

Nuclear Medicine Reimbursement: What's Next?

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By now many of you have updated your charge masters and billing programs with the Centers for Medicare and Medicaid (CMS), March 1, 2002, *Federal Register* (67:9555-9579) and the March 28, 2002, Program Memorandum A-02-026. These publications contained important changes for nuclear medicine outpatient departments regarding new and deleted codes, description modifications and payment updates for hospital outpatient facilities providing services to Medicare patients. Some of you may also be aware of Program Memorandum A-02-050, published on June 17, 2002, by CMS. This update did not contain any nuclear medicine changes but did contain information regarding radiation oncology and other cardiovascular and orthopedic services and devices.

The above information is the latest CMS coding and reimbursement update (at the time of the writing of this article) and is sure not to be the last. Two years have passed since the implementation of the Hospital Outpatient Prospective Payment System (HOPPS) on August 1, 2000. Since then hospitals and nuclear medicine managers have struggled with the sometimes quarterly and often contradictory publications to keep their billing systems current. So what can and should we expect next?

Well, the Coding & Reimbursement Subcommittee does not profess to have a crystal ball, but CMS policy and congressional mandates do help us predict some of what might happen in the near future. Below is a table that includes expected publication dates for important Medicare information.

By the time this issue of *UPTAKE* mails in August, CMS will probably have published a Proposed 2003 Ambulatory Payment Classification (APC) Final Rule and Resource Based Relative Value Scale (RBRVS) Fee Schedule, which is proposed to go into effect January 1, 2003, so we will not speculate on the content.

Once a proposed rule is published, there is opportunity for the community to comment within a set time, and we encourage all of you to do this either through your professional organizations, directly with CMS or through your local congressional contacts. If you recall, in 2001, due to errors in CMS systems and revised calculations, hospitals received a reprieve regarding the implementation scheduled for January 2002, which was ultimately delayed until April 1, 2002, with modifications published in March 2002. To stay current, check the CMS and SNM Web sites for the latest reimbursement information.

Publication	System	Potential Publication	Implementation Date
<i>Federal Register</i> , RBRVS 2003 Fee Schedule	RBRVS	July 2002	Jan. 1, 2003
<i>Federal Register</i> , Proposed 2003 HOPPS/ APC Final Rule	HOPPS	Aug. 2002	Jan. 1, 2003
Program Memorandum, October 2002 Update or Technical Correction (maybe both)	HOPPS	Sept. 2002	Oct. 1, 2002
<i>Federal Register</i> , RBRVS 2003 Fee Schedule	RBRVS	Nov. 2002	Jan. 1, 2003
<i>Federal Register</i> , Final 2003 HOPPS/APC Final Rule	HOPPS	Nov. 2002	Jan. 1, 2003
2003 Healthcare Common Procedural Coding System (HCPCS) codes	RBRVS HOPPS	Nov. 2002	Jan. 1, 2003

