



**SNMMI-ACNM Joint Government Relations Committee**  
**Saturday, June 7, 2013 – 10:00-11:30am CT**

**1. Welcome and Call to Order**

Chairman Ghesani opened the meeting at 10:05am.

**a. Quorum Call**

Quorum was established at 10:13.

**b. Approve Agenda**

The agenda was approved at 10:14.

**c. Approve Minutes**

The minutes were approved at 10:14.

**2. Coding & Reimbursement Committee Update**

There have been small sub-groups working on the different coding applications, including GI and Colon Transit Imaging; SPECT/CT Codes; PET/MR Codes; and PET for Amyloid Codes.

The APC Remodeling Task Force has been working since November. The Task Force started looking at the data without modeling it, which led to the Coding Edit project. They have done the first iteration of taking the APCs from 27 down to eight. The Task Force continues to work on that. We have used the final rule data to create a simulation on what those rates would be. The Task Force also sent out a survey to CORAR, MITA, UPPI, and NANP. There is ASP data available from MITA and CORAR but their companies are not willing to sharing the information.

As the APC Remodeling Task Force worked with the claims data, it became apparent that there were code combinations happening that should not be occurring. The Task Force identified which CPT and HCPCS codes appropriately go together. Now they will use the CMS claims data to decide which should not be seen on a claim together.

CMS released the final rule concerning Conditions of Participation. This new rule finalized the previously proposed change of removing the term "direct" from the current requirement at § 482.53(b)(1).

**3. Advocacy Committee Update**

The Advocacy Committee discussed moving forward on compounding issues and working together with the Compounding Task Force.



The Advocacy Committee voted to ask the Board for full membership in CRCPD, which would cost \$10,000.

In December 2013, The Joint Commission announced changes to its standards for Advanced Diagnostic Imaging certification. SNMMI Advocacy members have had calls with TJC and submitted several comment letters. The changes were intended to be effective July 1, 2014, but have been delayed until July 2015.

#### **4. Nuclear Regulatory Commission**

##### **a. Patient Release Criteria**

SNMMI needs to reevaluate the Patient Release Criteria and look at the data. There are three components to this evaluation: literature review; extensive evaluation of dosimetry; and field work.

The NRC wanted to attend this meeting but could not make it. Instead, they have asked us to review our literature and brochure. We are working with ASTRO, ACR and others to develop a joint brochure, which could take several years. The NRC is very happy our Annual Meeting is in Baltimore next year and plans on attending.

##### **b. Part 35**

There is no date for the Part 35 rollout. Dr. Ghesani was going to present to the NRC but the meeting was canceled due to the government shutdown. It may be released this summer.

##### **c. Part 20**

There will be a notice of proposed rulemaking this summer and SNMMI will be commenting.

#### **5. Domestic Isotope Availability Work Group Update**

The Domestic Isotope Availability Working Group continues to participate in meetings regarding the availability of Mo-99. There have been high-level working group meetings every six months in Paris and Dr. Atcher has been discussing the possibility of attending the next meeting. The Nuclear Medicine Advisory Committee has been reviewing the NSAC report. Dr. Atcher voted against it because he did not think it was adequate, but it was passed and released.

#### **6. FDA Update**

##### **a. FDA Task Force**

The House Committee on Energy and Commerce has requested comments on their recently released 21<sup>st</sup> Century Cures Initiative. SNMMI's letter has been approved by the board and will now be submitted to Chairman Upton's staff.



The FDA Task Force is attempting to schedule a meeting that would gather a wide group of stakeholders. Agencies such as CMS and FDA will attend and have a broad discussion on the approval process for these unique drugs.

**b. Pharmacy Compounding**

There was an amendment to the Food, Drug and Cosmetic Act. This brought together legislation regarding drug pedigree and cleaned up language in section 503a which had been a barrier to enforcement. SNMMI-TS, along with SNMMI, have formed a joint task force on compounding. This legislation is really focused on commercial pharmacies.

**7. Third Party Payer Update**

Task Force has been busy in recent months and continues dealing with issues as they arise. The Subcommittee has been sending in letters regarding language and claims denials. The Subcommittee will have its meeting tomorrow.

**8. Capitol Hill Update**

**a. SGR Legislation**

Congress passed legislation making permanent changes to how physicians who perform advanced imaging services are paid by connecting it to appropriate use criteria. These permanent changes were included as part of the temporary one year patch to the Sustainable Growth Rate system. These changes state that Secretary of Health and Human Services must launch (by 2017) a program that encourages the use of AUCs for advanced diagnostic imaging services (ADIS). Additionally, no later than November 15, 2015, the Secretary, in consultation with stakeholders, will choose which AUCs will be included in the program.

**9. Close Meeting**

Chairman Ghesani closed the meeting at 11:23am.