

June 8, 2010

Carol M. Bazell, MD
Director, Division of Practitioner Services
Mail Stop: C4-01-26
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-8013

RE: Date of Service (DOS) Multiple Day Procedures

Dear Director Bazell:

The Society of Nuclear Medicine (SNM) and the American Society of Nuclear Cardiology (ASNC) submit these additional comments as follow up to our meeting on March 30, 2010, and as a supplement to the joint society comments submitted on April 28, 2010 by RBMA, HBMA, AHRA, SNM, ACR and MGMA and. Our meeting focused on the issues surrounding defining the place of service (POS) for the interpretation (professional) and the technical component, and date of service (DOS) for the interpretation of imaging services. These supplemental comments from the SNM are to highlight specific coding complexities of multiple-day imaging as well as the practical importance of ensuring clear and manageable policies that may be considered by CMS in the future. We welcome the opportunity to be included in future dialogue on these matters.

Procedures that Span Multiple Days

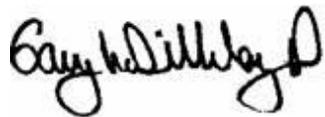
During our meeting on March 30th, we presented how the acquisition of some imaging data, particularly in nuclear medicine, must span several days, which could be as long as 10 or more days following the initial injection of the radiopharmaceutical (RP). Examples of such a typical procedure are; 78452 MPI, SPECT, multiple study imaging, where the stress study is performed on day one and the resting study is conducted on day two; in this instance there are two separate RP (such as A9500 or A9502) study doses on separate days and one CPT procedure code CPT 78452. The RPs would be billed on the DOS when administered, however the CPT procedure code 78452 could be billed on day one, day two or the span of day one through day two. All three options would be correct and are used based on the varying billing systems in place at the facilities doing the procedures. Two other examples are tumor imaging studies (CPT codes ranging 78800-78804): an Octreotide study, where the injection is administered on day one (A9572) and imaging performed over the next 48 hours; and Proscint studies where the injection (A9507) is given on day one and the scan occurs on day one and several days later.

During our meeting we noted the current inconsistent guidance from carriers/contractors on DOS for multiple day imaging, ranging from listing the span of start and end dates to one or the other as options selecting the date of radiopharmaceutical administration or selecting the last day imaging occurs today. Regarding the administration of any drug or

radiopharmaceutical we believe it is important for CMS to clarify that the DOS would be the date any drug or radiopharmaceutical were administered to the patient. While we agree that consistency across carriers/contractors would be a nice to have for the procedure DOS, we do not believe it should be mandatory. For relative ease of implementation, we recommend that for procedures spanning multiple days (such as nuclear medicine imaging), CMS instruct contractors that the DOS remains at the provider discretion based on the systems they have in place. CMS' decision to mandate any one of the three options for DOS requirement will necessitate changes for some providers' systems. We further recommend and emphasize that sufficient lead-time be given by CMS to providers and their support system vendors before **any** required single policy change go into effect to allow adequate time for system modification and program changes.

Should you have any further questions please contact Denise A. Merlino, SNM Coding Advisor at dmerlino@snm.org or 978-283-0940, Jenna Wilkes, ASNC Associate Director of Health Policy at jwilkes@asn.org or 301-215-7575, ext. 207, or

Respectfully Submitted,



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Chair, Coding and Reimbursement Committee
Society of Nuclear Medicine



Mylan C. Cohen, MD, MPH
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cc: Whitney May, CMS
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