

## ASNC Welcomes Kathleen Flood as New CEO



Ms. Flood

The American Society of Nuclear Cardiology (ASNC) is pleased to announce the appointment of its new chief executive officer. After a 6-month search, the Society has appointed Kathleen B. Flood to the position, which she begins on June 1, 2011. Ms. Flood brings more than 20 years of experience working with medical associations and

health care organizations to her new role at ASNC.

According to Dr. Leslee Shaw, ASNC president, Ms. Flood's "knowledge of the field and her extensive experience with non-profit medical associations and private payers will help the Society further its mission and better serve its members." Ms. Flood most recently served as Senior Director of Practice Strategies and Transformation at the American College of Cardiology (ACC). In this position, she provided a strategic framework to promote practice viability, quality and performance, and lifelong learning.

Ms. Flood integrated the ACC's advocacy, quality, and education priorities, building strategic collaborations that helped members adapt to the rapidly changing practice environment and generated new sources of revenue. She provided a continuous review of relevant programs and recommended changes to address organizational priorities and financial performance. By enhancing advocacy efforts and technology-based vehicles, Ms. Flood helped the ACC meet the challenges of health reform legislation, regulation, and promulgation. While working for the

ACC, Ms. Flood also served as the Assistant Director of Practice Organization and Management and as the Senior Director of Advocacy.

According to Ms. Flood, "It is imperative to continue to enhance the voice of Nuclear Cardiology in the ever-changing legislative, educational, technological, and professional environments. I look forward to working with the ASNC community to strengthen partnerships that will meet these current and future challenges."

Ms. Flood is well equipped to meet these challenges. She has a long career in health care, beginning as a professional relations coordinator at Baystate Healthcare and as a provider relations representative with Pilgrim Health Care. She moved on to serve as a physician liaison with the New England Medical Center and as a health systems services manager with the Massachusetts Medical Society. Having filled these varied roles, Ms. Flood understands the myriad aspects of patient care, physician protocols, health plan policies and procedures, and the regulatory environment.

In addition to earning an undergraduate degree from Northeastern University, Ms. Flood also completed a graduate seminar in health care reform from Northeastern University and a graduate seminar in financial accounting from Harvard University. Ms. Flood is a member of the Healthcare Financial Management Association, the Medical Group Management Association, and the American Association of Medical Society Executives.

Please join us in welcoming Ms. Flood to her new role leading the ASNC toward continued future success. ✧

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MAY/JUNE 2011

The ASNC newsletter is published by the American Society of Nuclear Cardiology (ASNC) and is provided as a benefit of membership in ASNC.

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# ASNC NEWS BRIEFS

## Prepare for CT Board Exams Online

Physicians preparing for certification exams in cardiovascular computed tomography (CT), as well as physicians and technologists interested in general CT education, now can access a valuable online resource. This digital library of nearly 10 hours of presentations was captured at the ASNC CT Board Exam Preparation Course held April 17 – 18, 2009, in Philadelphia.

Chaired by Mario J. Garcia, MD, this Meeting on Demand includes audio recordings from 16 sessions of the live course synchronized with presentation slides. Participants will learn to appraise knowledge of physics and instrumentation associated with cardiac CT, list the biological hazards of radiation, explain image acquisition and processing, discuss the use of CT in the assessment of coronary artery disease, interpret CT images, and discuss outcome data.

Participants who purchase this Meeting on Demand activity can access content and claim CME or ACE credits through April 1, 2012. Read more at [www.asnc.org/content\\_8079.cfm](http://www.asnc.org/content_8079.cfm).

## Conference Highlights Provide Key Presentations from Annual Meeting

Physicians, technologists, and other nuclear cardiology professionals must integrate knowledge spanning multiple areas, including clinical data, technical aspects of imaging, and appropriate application of imaging. ASNC is now offering these imaging professionals a new Conference Highlights Meeting on Demand, featuring a selection of presentations captured during ASNC2010 held September 23 – 26, 2010, in Philadelphia.


Chaired by Brian G. Abbott, MD, FASNC, this Meeting on Demand enables professionals to maintain competence and improve

performance. The digital library features 10 sessions, 23 lectures, and more than 10 hours of audio recordings. The resource enables imaging professionals to obtain the latest information in clinical practice and review cutting-edge scientific advances in nuclear cardiology and cardiac imaging. To receive CME or ACE credits, users who purchase this Meeting on Demand must access content and claim their credits by December 31, 2011. Visit [www.asnc.org/content\\_10451.cfm](http://www.asnc.org/content_10451.cfm) for details.

## Reminder: CMS Accreditation Requirements for 2012

The Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) requires the accreditation of laboratories and Independent Diagnostic Testing Facilities (IDTFs) that furnish the technical component of advanced diagnostic imaging services. To be eligible to bill the Medicare program for these imaging services, providers and facilities must be approved by the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), or The Joint Commission (TJC) by January 1, 2012. The accreditation will apply only to the suppliers of the images and not to the physician interpreting the image.

The Centers for Medicare & Medicaid Services (CMS) notified all enrolled suppliers that have billed for advanced diagnostic imaging services—including single photon emission computed tomography (SPECT) magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET)—within the past six months. ✱

 ASNC will be co-hosting a webinar with IAC on June 21, 2011 to review the 2012 CMS accreditation requirements. Registration is free for members at [www.asnc.org/webinars](http://www.asnc.org/webinars).

## JNC SPOTLIGHT



### From the May/June issue of the *Journal of Nuclear Cardiology*:

The May/June issue of the *Journal of Nuclear Cardiology* includes a meta-analysis of CT angiography studies in patients with cardiomyopathy in an article titled “Diagnostic Performance of Computed Tomography Angiography for Differentiating Ischemic vs. Nonischemic Cardiomyopathy” by Bhatti et al. The authors’ findings support the appropriateness of the use of CT angiography to determine the cause of new onset cardiomyopathy of unknown etiology. Learn more at [www.asnc.org/journal](http://www.asnc.org/journal).



The May/June issue of the JNC also features a study titled “Interrelationship Between Myocardial Perfusion Imaging, Coronary Calcium Score, and Endothelial Function in Asymptomatic Diabetics and Controls” by Peix et al. Dr. Peix discusses her findings in a new episode in the JNC podcast series, available at [www.asncpodcast.org](http://www.asncpodcast.org).



# MEETINGS AND PROGRAMS

Programs listed below are sponsored or co-sponsored by ASNC. For more information, visit [www.asnc.org/event.cfm](http://www.asnc.org/event.cfm).

## JUNE 2011

June 13	ASNC Webinar: Understanding the RUC Survey Instrument	
June 19	5th Congress of Asian Society of Cardiovascular Imaging – Nuclear Cardiology Symposium*	Hong Kong
June 21	ASNC/IAC Webinar: Facility Accreditation – Learn from the Experts*	

## JULY 2011

July 8 – 10	Nuclear Cardiology Board Exam Preparation Course	Baltimore, MD
July 19	ASNC Webinar: Cardiac PET	

## 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
<b>September 8 – 11</b>	<b>ASNC2011: The 16th Annual Scientific Session of the American Society of Nuclear Cardiology</b>	<b>Denver, CO</b>
September 11	Multi-Modality Symposium*	Denver, CO
September 23 – 24	Nuclear Cardiology Physics and Fundamentals	Washington, DC
September 28 – 30	ALASBIMN/SBBMN/ASNC Nuclear Cardiology Symposium*	Porto de Galinhas, Brazil

\*This course is co-sponsored by ASNC.

# EDUCATION

## Registration Open for Board Exam Preparation Courses

Enrollment is now open for two sessions of the Nuclear Cardiology Board Exam Preparation Course for physicians preparing for certification or recertification in nuclear cardiology. The Nuclear Cardiology Board Exam Preparation Courses are scheduled for July 8 – 10, 2011, in Baltimore, and for 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 associated with nuclear imaging. Attendees will be able to explain image acquisition and processing, and describe risk stratification. Courses will highlight the integration of

radiation safety standards into professional practice. Physicians also will discuss the use of nuclear imaging in the assessment of viability and refine skills to interpret perfusion images, including positron emission tomography (PET) and ventricular function imaging. Additionally, courses will 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 with expert faculty at “Read with the Experts” sessions scheduled for the early evening and during working lunches. Learn more about this important course for certification at [www.asnc.org/boardprep](http://www.asnc.org/boardprep). ✦



# LEGAL UPDATE

## What's All The Fuss About Fraud and Abuse?

*Contributed by Alice G. Gosfield, Esq.*

As the government announces sweeping dragnets of healthcare cybercriminals and creators of fake durable medical equipment companies, nuclear cardiologists may well be asking themselves, "but what does this have to do with me? I don't bill for services not rendered." While the noose of law enforcement has been unquestioningly tightening over time around blatant abusers of the publicly funded healthcare system, every physician should understand that the world of fraud and abuse enforcement changed with the Fraud Enforcement Recovery Act of 2009 (FERA), followed strongly by health reform legislation.

Congress has created an army of fraud enforcers but perhaps more importantly abuse enforcers as well. Congress has expanded the role of Recovery Audit Contractors (RACs) who reportedly recovered \$162 million in overpayments in the first three months of 2011 alone. In addition to RACs, there are Zone Program Integrity Contractors, the former carriers and intermediaries who are now referred to as Medicare Administrative Contractors (MACs), and Quality Improvement Organizations (QIOs), all of which review and audit Medicare services for medical necessity and/or fraud and abuse.

With FERA and health reform legislation, Congress opened the door to more whistleblower cases than had been possible before. FERA established that failure to return an overpayment to the government can convert the claim which generated the overpayment into a false claim. The False Claims Act provides for penalties of up to \$11,000 per claim plus triple the charges on the claim. A whistleblower can get up to 25% of whatever the government recovers when the government intervenes in the case, whether taking it to trial or merely settling. If the

government does not intervene, the whistleblower can get up to 30%. When cases produce settlements in the millions of dollars, as they routinely do, there is a real incentive to bring cases to the government.

In addition, in health reform, Congress made it clear that if an overpayment is received but is not returned within sixty days of being identified, then that claim converts to a false claim. Claims submitted for services rendered not in compliance with Stark or the anti-kickback statute also convert to false claims, if they are not repaid. And while Stark has been a major focus of nuclear cardiologists, the anti-kickback statute now presents a new pitfall: Congress has established that the government need not show the violator had specific intent to violate the law, nor that the violator even knew the law existed, in order to find a violation.

Above all, in today's world, it is imperative to have an actual working compliance program. Although having a compliance plan is still not required by law, any physician who does not have some system in place to identify mistakes in billing and to evaluate financial relationships with referral sources is putting their practice at risk. Buying an off-the-shelf compliance program is a bad idea. The only compliance program that actually works is one the physician practice develops itself to reflect the specifics of its situation.

With the new liabilities from health reform, taking an organized approach to assess where you may have risks in billing, when overpayments have occurred, relationships with referral sources, and documentation of services rendered is the only rational way to proceed. Because you may find problems once you start evaluating your exposure, it is a good idea to involve an attorney before you implement a compliance plan, so that any consultant work or internal findings can be protected to the extent possible under attorney-client privilege.

The Secretary of Health and Human Services now has the authority to require compliance programs and has done so with Medicare Advantage plans, Part D drug program sponsors, and in the proposed Affordable Care Organization regulations. Prudent nuclear cardiologists will get ahead of the game and will take steps now to ensure compliance. ✱



*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.*



# ANNUAL MEETING

## Preview the ASNC2011 Preliminary Program

The program for the 16th Annual Scientific Session of the American Society of Nuclear Cardiology, September 8 – 11, 2011, in Denver is now available online. ASNC2011 will feature nearly 45 sessions and symposia, incorporated into plenary, advanced, core, computed tomography, and technical tracks.

The conference will begin with an Opening Reception showcasing more than 40 exhibitors. Dedicated exhibit hall time also is scheduled each day for attendees to review new equipment, software, pharmaceuticals, and services. A dynamic exhibit hall map is available online to learn more about the exhibiting companies.

Throughout the conference, 98 abstracts will be presented in four poster sessions along with the Young Investigator Award Competition and late-breaking clinical trials. Several ancillary programs will be held for certification candidates, technologists, nurses, and multimodality imagers. Additionally, ASNC2011 will feature joint sessions with the American Society of Echocardiography, the Society of Cardiovascular Computed Tomography, the Society for Cardiovascular Magnetic Resonance, and the Society of Nuclear Medicine. A workshop with the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories is scheduled for Saturday.

In addition to these educational professional development programs, attendees will have numerous opportunities to meet and network with colleagues, including at the opening reception, breakfast and evening receptions hosted by industry partners, and a Saturday night reception at Denver's historic opera house. See the full program at [www.asnc.org/imageuploads/ASNC2011PreliminaryProgram.pdf](http://www.asnc.org/imageuploads/ASNC2011PreliminaryProgram.pdf).

## 2011 Young Investigator Award Finalists Announced

Seven finalists have been selected for the ASNC2011 Young Investigator Award (YIA) Competition. The YIA abstracts will be presented orally at ASNC2011 on Friday, September 9. A panel of judges will award the prize to the best abstract presentation, and the winner will receive an additional \$500 travel grant. Following are the seven YIA Award finalists:

- Firas Al Badarin of Kansas City, MO, for “Differences in LVEF and Volume Measurements Between Standard 16-Frame Filtered Back-Projection and High-Resolution Attenuation-Corrected Gated SPECT”
- Shahryar Karimi-Ashtiani of Los Angeles, CA, for “Development of New Rest-Stress Motion Change Measure for Myocardial Perfusion SPECT”
- Donna Chelle Morales of Hartford, CT, for “Was Haffner Right About Diabetes and CAD? A Cardiovascular Risk Assessment of Diabetic and Non-Diabetic Patients from a Large Population Study”
- Ryo Nakazato of Los Angeles, CA, for “Prognostic Value of Quantitative High-Speed Stress Myocardial Perfusion Imaging”
- Sara Partington of Brookline, MA, for “Safety and Feasibility of Regadenoson Use at Maximal Exercise for Suboptimal Heart Rate Response to Symptom-Limited Standard Bruce Exercise Test”
- Hanna Slim of Manchester, CT, for “Does Location Matter? Prognostic Value of Single Photon Emission Computed Tomography (SPECT) Myocardial Perfusion Imaging by Vascular Territory”
- Ajay Srivastava of Norwalk, CT, for “Effect of Body Mass Index (BMI) on Hemodynamics and Coronary Flow Reserve (CFR) in Patients Undergoing Dynamic Rb82 PET/CT with Regadenoson Vasodilator Stress”

*Corporate support for the YIA program is provided by INVIA Medical Imaging Solutions.*

## ASNC2011 Travel Awards Available for Fellows-in-Training

Fellows-in-training still have time to apply for the 11th annual ASNC/Astellas Travel Awards. These awards encourage ongoing education and recognize research in nuclear cardiology during fellows' training programs. Twelve applicants will be selected to receive a \$1,200 award to attend ASNC2011. Winners also will receive free registration to the conference, scheduled for September 8 – 11, 2011, in Denver.

Criteria for the award include involvement in research activities leading to presentations and publications, preferably during the applicant's nuclear cardiology-related training. The applicant's citations should document continued pursuit of a major research question or several interrelated topics demonstrative of a continuing research activity.

Additionally, to apply for the award, applicants must include a 500-word personal statement explaining how the award will further their career objectives, along with a curriculum vitae. Applications are due on June 10. If you have not already applied for this award, please review the application online at [www.asnc.org/asnc2011/section\\_427.cfm](http://www.asnc.org/asnc2011/section_427.cfm). ✧



# ASNC 2011 DENVER PROGRAM SCHEDULE

## ANCILLARY PROGRAM SCHEDULE *(separate registration required)*

**WEDNESDAY, SEPTEMBER 7, 8:00 A.M. – 5:00 P.M. & THURSDAY, SEPTEMBER 8TH, 8:00 A.M. – 5:00 P.M.**  
Nuclear Cardiology for the Working Technologist — What I Need to Know

**WEDNESDAY, SEPTEMBER 7, 8:00 A.M. – 6:30 P.M. & THURSDAY, SEPTEMBER 8, 8:00 A.M. – 6:00 P.M.**  
Nuclear Cardiology Board Exam Preparation Course

**THURSDAY, SEPTEMBER 8, 8:00 A.M. – 5:00 P.M.**  
Nuclear Cardiology for Nurses and Nurse Practitioners

**SUNDAY, SEPTEMBER 11, 2011, 7:30 A.M. – 2:00 P.M.**  
Multi-Modality Imaging Symposium, Co-hosted by ASNC, ASE, SCCT, and SCMR.

**P A C CT T RE O**

HOURS	PLENARY	ADVANCED	CORE	CT	TECHNICAL	READ WITH THE EXPERTS	OTHER
<b>THURSDAY, SEPTEMBER 8, 2011</b>							
1:00 p.m. – 3:00 p.m.							Changes in Health Policy and Reimbursement that Impact Your Practice
3:00 p.m. – 5:00 p.m.			Multimodality Session: Risk Assessment in the Asymptomatic Patient				
Welcome Reception and Exhibit Hall Grand Opening 5:00 p.m. – 7:00 p.m.							
Thursday Evening Hosted Exhibitors' Receptions (TBA) 7:00 p.m. – 9:00 p.m.							
<b>FRIDAY, SEPTEMBER 9, 2011</b>							
Friday Morning Hosted Exhibitor Breakfast Reception (TBA) 6:00 a.m. – 7:45 a.m.							
8:00 a.m. – 9:30 a.m.	Opening Session and Verani Lecture						
Coffee Break in the Exhibit Hall 9:30 a.m. – 10:00 a.m.							
Exhibit Hall Open 9:30 a.m. – 3:45 p.m.							
10:00 a.m. – 11:30 a.m.		What's On the Horizon — The Introduction of New Novel Radiotracers	Radiation Safety with Radionuclide Imaging	Cardiac CT Perfusion Imaging	Technical Considerations for Hybrid Imaging Systems	SPECT Perfusion Artifacts with Conventional and New Camera Systems	
11:30 a.m. – Noon							ASNC Annual Business Meeting
All Attendees Pick Up Lunch in the Exhibit Hall 11:30 a.m. – Noon.							
Noon. – 1:30 p.m. Lunch Sessions	<b>LUNCH OPTION 1:</b> Lunch in the Exhibit Hall/ Poster Session I <b>LUNCH OPTION 2:</b> (Technical Track) Radiation Safety — The Technologist's Role in Reducing Exposure <b>LUNCH OPTION 3:</b> Young Investigators Award Competition						Poster Session I
1:45 p.m. – 3:15 p.m.			Joint ASNC/SCCT Session: Impact of Nuclear Cardiac Imaging and Cardiac CT on Patient Management			Optimizing the Clinical Value of Myocardial Perfusion PET	Poster Session II

ASNC2011 SCHEDULE AT-A-GLANCE

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HOURS	PLENARY	ADVANCED	CORE	CT	TECHNICAL	READ WITH THE EXPERTS	OTHER
<b>FRIDAY, SEPTEMBER 9, 2011</b>							
Refreshment Break in the Exhibit Hall 3:15 p.m. – 3:45 p.m.							
3:45 p.m. – 5:15 p.m.		Moving Beyond Simple Subjective Interpretation in Nuclear Cardiology	Guiding Clinical Decision-Making in Heart Failure	The Prognostic Value of CT Angiography — The Evidence is Expanding	Technical Considerations with New Imaging Technologies (A How-to Session)	CT Coronary Angiography: Challenging Cases and Pitfalls in Interpretation	
Friday Evening Hosted Exhibitors' Receptions (TBA) 5:30 p.m. – 7:30 p.m.							
<b>SATURDAY, SEPTEMBER 10, 2011</b>							
Saturday Morning Hosted Exhibitor Breakfast Reception (TBA) 6:00 a.m. – 7:45 a.m.							
8:00 a.m. – 9:30 a.m.	Clinical Value of Contemporary Nuclear Cardiology in an Era of Radiation Scrutiny						
Coffee Break in the Exhibit Hall 9:30 a.m. – 10:00 a.m.							
Exhibit Hall Open 9:30 a.m. – 3:45 p.m.							
10:00 a.m. – 11:30 a.m.		Advances in Pharmacologic Stressor Agents and Imaging Instrumentation	Incorporating PET Into the Nuclear Cardiology Laboratory	Mastering CT Angiography in Clinical Practice	Understanding Other Cardiovascular Imaging Modalities	Joint ASNC/SNM Session: Matching the Best Imaging Modality and Stressor Agent to the Right Patient	
All Attendees Pick Up Lunch in the Exhibit Hall 11:30 a.m. – Noon							
Noon – 1:30 p.m. Lunch Sessions	<b>LUNCH OPTION 1:</b> Lunch in the Exhibit Hall/ Poster Session III <b>LUNCH OPTION 2:</b> (Technical Track) Improving Image Quality of SPECT MPI — A Patient Focused Discussion <b>LUNCH OPTION 3:</b> Late-Breaking Clinical Trials Session <b>LUNCH OPTION 4:</b> ASNC/ICANL Lab Accreditation Workshop (Noon – 3:15 p.m.)						Poster Session III
1:45 p.m. – 3:15 p.m.			Joint ASNC/ASE Session			Gated Myocardial Perfusion SPECT — Errors in Assessment of LV Function	Poster Session IV
Refreshment Break in the Exhibit Hall 3:15 p.m. – 3:45 p.m.							
3:45 p.m. – 5:15 p.m.		Imaging the Atherosclerotic Plaque — Integrating Anatomy, Physiology, and Molecular Targets	Improving Lab Quality and Efficiency with Patient-Centered Imaging Protocols	Great Debates in Cardiac CT (3:45 – 5:45 p.m.)	Basics of Cardiac PET	The Complementary Role of Cardiac CT and Myocardial Perfusion SPECT	
ASNC2011 Reception featuring the Thallium Stallions 7:30 p.m. – 10:30 p.m.							
<b>SUNDAY, SEPTEMBER 11, 2011</b>							
7:30 a.m. – 9:30 a.m.	Imaging Strategies for Guiding Patient Management — Real-World Scenarios and Practical Considerations						
9:45 a.m. – 11:15 a.m.	Practical Considerations in Nuclear Stress Testing						



## **ASNC Releases Model Coverage Policy for SPECT MPI**

ASNC is pleased to announce the release of an updated model coverage policy for single photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI). This document examines a variety of clinical indications and symptoms with which a patient would present and supports the judicious use of performing SPECT MPI by cross-referencing patient indications with the 2009 American College of Cardiology Foundation (ACCF)/ASNC appropriate use criteria. The criteria were developed by the American College of Cardiology Foundation (ACCF) and ASNC in 2005 and subsequently revised in 2009.

This model coverage policy streamlines the reimbursement process for SPECT MPI procedures by outlining the indications and limitations for coverage and medical necessity. The use of SPECT MPI in patients with the indications delineated in the policy is supported by references to a large body of literature.

This coverage policy includes essential patient information for MPI for diagnostic purposes, indications for MPI for prognostic purposes, and indications for MPI to evaluate the effectiveness of medical therapy or revascularization. For each of these specific categories, the coverage policy provides the applicable International Classification of Diseases, 9th Revision (ICD-9) codes. These codes correlate to each of the clinical indications to specify which codes, or ranges of codes, are appropriate. Additionally, the coverage policy documents the appropriate clinical indications for conducting an MPI test, the test literature supporting each MPI study, and the appropriate use criteria that support performing an MPI test.

This policy is an education tool for ASNC members, clinicians, providers, and the cardiology community as a whole. In addition to bill-type codes, revenue codes for hospital use, and Current Procedure Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes, the policy includes an appendix with a complete list of medically necessary ICD-9 codes. By providing this information, ASNC hopes that payers will accept and adopt this model coverage policy.

That said, ASNC strongly advises against the use of this coverage policy as a comprehensive tool. The Society understands and expects that as technologies and best practices in the medical field change and evolve, so too will this model coverage policy. In addition, ASNC believes that clinical decision-making regarding the appropriate application of SPECT MPI for a given patient should remain solely with the physician treating the

patient and, first and foremost, should be based on the ACCF/ASNC Appropriate Use Criteria. For more information, please review the complete model coverage policy at [www.asnc.org/content\\_11111.cfm](http://www.asnc.org/content_11111.cfm).

## **What the ACO Proposed Rule May Mean for Cardiologists**

The Affordable Care Act (ACA) of 2010 created the concept of an Accountable Care Organization (ACO). To clarify the ACA's intent, the Centers for Medicare and Medicaid Services (CMS) released a proposed rule to govern the ACO program.

CMS defines an ACO as a group of providers of health care who can share in savings if the patients for whom they are responsible spend less than expected. ACOs are paid on a fee-for-service basis. An ACO must include primary care physicians, and the primary care group must be able to serve 5,000 Medicare beneficiaries. Any provider of Medicare services, including specialist physicians and hospitals, can be part of an ACO. Although ACOs are structured around primary care physicians, more than 20 of the quality measures focus on cardiovascular care. Thus, primary care physicians looking to reduce costs for cardiovascular care may partner with cardiologists.

ACOs are judged on the basis of 65 quality measures rolled into five domains. If an ACO fails to meet certain levels on any one domain, it cannot receive its portion of the shared savings. CMS has proposed a formula to review expected spending for the patients in the ACO and to compare it with actual spending. If an ACO demonstrates savings beyond the minimum rate, ACOs will be able to keep only a portion of the savings above a certain threshold. Conversely, if spending is higher than expected, ACOs will be subject to penalties.

Proposed rules can change a great deal before they are finalized. Once the final rule is released, ASNC will inform members. For more information, visit the Health Policy section of [www.asnc.org](http://www.asnc.org).

## **Senate Releases Report on Radiology Benefits Managers**

The Senate Committee on Commerce, Science, and Transportation released a report reviewing the pre-authorization policies of MedSolutions, a radiology benefits manager (RBM) used by BlueCross BlueShield of Delaware and many other third-party payers nationwide. The report, titled "Consumers' Access to Diagnostic Heart Tests in Delaware," catalogs the investigation and subsequent findings of the Committee after adverse outcomes were reported in Delaware due to denied nuclear stress tests.



# HEALTH POLICY UPDATE

The Committee reported that, in most cases, patients received appropriate tests from their physicians. In some cases, however, medically appropriate tests have been denied by the payer on administrative grounds, and other patients have received tests not indicated in accordance with the ACCF/ASNC Appropriate Use Criteria. The report also states the RBM pre-authorization process is burdensome and confusing for consumers and health care providers.

According to the Committee's findings, RBMs' goal is to reduce the use of advanced imaging services. MedSolutions' failure to develop pre-authorization guidelines through a transparent process left it vulnerable to criticisms that the purpose of these guidelines is to deny test requests, rather than to reflect the strongest scientific evidence. Thus, the Delaware Insurance Commissioner's office determined that BlueCross BlueShield of Delaware's financial agreement with MedSolutions violated the state's rules against fees contingent on health care cost savings. Read the full report at [www.asnc.org/content\\_11142.cfm](http://www.asnc.org/content_11142.cfm).

## **CIGNA Announces Precertification for Nuclear Cardiology**

According to CIGNA's March 2011 edition of NetworkNews, the policies for the Precertification Requirement of Nuclear Cardiac Services and Transthoracic Echocardiograms (TTEs) have been updated. Both of these policies will go into effect on July 1, 2011.

Beginning on that date, CIGNA will require precertification for all Nuclear Cardiac Services, including single photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI). Specific codes affected by this policy include 78460-78499, A9502, and A9505.

Under a modified reimbursement policy for TTEs, CIGNA also announced that it will reimburse TTEs only when performed for "proven and appropriate indications." The TTE policy and criteria will rely on evidence-based review of literature, recommendations of professional organizations, and adherence to the ACCF/ASNC Appropriate Use Criteria. Precertification for these services will not be required and denied services are eligible for clinical appeal.

For more information about these and other policy changes, visit [www.asnc.org/content\\_11136.cfm](http://www.asnc.org/content_11136.cfm).

## **MedPAC Reviews Imaging Proposals for Inclusion in Report to Congress**

The Medicare Payment Advisory Commission (MedPAC) has approved four proposals for inclusion in its June report to Congress. The Commission approved these recommendations to

reduce Medicare expenditures for in-office imaging services. In response, ASNC has joined more than 25 medical associations in authoring a letter to MedPAC Chairman Glenn Hackbarth, opposing these recommendations related to diagnostic imaging services. The four proposed recommendations under consideration (1) combine discrete services into larger units of payment (packaging and bundling), (2) reduce payment rates for the professional component of multiple imaging studies done in the same session, (3) reduce payment rates for imaging and other diagnostic tests done by self-referring physicians, and (4) require prior authorization for physicians who order significantly more advanced imaging than their peers.

MedPAC recommends accelerating efforts to package discrete services in the physician fee schedule into larger units for payment. MedPAC claims this would not have an impact on program spending or on beneficiaries' access to services.

MedPAC suggests that payments be reduced for the professional component of multiple imaging studies and that payments also be reduced when imaging and other diagnostic tests are

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## **ASNC ANTICIPATES SUMMER SURVEY OF GATED BLOOD POOL PROCEDURES**

The American Medical Association Relativity Assessment Workgroup (AMA RAW) recently lowered the volume threshold for CPT codes that will be evaluated by the AMA Relative Value Scale Update Committee (RUC). Based on this new criteria, ASNC believes the CPT codes pertaining to gated blood pool imaging, or MUGA scans, will be asked to be surveyed in the near future. As part of the RUC survey process, ASNC members may receive an AMA-developed survey this summer with questions related to the intensity of this procedure and the time necessary to perform it. ASNC will be holding an educational webinar on Monday, June 13, 2011 at 2:00 p.m. EDT for members and practice administrators interested in gaining more insight into the AMA RUC survey process. If you would like to participate in the webinar, visit [www.asnc.org/webinars](http://www.asnc.org/webinars). In addition, if you or your practice provides Gated Blood Pool scans to patients, and you would like to participate in the AMA RUC survey of these codes, please contact ASNC's Director of Health Policy, Jenna Wilkes at [jwilkes@asnc.org](mailto:jwilkes@asnc.org) or "(301) 215-7575 x 207."



# MEMBERSHIP

## Slate of Officers and Directors for 2012

Voting members of the American Society of Nuclear Cardiology will have the opportunity to elect officers and members of the Board of Directors at the ASNC Annual Business Meeting. This year's business meeting will be held as part of ASNC2011 on September 9, 2011, at the Hyatt Regency Denver at the Convention Center. Following are the recommendations presented by the ASNC Nominating Committee and Board of Directors.

The Nominating Committee was chaired by Mylan C. Cohen, MD, MPH, FASNC, and included Daniel S. Berman, MD, FASNC; Jennifer H. Mieres, MD, FASNC; John J. Mahmarian, MD, FASNC; and William A. Van Decker, MD, FASNC. In

addition to the nominations submitted by the Nominating Committee and Board of Directors, the ASNC bylaws provide that voting members may make other nominations for each elective office. Nominations may be submitted in writing for presentation to the membership 90 days before the 2011 Annual Business Meeting. Such nominations must state the qualifications of the candidate and must be signed by at least 10 full members of ASNC.

**Submit nominations to—**  
Secretary of ASNC  
4340 East-West Highway, Suite 1120  
Bethesda, MD 20814 ✱

### ASNC OFFICERS



**President-Elect:**  
James A. Arrighi, MD,  
FASNC, Providence, RI



**Vice President:**  
Jack A. Ziffer, PhD, MD,  
FASNC, Miami, FL



**Secretary:**  
Brian G. Abbott, MD,  
FASNC, Providence, RI



**Treasurer:**  
Dennis A. Calnon, MD,  
FASNC, Columbus, OH

Note: John J. Mahmarian, FASNC, Houston, TX, automatically assumes the office of president.

### ASNC BOARD OF DIRECTORS

The following nominees are eligible to serve a four-year term.



Mouaz H. Al-Mallah, MD,  
Riyadh, Saudi Arabia



Terrance Chua, MBBS,  
Singapore



Gordon DePuey, MD,  
FASNC, New York, NY



Sharmila Dorbala, MD,  
Boston, MA



Guido Germano, PhD,  
Los Angeles, CA



Prem Soman, MD, PhD,  
FASNC, Pittsburgh, PA



Peter L. Tilkemeier, MD,  
FASNC, Providence, RI



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ordered and performed by the same practitioner. According to MedPAC, the professional component covers time spent interpreting results and writing reports. Certain tasks are not duplicated, thus validating the reduced payment. Despite these reduced payments, MedPAC does not anticipate a reduction in the provider's willingness to furnish these services or in the beneficiaries' access to care. MedPAC is seeking to require high-use practitioners to obtain authorization before ordering advanced imaging, including MRI, CT, nuclear medicine, and PET. While recognizing the administrative burden this places on practitioners, MedPAC does not anticipate a reduction in beneficiaries' access to services and suggests a reduction in program spending as well as a reduction in unnecessary patient exposure to radiation.

ASNC, as a member of the Coalition for Patient-Centered Imaging (CPCI), continues to advocate for appropriate, in-office imaging to provide high-quality, accessible imaging care to cardiovascular patients. Although CPCI strongly supports MedPAC's decision not to modify the in-office ancillary services exception to the federal physician self-referral law, the repercussions of these proposed recommendations are troubling. Specifically, as highlighted in the letter to MedPAC, CPCI noted five significant concerns:

- The intent of these recommendations is to slow growth in the volume of imaging services, and the most recent data suggest that this goal has been achieved.
- The specific policy recommendations under consideration are inconsistent with the need for coordinated and patient-centered health care.
- The recommendation to cut pay for so-called self-referring physicians would have far broader consequences than may have been intended.
- Prior authorization of advanced imaging procedures is unilaterally opposed.
- The Commission should refrain from recommending that Congress take any Medicare savings generated by these or other proposals out of the already depleted pool of money used to compensate physicians for providing needed health care services to the Medicare population.

Read the CPCI letter to MedPAC at [www.asnc.org/content\\_11065.cfm](http://www.asnc.org/content_11065.cfm). \*

## IAEA CONVENES IMAGING PANEL

The International Atomic Energy Agency (IAEA) held a technical meeting in Vienna, Austria, February 21 – 25, 2011, on "Evidence-Based Nuclear Cardiology in Ischemic Heart Disease." Dr. Maurizio Dondi, the IAEA Nuclear Medicine Section Head, convened 18 nuclear cardiologists and nuclear medicine physicians from around the globe to discuss the current role of nuclear imaging in cardiology and to prepare a document on its appropriate use. ASNC members Adel Allam, Erick Alexanderson, Nathan Better, Sharmila Dorbala, Felix Keng, and Gregory Thomas served as panelists at the meeting, and the group plans to create myocardial perfusion imaging guidelines with a focus on the developing world.



Pictured in the lobby of the Vienna International Centre, which houses the offices of the IAEA, are (from left to right): Drs. Erick Alexanderson (Mexico), Alka Kumar (India), Claudio Marcassa (Italy), Mariza Vorster (South Africa), Nathan Better (Australia), Raffaele Giubbini (Italy), Salah-Eddine Bouyoucef (Algeria), Maurizio Dondi (IAEA Convenor), Joao Vitola (Brazil), Elisa Milan (Italy), Gregory Thomas (United States), Fernando Mut (Uruguay), Teresa Massardo (Chile), Amalia Peix (Cuba), Diana Paez (IAEA Convenor), Sharmila Dorbala (United States), Felix Keng (Singapore), Jerry Obaldo (Philippines), and Thomas Pascual (IAEA Convenor).





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1. Hendel RC, et al. *J Am Coll Cardiol*. 2009;53:2201-2229. Repurposed by permission from Elsevier Inc.

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