT Curriculum to assist in the state's efforts at licensing this technology. Copies of the PET/CT Curriculum on CD-ROM will also be available at the annual meetings of both organizations in June 2004.

KANSAS ENACTS TECHNOLOGIST LICENSURE ACT

In another state legislative victory for nuclear medicine technologists licensure, the Kansas legislature has passed, and Governor Kathleen Sebelius has signed, legislation requiring the licensing of radiographers, radiation therapists, and nuclear medicine technologists.

The bill takes effect July 1, 2005. Licensing requirements include satisfactory completion of a course of study in radiography, radiation therapy, or nuclear medicine technology and successfully passing a license examination approved by the state Board of Healing Arts. Technologists licensed by other states may be granted a waiver on the examination. Education and examination requirements are waived for applicants who have been practicing for 2 of the 3 years preceding the effective date, and for practicing technologists who hold a current valid certificate from the ARRT or the NMTCB.

The legislation sets licensing fees and establishes a radiologic technology council to assist the state Board of Healing Arts in administering the act. The council will consist of one radiologist, one member of the Board of Healing Arts, and 3 licensed radiologic technologists.

The bill was introduced in early Feb-

ruary by the Kansas Health and Human Services department as HJ 1021. It moved rapidly through the House of Representatives, passing on February 26 by a 106 to 19 vote and was introduced to the state Senate the same day. The Senate passed the bill unanimously on March 23, and Governor Sebelius signed it April 14.

NEMA LAUNCHES WEBSITE TO PROMOTE THE VALUE OF MEDICAL IMAGING

A new website went live on April 15 providing an evidence-based view of the clinical and economic benefits of medical imaging.

MedicalImaging.org, sponsored by the National Electrical Manufacturers Association (NEMA), draws on peer-reviewed literature and other documentation to highlight the ability of medical diagnostic and therapeutic imaging technologies to 1) detect disease early, 2) enable minimally invasive therapies, 3) ensure quality and patient safety, and 4) foster efficiencies in our health care system.

While medical imaging is often criticized as a driver of health care costs, its economic value in keeping workers productive and adding new efficiencies to the delivery of health services is often overlooked.

The following little-understood facts about medical imaging technology are from MedicalImaging.org:

- It eliminates about half the unnecessary surgeries for lung cancer.
- Image-guided breast biopsies cost a third of what surgical biopsies do and take half the amount of time.
- The primary drug therapy for stroke victims would not be possible without medical imaging; the same is true for the primary therapy for clogged coronary arteries.
- Employers often judge the value of physician groups and HMOs based, in part, on their performance in medical imaging testing.
- The RAND Corporation has reported that many applications of medical imaging are significantly underused, threatening the quality of care.

The content of MedicalImaging.org is based on the findings of studies in leading medical journals, as well as on

reports from private industry, think-tanks, and government agencies, both in the U.S. and abroad. Intended to provide visitors with an easy reference to the original studies, all sources are documented and in many cases are hyperlinked so that readers can quickly access the original documents. The site's "Latest News" section highlights current findings on health policy.

γ -PROBE STANDARDS PUBLISHED BY NEMA

The National Electrical Manufacturers Association (NEMA) has published the first known intraoperative γ -probe standard, *Performance Measurements and Quality Control Guidelines for Non-Imaging Intraoperative γ -Probes*.

Publication NU 3-2004 provides uniform criteria for conducting and reporting performance measurements and quality control tests of nonimaging intraoperative γ -probes for surgical applications. The quality control tests are recommended to ensure diagnostic accuracy in clinical practice.

NU 3-2004 is the first known intraoperative γ -probe standard of its kind. Until now, there were no recognized, existing quality control guidelines or performance measurement standards to address the rapidly emerging clinical practice of sentinel node detection for the diagnosis and treatment of breast cancer. As a result, this standard and quality control guideline should provide a valuable tool to help ensure good clinical practice by giving the user the ability to detect whether the γ -probe is fit for use.

For more information, see www.nema.org/r/std/nu3.

AMA OFFERS INFORMATION ON NEW MEDICARE LAW

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) signed into law by President Bush last December, contains many provisions that will have a profound impact on physicians. While many physicians know about the reversal of scheduled physician payment cuts, some may be unaware of the benefits of the Medicare prescription drug cards that are being made available to their patients this spring, or the many benefits for low-in-

come Medicare beneficiaries that were included in the new law.

To help physicians prepare for the pending changes in Medicare, the AMA developed a document, titled "What the New Medicare Law Means to You." The purpose of the document is to help physicians answer questions from their patients about the changes in Medicare and to make sure they understand the many features of the law that will have an impact on medical practices. You can download a copy of the AMA paper at www.snm.org/AMA-MMA.

REIMBURSEMENT AND CODING UPDATE

The Centers for Medicare & Medicaid Services (CMS) announced in April the elimination of the 90-day grace period for the use of retired medical codes as a result of the Health Insurance Portability and Accountability Act requirement that providers use only valid and current medical codes. This will be a big change for providers who have been accustomed to using this "cushion time" for implementation of new and revised codes. The change takes place July 1. New and revised nuclear medicine hospital revenue codes are effective this year on October 1.

Since failure to keep current will result in claims being returned as unprocessable, it is vital that providers stay current with all coding system changes as they occur throughout the year. Below we have provided a publication schedule of billing code changes.

- ICD-9 codes, valid October 1, are published annually in the *Federal Register* in April or May.
- Alphanumeric Healthcare Common Procedure Coding System (HCPCS) codes, valid January 1, are published on the CMS Web site every October.
- The American Medical Association (AMA) CPT codes, valid January 1, are available in October or November from the AMA.

For details on the elimination of the 90-day grace period, see CMS transmittals 89 and 95 at www.cms.hhs.gov/manuals/pm_trans/r89cp.pdf and www.cms.hhs.gov/manuals/pm_trans/r95cp.pdf. As always, we will publish these changes on the SNM Web site in the Practice Management area at www.snm.org.

Request for Revised Radiopharmaceutical Descriptions

On April 1, 2004 the SNM Coding and Reimbursement Committee submitted an application to revise 57 radiopharmaceutical descriptions for the year 2005 cycle.

The committee had 2 primary goals in mind for this “nontraditional” request to the HCPCS panel. First, we wanted to improve consistency for common radiopharmaceutical abbreviations and terms used in both short and long HCPCS code descriptions. For short descriptors, we recommended a standard terminology for describing radioisotopes. For example, the word “technetium” may be eliminated by using “TC99m.” This change also provides room for additional fields so that units of measure can be included. Second, we hoped to see more accurate reporting of the quantity that is typically administered to the patient, e.g., “per dose” or “per mCi” as opposed to “per vial.”

These recommendations were developed based on hundreds of calls, E-mails, and questions from the nuclear medicine community regarding specific HCPCS codes and coding issues. The SNM worked collaboratively with the nuclear medicine community, including, the Academy of Molecular Imaging, the American College of Nuclear Physicians, the American Society of Nuclear Cardiology, the National Electrical Manufacturers Association, and the SNM Technologist Section. Although not specifically signing on to these recommendations, the Council on Radionuclides and Radiopharmaceuticals and the American College of Radiology provided valuable suggestions and assistance.

Brand versus Generic Radiopharmaceuticals

CMS’s recently implemented Transmittal 112 describes changes for the brand name versus generic payment of drugs, biologicals, and radiopharmaceuticals under the Outpatient Prospective Payment System. CMS states that “the new codes . . . are required to enable differentiation between the payment amount required under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) for a brand name drug and the payment amount required under the MMA for its generic form.”

The new radiopharmaceutical codes have caused much confusion in the nuclear medicine community. The SNM has contacted CMS officials regarding these codes and their proper use. Currently, absent CMS clarification of which manufacturer is considered the branded radiopharmaceutical and which is considered generic, and considering that the payment rates are identical with the exception of a single code, the SNM does *not* recommend implementation of these codes without further clarification from the agency. We will post CMS’s response to our request for clarification on www.snm.org as soon as it is available.

Local Coverage Determination

Effective December 7, 2003, CMS switched from using local medical review policies (LMRPs) to local coverage decisions (LCDs). Although this might appear to be just a name change, there are differences between LMRPs and the new LCDs. Specifically, the new LCDs focus on “reasonable and necessary” information, whereas the old LMRPs also contained benefit categories, statutory exclusion provisions, and a host of other coding information

not directly related to medical necessity. CMS has given instructions to contractors that LCDs should not address fraud and fraudulent activities and should refer only to issues that are “not reasonable and necessary.”

Medicare contractors began issuing LCDs on or after December 7 and will transition all LMRPs to LCDs over the next 2 years.

Denise Merlino
SNM Coding Advisor

Paul Cole Scholarships Available To NMT Students

The Paul Cole Scholarships honor the memory of a champion of student education, Paul Cole, CNMT, who died in 1988 while serving as president of the Technologist Section.

Between 18 and 24 \$1000 scholarships are awarded each year to help support nuclear medicine technology (NMT) students. Twenty scholarships were awarded for 2004.

Students who are enrolled in or accepted for enrollment in baccalaureate, associate, or certificate programs in nuclear medicine technology are eligible. Applications must be submitted through program directors and will be evaluated based on the student’s statement of goals, academic performance, and financial need. The recommendations of the student’s program director will also be carefully considered.

Applications for the 2005 awards are due October 15, 2004. Contact Emily Green, grants@snm.org or 703-108-9000 x1255, for applications and more information.