



ASNC Publishes “Strategies for Defining an Optimal Risk-Benefit Ratio for Stress Myocardial Perfusion SPECT”

Providing optimal care to patients with cardiovascular disease requires clinicians to maximize clinical benefit and minimize potential risk to patients. ASNC strongly supports this patient-centered approach to nuclear cardiology and encourages members to educate themselves and their patients on the role of radiation exposure in this risk-benefit analysis. The Society continues to develop documents and resources to help members understand and discuss radiation risk based on published literature and established best practices. ASNC’s most recent publication, “Strategies for Defining an Optimal Risk-Benefit Ratio for Stress Myocardial Perfusion SPECT,” examines the appropriate use of single photon-emission computed tomography (SPECT) and positron emission tomography (PET) in patients who are at risk of coronary artery disease.

Research shows that the clinical benefits of MPI and CAD detection far outweigh the radiation exposure risk when applied to targeted patients. Thus, when making clinical decisions about the use of imaging, long-term risks related to radiation exposure should be compared with the overall clinical benefit. Examples of appropriate uses of MPI include patients who are facing an intermediate to high likelihood for CAD, require additional physiologic and prognostic information, or experience persistent symptoms. Some other examples of appropriate indications for MPI include new or worsening symptoms in patients with abnormal test results or assessment of patients with severe dysfunctions or acute coronary syndrome.

In addition to information on risk evaluation and appropriate use of MPI, ASNC’s newest publication emphasizes the importance of communicating the risks and benefits of imaging tests to patients. Nuclear cardiologists should discuss the patient’s

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Ten questions I should ask my doctor about a stress nuclear exam

- 1** What is this procedure and how will it tell me whether I have heart disease and define my risk of heart disease?
- 2** How will this test help you with my care and benefit me?
- 3** What is an appropriate indication for a stress nuclear exam?
- 4** What is my risk of heart disease and does that make this test right for me?
- 5** Am I exposed to radiation in any other aspects of my life?
- 6** How much radiation is used for the test?
- 7** Is radiation harmful?
- 8** Does radiation from stress nuclear imaging increase my cancer risk?
- 9** Do I have any alternatives?
- 10** If the scan is normal, does that mean that I should not have had the test?

From “ASNC Information Statement: Strategies for Defining an Optimal Risk-Benefit Ratio for Stress Myocardial Perfusion SPECT”

INSIDE THIS ISSUE

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Office-Based Course Tackles Tough Practice Issues

It's not too late to register for Nuclear Cardiology for the Office-Based Practice, scheduled for April 15 – 17, 2011, in Philadelphia. Ideal for practitioners who want to review clinical and business issues facing imaging professionals who work in office-based settings, attendees will learn about recent advances in SPECT and PET. Attendees will learn not only how to employ methodologies to interpret and report studies but also how to evaluate strengths and weaknesses of various procedures. Additional topics will address physiological approaches to stress perfusion imaging, including the use of new pharmacologic stress agents. Reimbursement matters, such as current payer policies and recent changes in coding and reimbursement, also will be covered in this course. Register today at www.asnc.org/office.

New Educational Resource for Nurses and Nurse Practitioners

A new Meeting on Demand course now is available for nurses, nurse practitioners, and technologists. Nuclear Cardiology for Nurses and Nurse Practitioners is designed for professionals who are practicing or are interested in practicing nuclear cardiology in a hospital or office-based setting. The course's digital library of presentations includes audio lectures synchronized with presentation slides. Expert panelists review new methods and techniques to optimize image quality and discuss overall efficiency of the nuclear cardiology laboratory. Learn more at www.asnc.org/content_10597.cfm.

Revised Guidelines for Cardiovascular Disease Prevention

ASNC has endorsed the American Heart Association's (AHA) "Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women." First published in 1999, the updated clinical recommendations were released on February 14, 2011. According to the AHA, "substantial progress has been made in the awareness, treatment and prevention of CVD [cardiovascular disease] in women." Such progress includes debunking the myth that heart disease is a "man's disease," reducing major risk factors, and improving secondary preventive therapies. Despite this progress, the importance of awareness, treatment, and prevention of CVD is highlighted by the fact that it remains the leading cause of death in U.S. women. The Joint Commission has emphasized the need for patient education directed at improved outcomes as well as for gender-specific analyses. Read the updated guidelines at www.asnc.org/section_73.cfm.

ASNC Releases Position Statement Opposing Test Substitution

ASNC has published "The Role of Radiology Benefits Managers and Private Insurers in the Physician-Patient Relationship: A Statement in Opposition of Test Substitution." ASNC opposes any intrusion of radiology benefits managers (RBMs) into the physician-patient relationship and maintains that clinical decision-making regarding the appropriate imaging test for a given patient should remain solely with the physician treating the patient. The Society acknowledges that insurance companies may require that any test ordered have an approved indication. When two tests may be deemed appropriate, however, the physician and patient have the sole right to make that determination. The decision should be made on the basis of patient preferences, quality and availability of resources, and clinical judgment. Insurance companies and RBMs are not licensed medical practitioners and should not mandate test substitutions. Visit the "Guidelines & Standards" section of www.asnc.org to read the complete position statement. ✱

ASNC IS MOVING

As of April 1, 2011, ASNC will have a new home. When corresponding with ASNC, please make sure to use our new address below. The office phone number, fax number, and e-mail address will remain the same.

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perceptions of risk and ensure they have an accurate understanding of radiation exposure. Such risk assessments should not include an actual risk measurement but rather an estimate of risk, including a risk comparison with non-medical exposures (e.g., flying on an airplane) and common medical procedures (e.g., dental x-rays). ASNC's statement includes a list of "Ten Questions I Should Ask My Doctor About a Stress Nuclear Exam" [see cover] as a starting point for these types of conversations.

Please visit the "Guidelines & Statements" section of www.asnc.org to read the complete statement and view other ASNC documents related to defining and reducing radiation risk. ✱

MEETINGS AND PROGRAMS

Programs listed below are sponsored or co-sponsored by ASNC. For more information, visit www.asnc.org/event.cfm.

APRIL 2011

April 15 – 17 Nuclear Cardiology for the Office-Based Practice Philadelphia, PA

MAY 2011

May 5 – 7 33rd Annual Recent Advances in Clinical Nuclear Cardiology and Cardiac CT Washington, DC*
May 6 – 7 12th Annual Mid-West Cardiac Imaging Symposium Columbus, OH*
May 13 – 15 Nuclear Cardiology for the Technologist Cambridge, MA
May 15 – 18 ICNC10-Nuclear Cardiology and CT Amsterdam, Netherlands*

JUNE 2011

June 19 ASNC/Asian Society of Cardiovascular Imaging Symposium Hong Kong*

JULY 2011

July 8 – 10 Nuclear Cardiology Board Exam Preparation Course Baltimore, MD

SEPTEMBER 2011

September 7 – 8 Nuclear Cardiology Board Exam Preparation Course Denver, CO
September 7 – 8 Nuclear Cardiology for the Working Technologist Denver, CO
September 8 Nuclear Cardiology for Nurses and Nurse Practitioners Denver, CO
September 8 – 11 ASNC2011: The 16th Annual Scientific Session of the American Society of Nuclear Cardiology Denver, CO
September 11 Multi-Modality Imaging Symposium* Denver, CO
September 28 – 30 ASNC/ALASBIMN Nuclear Cardiology Symposium Porto de Galinhas, Brazil*

*This course is co-sponsored by ASNC.

ANNUAL MEETING

ASNC2011 DENVER

The 16th Annual Scientific Session of the American Society of Nuclear Cardiology

SEPTEMBER 8 – 11, 2011 | COLORADO CONVENTION CENTER

Registration Opens for ASNC2011: The 16th Annual Scientific Session of ASNC

Imaging professionals are required to maintain clinical competence and continually improve performance. The ideal way to meet these requirements is to attend the 16th Annual Scientific Session of the American Society of Nuclear Cardiology, September 8 – 11, 2011, in Denver. And the perfect time to confirm attendance is now: Early registration is available through July 1, 2011.

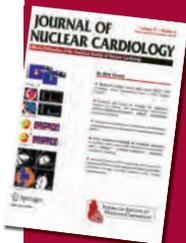
Imaging professionals must have expertise in a wide range of areas, including clinical data as well as the technical aspects and appropriate application of imaging. As innovative technologies and pharmacologic agents are introduced, the field continues to evolve and professionals must keep abreast of these advances. ASNC2011 highlights not only the latest developments in clinical

practice but also scientific advances in nuclear cardiology and cardiac imaging.

Attendees can customize their experience with a variety of program tracks, including Plenary Sessions, featuring keynote presentations from industry leaders; Advanced Sessions, showcasing advances in the field and clinical applications; and Core Sessions, covering didactic presentations essential to the effective diagnosis and treatment of heart disease. Computed Tomography Sessions will highlight the latest information on the state of cardiac computed tomography and Technical Sessions will offer instruction on nuclear cardiology procedures.

Early registration is available until July 1, 2011. For meeting details and to register online, visit www.asnc.org/asnc2011. *

JNC SPOTLIGHT



The March/April issue of the *Journal of Nuclear Cardiology (JNC)* includes a study from Uretski et al. investigating the influence of cardiac risk factors on long-term outcomes in patients with normal exercise SPECT tests. Read about the authors' findings in "Synergistic Effect of Coronary Artery Disease Risk Factors on Long-Term Survival in Patients with Normal Exercise SPECT Studies" at www.asnc.org/journal. This article is the second manuscript available for continuing education credit in the *Journal of Nuclear Cardiology*.



The March/April issue of the JNC also includes an important study of transient ischemic dilation by Travin et al. Dr. Travin discusses this new research, "The Significance of Transient Ischemic Dilation in the Setting of Otherwise Normal SPECT Radionuclide Myocardial Perfusion Images," in a new episode in the JNC podcast series, available at www.asncpodcast.org.

Register Early for Nuclear Cardiology for the Technologist

Join program co-chairs April Mann, CNMT, RT(N), NCT, FASNC from Hartford Hospital, and Robert Pagnanelli, CNMT, RT(R)(N), NCT, FASNC from Duke University Medical Center, for Nuclear Cardiology for the Technologist, May 13 – 15, 2011, in Cambridge, Massachusetts.

This program will familiarize nuclear cardiology and nuclear medicine technologists with current standards for performing nuclear cardiology and cardiac PET procedures. Technologists who work in private practice and hospital settings will learn to assess laboratory quality and evaluate patient satisfaction.

Attendees will learn about the "Business of Nuclear Cardiology" and outline strategies for marketing a nuclear cardiology practice. Lectures such as "Nuclear Cardiology in the Future," will cover new protocols for performing equilibrium radionuclide angiography (ERNA) and first-pass studies, as well as new SPECT imaging techniques and technologies. While they are "In the Stress Lab," participants will review the basic principles and protocols for exercise and pharmacologic stress testing, and learn about emergency situations that may arise in the stress lab. Other topics from the agenda include "Putting It All Together: Case-Based Sessions," "Cardiac PET," and "Other New and Interesting Things." Throughout these sessions, attendees will discuss the future of nuclear cardiology and the role of the technologist.

Register now to take advantage of early bird registration rates. Visit www.asnc.org/nctechnologist for registration information and a program agenda.

Enroll Today for Nuclear Cardiology Board Exam Preparation Course

Physicians preparing for certification or recertification in nuclear cardiology, or who are interested in general practice improvement, can now enroll in one of two ASNC Nuclear Cardiology Board Exam Preparation courses. Scheduled for July 8 – 10, 2011, in Baltimore, and September 7 – 8, 2011, in Denver, this essential program will increase the knowledge, skills, and professional performance of practitioners performing nuclear imaging studies.

Participants will learn to appraise their knowledge of physics and instrumentation, image acquisition and processing, and risk stratification. This course will highlight the integration of radiation safety standards into professional practice and cover the use of perfusion imaging in the assessment, diagnosis, and response to therapy in patients with coronary artery disease.

Each day of the course includes insightful question-and-answer sessions as well as test exams. Physicians will have the opportunity to review challenging cases during "Read with the Experts" sessions scheduled for the early evening and during working lunches.

Learn more about this popular course and register online at www.asnc.org/boardprep. *

INTERNATIONAL NEWS

Singapore Interventional Meeting Highlights Multimodality Imaging

Contributed by Terrance Chua, MBBS

AsiaPCR SingLIVE, a collaboration between the SingaporeLIVE interventional course that began almost 20 years ago and the organizers of the popular euroPCR course, celebrated its second year, January 13 – 15, 2011. More than 1,700 attendees gathered in Suntec City, Singapore, for this year's meeting.

The 2011 Cardiac CT and Multimodality Symposium featured guest speaker Dr. Benjamin Chow from the Ottawa Heart Institute. Dr. Chow reviewed new developments in cardiac computed tomography (CT), the optimal choice of imaging in suspected coronary artery disease, as well as the potential role of imaging in acute chest pain. The symposium featured case-based presentations on dilemmas in imaging by Drs. Tan Swee Yaw, Felix King, and Terrance Chua. The discussions addressed test selection based on pre-test likelihood of disease and the value of testing in pre-operative risk stratification. The symposium concluded with lectures on the role of imaging in guiding procedures for valvular heart disease and a half-day workshop on the use of imaging in optimizing cardiac resynchronization therapy.

For details about the 2011 Asia PCR SingLIVE course, visit www.singlivecourse.com.



Nuclear Cardiology and Cardiac CT

15-18 May 2011 - Amsterdam, Netherlands

ICNC10: Pre-Registration and Preliminary Program

Join the International Conference of Non-Invasive Cardiovascular Imaging (ICNC) as it celebrates 20 years of scientific collaboration at ICNC10, May 15 – 18, 2011, in Amsterdam. Last year, more than 60 countries attended the four-day meeting, which offered 50 sessions and presented more than 300 abstracts.

To achieve its purpose to “promote and further the cause of nuclear cardiology and cardiac CT through the organization of an international scientific and educational meeting,” ICNC exposes international audiences to unique programs that enhance knowledge, improve skills, and achieve better outcomes. In addition to these unique programs from collaborating organizations, this year's program will include a Late-Breaking Trials session. Through the New Initiative for ICNC10, young researchers also will have an opportunity to present abstracts as the conference recognizes their “valuable contribution to the future of our science.” Along with experts, faculty, and committee members, this is an ideal opportunity for all attendees to discuss the future of nuclear cardiology, cardiac CT, and related fields.

Review the preliminary schedule at www.icnc10.org. ✧

HEALTH POLICY UPDATE

CMS Begins Reprocessing 2010 Medicare Claims

The Centers for Medicare & Medicaid Services (CMS) have begun reprocessing claims as a result of a technical correction made to the 2010 Medicare Physician Fee Schedule last spring. The correction affects myocardial perfusion imaging payments issued to Medicare providers from January through June 2010.

According to CMS, in most cases, Medicare contractors will reprocess claims automatically. Providers *do not* need to take any additional action and *should not* resubmit claims. These claims will be denied as duplicates and slow the adjustment process. For claims that contain services with submitted charges lower than the revised 2010 fee schedule, the amount cannot be automatically reprocessed. For these claims, ASNC members should request a manual adjustment from their Medicare contractor.

A large volume of Medicare fee-for-service claims are now being reprocessed. CMS is working to ensure that new claims

are processed timely and accurately, but it expects that the process will take time depending on the type of claim, volume, and the claims administrator. Because these circumstances fall under the “good cause” criteria, CMS has extended the one-year time limit for physicians and other providers and suppliers to request the reopening of claims.

Medicare claims administration contractors will follow the normal process for handling any underpayments or overpayments that occur while reprocessing your claims. Underpayments will be included in your next regularly scheduled remittance after the adjustment. Overpayments resulting from institutional provider claim adjustments will be offset immediately.

Please contact your Medicare claims administration contractor with any questions about this information, or read the full transmission from CMS at www.asnc.org/content_10901.cfm.

HEALTH POLICY UPDATE

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New Jersey Payer Corrects Radiopharmaceutical Payment Issue

Beginning in September 2009, several members reported that Horizon New Jersey Blue Cross and Blue Shield implemented a new reimbursement policy for CPT code 78452 (single-photon emission computed tomography [SPECT MPI], multiple study), which resulted in payment for only one unit of radiopharmaceuticals A9500 (Technetium, Tc-99m sestamibi, diagnostic, per study dose Cardiolite®) and A9502 (Technetium, Tc-99m tetrofosmin, diagnostic, per study dose, Myoview™) instead of the necessary two units required when performing a multiple SPECT MPI study. Recently, several New Jersey practices won a compliance dispute against Horizon regarding this policy due to the payer's failure to properly notify practices of this change. ASNC, the American College of Cardiology (ACC), the New Jersey Chapter of the ACC, and the Society of Nuclear Medicine promptly followed up with correspondence to the payer to clarify that the policy misinterprets CPT coding protocol and should not

be reissued. Horizon agreed with the societies' explanation and will not reissue the policy. Horizon has also agreed to reprocess and repay all claims for the reimbursement of radiopharmaceuticals from the policy's September 2009 effective date. Members are encouraged to review their Horizon claims and explanations of benefits to ensure the claims were reimbursed correctly.

Senate Reintroduces Medical Isotope Production Bill

The molybdenum-99 bill (now S.99, the American Medical Isotopes Production Act of 2011) has been reintroduced in the Senate. This legislation includes a seven-year timeline to begin U.S. medical isotope production with the option to extend production for six more years. ASNC and the American College of Cardiology urge passage of this bill and ask members to contact their Senators to support this important legislation. Visit ASNC's Action Center — <http://capwiz.com/asnc> — to contact your legislators today. ✦

ASNC2011 DENVER

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ASNC2011 Early Bird Registration Open!

ASNC2011 HIGHLIGHTS:

NEW!

Multi-Modality Imaging Symposium, jointly presented by ASNC, the Society of Cardiovascular Computed Tomography, the American Society of Echocardiography, and the Society for Cardiovascular Magnetic Resonance

- ▶ **Mario Verani Memorial Lecture:** "Quantitative Nuclear Cardiology: *Ibe Fere Sumus*" presented by Ernest V. Garcia, PhD, FASNC

- ▶ **Changes in Health Policy and Reimbursement that Impact Your Practice:** A session covering coding, reimbursement, and health care reform

NEW!

ASNC2011 Reception: Unwind with colleagues, Saturday, September 10, 7:30 p.m. – 10:30 p.m. with music provided by the dynamic Thallium Stallions!

REGISTER EARLY AND SAVE! Visit www.asnc.org/asnc2011 to view the complete Preliminary Program and for all the latest information about ASNC2011.

The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. This live activity has been approved for *AMA PRA Category 1 Credits™*.

The American Society of Nuclear Cardiology is a recognized provider of continuing education credit for technologists. ASNC's Continuing Education (ACE) credit is accepted by the NMTCB and ARRT.

This activity has been submitted to the Colorado Nurses Association for approval to award contact hours. The Colorado Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

LEGAL UPDATE

Medicare Enrollment: A Tougher Road to Go

Contributed by Alice G. Gosfield, Esq.

When I first started practicing health law, a physician could enroll in Medicare by filling out a two-page form, and the forms varied from carrier to carrier. Today, Congress and the Centers for Medicare & Medicaid Services (CMS) see the enrollment process and maintaining enrollment as significant pressure points to eliminate bad actors from obtaining access to Medicare Trust Fund dollars. Unfortunately, as the Inspector General for Health and Human Services has observed, the innocent will have the same burdens as the guilty.

Many physicians do not understand that Medicare has been gradually tightening the pathways to enrollment. Regulations published February 2, 2011, implement health reform provisions that designate providers by risk category in terms of how they will be evaluated and screened for enrollment. Physicians are in the limited risk category, which exempts newly enrolling physicians from fingerprinting and criminal background checks. However, physicians who want to enroll their imaging centers as independent diagnostic testing facilities (IDTFs) will be treated as any other IDTF and subjected to more intense screening.

Completing the notoriously complicated 855-I for individual enrollment, 855-R to re-assign payment to an employer (or anyone else), and 855-B for a group practice or an IDTF demands a clear understanding of the rules of coverage and the terms used. Requirements include:

- IDTFs must have site visits and must pay a \$500 fee for enrolling each location. Physicians do not have to pay a fee for filing their forms.
- Physician groups must list their managing employees; if they use a billing company, that information must be provided. Each office location must be listed.

If the information submitted is incomplete, the enrollment may be rejected and returned.

Although a practice used to be able to use the date of the initial request for enrollment to submit claims from that date forward, that is no longer the case. The earliest claims eligible

for submission are those from services provided no more than 30 days earlier than the date an application was accepted by the government. If you are denied enrollment, but you win an appeal, then you can go back to the date on which you can prove you submitted a clean and complete application.

Physicians must report certain data to Medicare once enrolled, even though participants are only obligated to re-validate enrollment every five years. Changes in ownership, changes in billing companies, adding a new location, closing an office, or terminating a physician assistant must all be reported to Medicare. Medicare differentiates between Authorized Officials, who need not be physicians but who can submit the forms, and Delegated Officials who can report changes to the information in the enrollment forms. Any changes regarding who these individuals are must also be reported. Adverse events – loss of licensure, Drug Enforcement Administration (DEA) sanctions – involving any of these individuals or any of the physicians must also be reported.

The penalties for getting this process wrong are not just the inconvenience of not being able to bill for services. These documents can generate false claims liability as well. While sham durable medical equipment companies and home health agencies have been a principal focus of attention for CMS, the heightened enrollment and maintenance of enrollment environment commands attention from all physicians. As a practical matter every practice should have a complete copy of the 855 forms they have filed, and a checklist of the things that must be reported that can be found by reviewing those forms. Do not consider these applications mere administrative annoyances. Pay close attention to what is required and get help from someone who can translate them into English if you do not understand precisely what they request. ✧



Alice G. Gosfield, Esq., is an expert in health law and health care regulations. She has been cited as one of the Top Twenty-five Health Lawyers in the country and has served as a committee member for the Institute of Medicine and a consultant to AHRQ, the GAO, and the Robert Wood Johnson Foundation, among others. She will serve as a regular contributor to the ASNC newsletter in 2011.



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At GE, we believe what's needed, right now, is a new mindset: that health is everything.

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By keeping people well, we all do well.

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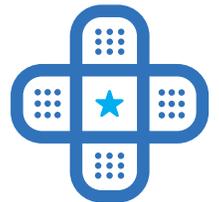
Reduce Costs

By 2015, our goal is to reduce by 15% the costs of many procedures and processes with GE technologies and services.



Increase Access

By 2015, our goal is to increase by 15% people's access to services and technologies essential for health, reaching 100 million people every year.



Improve Quality

By 2015, our goal is to improve quality and efficiency by 15% for customers by simplifying and refining healthcare procedures and standards of care.

