What Is New and/or Changing for Reimbursement in 2006?
By Denise A. Merlino, MBA, FSNMTS, CPC
SNM Coding Adviser

Nuclear medicine professionals will have a lot to look out for in the upcoming months regarding coding, coverage and payments for nuclear medicine procedures and products. Many of these changes become effective on Jan. 1, 2006. Will you be ready?

Coding
Let’s start with some coding changes. The American Medical Association requires professional societies such as SNM to limit the publication of specifics regarding coding changes until AMA releases its final approved CPT coding book. This release occurs in November when you receive your new current procedural terminology CPT 2006 book.

The electronic version of CPT 2006 is available for purchase and immediate download at http://www.ama-assn.org. However, SNM can share some information now. Look for changes in the nuclear medicine introductory section. In

Message From the SNMTS President
By Valerie R. Cronin, CNMT, FSNMTS

I love the fall, and I especially love the fall in Buffalo. The colorful trees, the cool mornings, pulling out turtlenecks and sweatshirts … it’s a great time of the year. The only thing I don’t like is that it also means budget time for the next fiscal year. This year I really felt like I was “budgetized.” I did my own budget at the hospital pretty easily, since I have been preparing it now for several years and each year updates make it easier. In addition, the administration asked me to do a budget for another hospital’s imaging department. I obliged, although my familiarity with that department was somewhat limited. Then I had the fortune of going down to Reston, Va., where a full day was spent on the SNM and SNMTS budgets. See what I mean? I was truly “budgetized.”

This year, SNM and SNMTS saw a reduction in vendor support as it relates to our journals, meaning we had to really prioritize what programs should be funded. In SNMTS, one of our main focuses in this coming year is the educational summit, which was originally planned last November. Society leaders also recognize how important the Advocacy Committee is as it relates to federal and state licensure issues. Since membership is up in SNMTS, there was some increase in revenue and, therefore, SNM/SNMTS officers kept dues the same. By the end of the day, both budgets were balanced.
Focus on the Fellow:
Christina Robinson, B.Ed., CNMT, RT(R)(N), FSNMTS

By Mary Beth Farrell, M.S., CNMT, RDCS, CPC

Christina Robinson, B.Ed., CNMT, RT(R)(N), FSNMTS, has been working in nuclear medicine long enough to recognize the one constant in the industry—change. “It’s always changing,” she said. When she started in the field in 1972, radionuclides were fairly new and rapidly changing. Over the years, she’s seen many peaks and valleys in the industry. “We went from fluorine-18 and strontium bone scans to the poly phosphates. Images of bones were done on an Anger camera with the patient on the floor, and the images were tiny pictures of the body,” she said. “For years we labeled our own white cells, eluted generators, compounded kits and ran quality control,” she added.

Chris has worked for UCLA since 1982 as a senior nuclear medicine technologist and associate chief technologist. Three years ago she transferred to Santa Monica UCLA, a community hospital setting with new and different challenges.

Her department performs most nuclear medicine procedures including bone densitometry. She particularly enjoys bone densitometry and is certified by the International Society for Clinical Densitometry. She finds the modality interesting, including calculating the patient’s rate of change and following outcomes to therapeutic treatments. She sees bone densitometry as an opportunity to educate patients. Chris has worked historically with a wide variety of clinical research protocols from lymphoscintigraphy in rabbits to the initial Zevalin trials. She enjoys scanning the most intriguing because nobody knew anything about it in those days.

In 1972, Chris attended Penrose Hospital’s nuclear medicine program in Colorado Springs, Colo. She worked in the San Francisco area for several years and later moved to Hawaii. While in Hawaii, Chris earned her associate’s degree at Kapiolani Community College and her bachelor’s degree in education from the University of Hawaii. Chris worked as a clinical instructor teaching nuclear medicine and X-ray positioning to the X-ray students at Kapiolani Community College. Later at UCLA, she was a clinical nuclear medicine instructor and clinical coordinator in affiliation with California State University, Dominguez Hills.

Chris has been active in the Pacific Southwest Technologist Chapter (formally Southern California Technologist Section) since the early 1990s. “I got involved thanks to Mickey Williams,” she said. “He called and asked me if I’d like to join the Technologist Section’s board as secretary. He said it was easy and all I’d have to do was take a few notes,” said Chris. She soon learned otherwise. “The first time I passed out the minutes my few notes created an uproar. I learned later how much the board depends on those minutes to stay on track,” she recalled.

continued on page 7, see Fellow
that you check with your carrier regarding any potential changes arising from this recent transmittal.

**Coverage**

Last January, CMS announced expanded coverage for some FDG PET procedures under a new category, Coverage With Evidence Development (CED). Since then, positron emission tomography (PET) facilities have been anxiously waiting more details from CMS regarding a “high-quality PET registry.” In February, the Academy of Molecular Imaging and the American College of Radiology Imaging Network partnered with CMS to make this new coverage option a reality for PET facilities. SNM, the American Society of Clinical Oncologists and the American College of Radiology are participating as advisory organizations on this PET registry project. Information about the new National Oncologic PET Registry (NOPR) is available on the ACRIN Web site at http://www.acrin.org. Providers can sign up for the PET registry broadcast list by contacting pet_registry@phila.acr.org.

The National Oncologic PET Registry is progressing well; CMS has approved the final case forms and data collection process that were submitted for review in late March. ACRIN has begun work on creating the Web-based forms and on implementing the administrative processes for managing the project. Prior to the PET data registry's implementation, CMS must finalize details related to data confidentiality and ownership. Once they are finalized, CMS intends to publish detailed information and instructions, later this fall. PET providers will find this information—when published by CMS—on its coverage page under the General Information section at http://www.cms.hhs.gov/coverage. Additionally, due to the lapse in time since the January transmittal, a CMS official told SNM that “the agency intends to publish a new transmittal” at http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp. (See related article on page 4.)

**Medicare Payment Systems**

Starting Jan. 1, 2006, Medicare will offer a new “Prescription Drug Coverage” under a designation called Part D. It will cover some limited brand and generic drugs. This new drug coverage requires all people with Medicare to make a decision about their coverage. As a medical professional, your Medicare patients may ask you questions about this. Specifically, they may ask if this new Part D coverage applies to any of the drugs or radiopharmaceuticals that you will administer during their nuclear medicine procedure. The simple answer is “no.” The drugs and radiopharmaceuticals provided with nuclear medicine procedures are covered under Part A or Part B services for Medicare patients, not under the new Part D coverage.

CMS issued a Medlearn Matters article, number SE0557, that clarifies this issue. In it, CMS states, “There has been some confusion among fee-for-service (FFS) providers regarding their ability to bill drugs covered under Part D. In short, being an enrolled provider in the FFS does not impart Part D-related billing privileges. Medicare Part B covers a limited number of prescription drugs and biologicals. These drugs continue to be covered and paid for under the FFS Medicare program, and FFS providers will continue to bill their carriers, fiscal intermediaries and durable medical equipment regional carriers (DMERCs) for these drugs.”

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In June, the nuclear medicine community got a sneak peak at some of the more than 40 proposed changes to the radiopharmaceuticals during HCPCS panel open meetings. What we know is that CMS plans to create new A or J codes for all of the existing C or Q radiopharmaceutical HCPCS codes. This will allow all payers to use the same codes across the various settings. CMS also plans to change many of the current unit descriptions, such as “per vial” to “per dose,” when appropriate. CMS has also shortened the descriptions, removing some language to simplify the current code descriptions. Look for the HCPCS 2006 codes to be published by CMS on the HCPCS CMS Web site at http://www.cms.hhs.gov/medicare/hcpcs/. Once the 2006 HCPCS is publicly available, SNM will create educational materials and post them on its Web site under the Practice Management section.

Two more coding updates became effective this past October and are important for your review. First, the new and revised ICD 9 CM 2006 diagnosis codes were implemented Oct. 1; you can obtain these codes online at http://www.cms.hhs.gov/medlearn/icd9code.asp. Second, CMS issued coding clarifications regarding PET radiopharmaceuticals with an implementation date of Oct. 31. If you are performing PET procedures, SNM recommends that you review the July 29 CMS Transmittal 628, change request 3945. This transmittal notes, “All PET scan services require the use of a radiopharmaceutical diagnostic imaging agent (tracer). The applicable tracer code should be billed when billing for a PET scan service. See section 60.3.2 for applicable tracer codes.” For hospitals, use HCPCS codes C1775 F-18 FDG per dose, Q3000 Rb-18 per dose and A9526 N-13 per dose. For physician offices, use A4641 for both F-18 FDG per dose and Rb-82 per dose; use A9526 for N-13 per dose. CMS states in this policy, “No changes are being made to the current policy. This instruction simply reflects current policy more accurately.” However, some carriers, such as TrailBlazer Health, recently changed payment policy, effective Oct. 31. Therefore, SNM recommends
PET Oncologic Tumor Registry To Begin

By D. Scott Holbrook, CNMT, FSNMTS
SNMTS President-Elect
Emerging Technologies Representative

On Jan. 28, 2005, the Centers for Medicare and Medicaid Services (CMS) announced a mechanism that would grant the equivalent of broad-based coverage for currently non-covered PET indications. Previously, in order to provide the evidence necessary to warrant reimbursement by Medicare, a large amount of data was required to show not only the clinical efficacy of PET for detecting various pathologies, but that the PET results precipitated a change in patient management. This new methodology allows CMS to gather data for PET’s usefulness in indications that occur less frequently than those currently reimbursed by Medicare, while allowing more patients and clinicians to benefit from utilizing the modality.

Imaging facilities that wish to participate in the program must register using the American College of Radiology Imaging Network (http://www.acrin.org). There will be a $50 fee per facility associated with registration. Each patient referred for a scan utilizing the tumor registry will also be charged a $50 fee. For each patient to be registered with the National Oncologic PET Registry, the referring physician will submit data to ACRIN, including any treatment that would be administered should PET not be performed.

Once an exam is performed, referring physicians will then be required to complete a post-scan survey. Clinicians must submit information describing whether the exam confirmed a known diagnosis or changed the management of the patient. If the post-scan data are not submitted within 30 days, the imaging facility performing the study will not receive reimbursement from CMS for the exam.

This process is important for several obvious reasons. First, for those facilities that wish to benefit from the expanded reimbursable indications offered by the PET data registry concept, it is of vital importance that information is submitted in a timely and accurate fashion. Second, in order for permanent coverage to be granted for a given indication, CMS will require evidence of efficacy through the registry process. It is unclear how long CMS intends to continue the data registry process. The registry is scheduled to begin this fall. For information and updates about the PET data registry, visit SNM’s Web page at http://www.snm.org.

SNM’s Mid-Winter Educational Symposium Promotes Innovation, Provides Scope and Category A Credits

By Eileen O. Smith, MBA, CNMT

SNM’s 2006 Mid-Winter Educational Symposium, which will be held Feb. 11–12 in Tempe, Ariz., promotes innovation and provides appropriate scope credits for California technologists and Category A credits for technologists credentialed by the Nuclear Medicine Technology Certification Board (NMTCB) or the American Registry of Radiologic Technologists (ARRT).

The Technologist Section program runs from 2–5 p.m. on Saturday (Feb. 11) and continues from 8 a.m.–1 p.m. on Sunday (Feb. 12), requiring only a one-night stay in Tempe. David Gilmore, CNMT, RT(R)(N), opens the technologist program with “Truly Understanding MPI—Not Just Pushing the Buttons.” April Mann, CNMT, RT(N), FSNMTS, addresses “Myocardial Perfusion: Moving From SPECT to PET.” Martha W. Pickett, CNMT, FSNMTS, introduces “Advanced Practice—A New Career Ladder in Nuclear Medicine Technology.”

Paul E. Christian, CNMT, informs the 8 a.m. Sunday early risers about “Instrumentation in PET/CT.” Nancy M. Swanston, CNMT, PET, RT(N), addresses “Radiation Safety and Patient Protocols in PET/CT,” while Susan M. Minerich, CNMT, makes a presentation about “PET Applications in Radiation Therapy Planning and Assessing Treatment Response.” Vanessa L. Gates, M.S., switches gears as she discusses “Yttrium-90 Radioembolization for the Treatment of Hepatocellular Carcinoma and Metastatic Disease to the Liver.” Frances L. Neagley, CNMT, FSNMTS, ends the technologist program with “Gallium-67—Tried and True.”

The much-requested CT workshop will be offered at the 2006 Annual Meeting in San Diego. This three-day workshop will be held June 3–5 and will cover CT anatomy, physics and radiation safety issues directed to the nuclear medicine technologist who anticipates sitting for the advanced practice exam in CT offered by ARRT.

For those of you who want or need more continuing education in Tempe, members of SNM’s PET and Molecular Imaging centers of excellence and the Cardiovascular, Nuclear Oncology, Radiopharmaceutical Sciences, and Computer and Instrumentation councils are offering additional programs running from 9:30 a.m.–1 p.m. and continuing from 6–9 p.m. on Saturday.

To learn more about the Mid-Winter Educational Symposium, go online to http://www.snm.org/mwm. The entire program is posted online, along with information to register and to reserve a room at the Wyndham Buttes.
### MID-WINTER EDUCATIONAL SYMPOSIUM SCHEDULE

#### Saturday, Feb. 11, 2006

<table>
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<tr>
<th>Clinical Nuclear Medicine Technology, Part 1 — Organized by SNM’s Technologist Section</th>
<th>Monitoring Treatment Response With PET: Current Clinical Issues — Organized by SNM’s PET Center of Excellence and Nuclear Oncology Council</th>
<th>Molecular Imaging: Development of Novel Probes, Part 1 — Organized by SNM’s Molecular Imaging Center of Excellence and Radiopharmaceutical Sciences Council</th>
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<tr>
<td>10–10:10 a.m. Mark T. Madsen, Ph.D. Introductory Remarks</td>
<td>10–10:45 a.m. Homer A. Macapinlac, M.D. Review of RECIST Criteria and PET Response to Therapy</td>
<td>9:30–10 a.m. Sanjiv Sam Gambhir, M.D., Ph.D. Introduction to Cell and Molecular Biology</td>
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<td>10:10–10:55 a.m. Hank Vida, Ph.D. Flash 3D, CT Attenuation Compensation and Scatter Correction</td>
<td>10:45–11:30 a.m. Michael M. Graham, M.D., Ph.D. Issues and Answers on PET SUVs for Monitoring Response to Therapy</td>
<td>10–10:30 a.m. David R. Pizzarelli, M.D., Ph.D. Principles of Multimodality Molecular Imaging</td>
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<td>11:40 a.m.–12:20 p.m. Evolution: A Framework for Advanced SPECT Reconstruction With Compensation for Image Degrading Factors</td>
<td>12:15–1 p.m. Dominique Deboker, M.D., Ph.D. PET Response to Therapy—Case Reviews</td>
<td>11–11:30 a.m. Michael F. Tweedie, Ph.D. Novel Strategies for Development of New Molecular Imaging Probes</td>
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<td>12:20–1 p.m. Richard W. Myers, M.D., M.A.; Lingchong Shao, Ph.D. Fast, High-Quality Cardiac SPECT Using Astonish Reconstruction</td>
<td>2–6 p.m. Radiotracer Imaging in Congestive Heart Failure—Clinical Applications—Organized by SNM’s Cardiovascular Council</td>
<td>11:30–11:45 a.m. Coffee Break</td>
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<tr>
<td>1–2 p.m. Lunch Break—Visit the Exhibit Hall</td>
<td>Radiotracer Imaging in Congestive Heart Failure—Role of Molecular Imaging</td>
<td>11:45 a.m.–12:10 p.m. Frank M. Bergeth, M.D. Cardiovascular Applications—Reporter Probes</td>
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### Sunday, Feb. 12, 2006

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<tr>
<td>8–9 a.m. Paul E. Christian, CNMT Instrumentation in PET/CT</td>
<td>10–10:45 a.m. David A. Mankoff, M.D. Receptor Imaging With PET: Clinical Management Potential</td>
<td>10–10:15 a.m. Mark T. Madsen, Ph.D. Introductory Remarks</td>
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<tr>
<td>9–10 a.m. Nancy M. Swenson, CNMT, PET, RT(R) Radiation Safety and Patient Protocols in PET/CT</td>
<td>10:45–11:30 a.m. Chaitanya R. Dugga, M.D. Beyond Fluorinated Radiopharmaceuticals: Potential Future Clinical Tracers</td>
<td>10:15–11:10 a.m. Manuel D. Cenqueria, M.D., Frank P. DiFilippo, Ph.D. Initial Clinical Experience With Siemens Symbia SPECT/CT</td>
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<tr>
<td>10–11 a.m. Susan M. Minierich, CNMT PET Applications in Radiation Therapy Planning and Assessing Treatment Response</td>
<td>11:30 a.m.–12:15 p.m. Sanjiv Sam Gambhir, M.D., Ph.D. PET Imaging With Nucleosides</td>
<td>11:10 a.m.–12:05 p.m. James A. Patton, Ph.D. Specifications and Applications of an Integrated SPECT/Low Output CT System: The GE Hawkeye</td>
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<tr>
<td>11 a.m.–12 p.m. Vanessa L. Gates, M.S. Yttrium-90 Radioembolization for the Treatment of Hepatocellular Carcinoma and Metastatic Disease to the Liver</td>
<td>12:15–1 p.m. Alexander J. McEwan, M.D. Imaging Hypoxia: The Next Routine PET Method?</td>
<td>12:05–1 p.m. Jack A. Ziffer, M.D., Ph.D. Initial Clinical Experience With the Philips Precedence SPECT/CT System</td>
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<td>12:1 p.m. Frances L. Nieagle, CNMT, FSNMTS Gallium-67—Fried and True</td>
<td>8:30 a.m.–3:45 p.m. Translational Applications of Molecular Imaging and Radiolucide Therapy Co-Sponsored by the Society of Radiopharmaceutical Sciences, the Radiopharmaceutical Sciences Council and the Molecular Imaging Center of Excellence</td>
<td>Full program details at <a href="http://www.snm.org/mwm">http://www.snm.org/mwm</a></td>
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[Visit](http://www.snm.org/mwm)
Changes to VOICE Guidelines
This past September, members of the SNM Finance Committee and Executive Board approved the following changes to VOICE Guidelines. These changes went into effect Oct. 1, 2005.

Increase in VOICE Application Fees
To offset the administrative costs for processing VOICE applications, the following will incur an increase of $15: chapter/regional/academic hospital/local group programs less than or equal to one day; less than one day, multiple-program discount fee for sponsors applying for up to six programs within a six-month period; chapter/regional/academic hospital/local group programs more than or equal to one day; and commercial company-sponsored programs.

Update on Attendance Verification Methods
Self reporting at continuing education (CE) activities is no longer accepted by the American Registry of Radiologic Technologists (ARRT) because CE sponsors cannot verify that an attendee was present at each session claimed on credit-reporting forms. As a result of this change, SNM is implementing a new credit-reporting process at Mid-Winter Educational Symposiums and Annual Meetings. The methods that will be used for attendance verification are listed below.

Mid-Winter Educational Symposiums
SNM will provide registered attendees with an attendance verification form, which will have session entry and exit spaces that will be stamped by a proctor. If a participant comes more than 15 minutes late to a session—and since he or she will not have met the guideline for attendance/participation—the form will not be stamped.

Annual Meetings
SNM will provide a CE session tracker scan card for each registered attendee. Attendees will swipe the scan card as they enter and exit a session. Attendees do not meet the guideline for attendance/participation (1) if they come to a categorical seminar more than 15 minutes late or (2) if they come to a CE session 10 minutes late. Individuals attending an educational activity that is 50 minutes or less in length will not be given any CE credit (1) if they are late—regardless of how late—or (2) if they leave early.

Scan cards will track attendance at categorical seminars and CE courses (1) to record CE credits to a member’s VOICE transcript and (2) to create certificates for nonmembers. Tracking reports—complete with attendee and course names—ensure a speedy data entry process and create fewer errors on transcripts and CE certificates.

To review an updated copy of VOICE Guidelines, visit SNM’s Web site at http://www.snm.org.

Mandatory Educational Requirements for NMTCB in 2006
By Kathy Thomas, MHA, CNMT, FSNMTS

The mandatory continuing education policy for Nuclear Medicine Technology Certification Board (NMTCB) certificate renewal begins on Jan. 1, 2006. Here are the most frequently asked questions and answers about the new policy.

Q: How is the reporting cycle determined?
A: The reporting cycle is based on the year that you passed your first NMTCB exam. If you passed your first NMTCB exam in 1995, you will fall under the odd-year cycle. If you passed your first NMTCB exam in 1992, you will fall under the even-year cycle.
• During 2006, odd-year certificants will be required to obtain and report 12 continuing education hours (CEH) on their 2007 certificate renewal.
• During 2006–07, even-year certificants will be required to obtain and report 24 CEH on their 2008 certificate renewal.
• During 2007–08, odd-year certificants will be required to obtain and report 24 CEH on their 2009 certificate renewal.

Q: My ARRT or state reporting cycle is opposite my NMTCB reporting cycle. Can I change my reporting cycle to match my ARRT or state reporting cycle?
A: Yes. Each certificant will be given a one-time option to change the reporting cycle; however, it’s important to remember that your reporting cycle is based on the calendar year, that is, January through December. A CE cycle change request form will be added to the NMTCB Web site in 2005. Please remember, you may only change your reporting cycle once. Future requests for cycle changes will be denied.

Q: How do I report my CE hours?
A: All certificants will be requested to affirm, by signature, compliance with the CE policy on the yearly renewal form. Up to 5 percent of all certificants will be randomly selected for audit each year and will be required to provide documentation of the CE activities for the previous two years within 30 days of the postmark on the audit letter from NMTCB.

Q: Will NMTCB accept SNM VOICE transcripts, ASRT ECE reports or state CE transcripts?
A: Yes. NMTCB will accept VOICE transcripts, ECE records or approved state transcripts.

Q: What happens if I am audited and do not have the required amount of CEHs?
A: You will be placed on probation for six months and allowed to complete the deficient CE hours for the audited cycle by the end of that probation period. If you fail to meet all CE requirements by the end of the six-month probation period, your certificate will be suspended. Additionally, it’s important to remember that the CE credits obtained during the probation period will not count toward the 24 CEH required for the subsequent two-year reporting cycle. (Please see the full CE policy at http://www.nmtcb.org for the definition of revoked.)

Q: If I have let my certification lapse, what is the process I must follow to reinstate my certificate?
A: If you have been inactive for less than five years, you may reactivate your certificate by (1) paying back dues up to a total of no more than the current examination fee plus a $15 reactivation fee and (2) documenting the completion of 12 CEHs for each year you were inactive. If you have been inactive for more than five years, you must pass the entry-level examination to reactivate your certificate. Remember, passing the entry-level exam is equal to two years of CE credit, after which you will re-enter the two-year reporting cycle.
Q: Will NMTCB accept the same credits as other allied health credentialing agencies?

A: Please refer to NMTCB’s Web site for a full listing of approved organizations.

Q: What can I do if a credentialing organization that I receive CE credits from is not on the approved list?

A. Contact the organization and ask its representative to send a letter to NMTCB that includes the following: (1) the organization’s interest in becoming an approved CE granting organization for NMTCB, (2) a description of how CEH is awarded (method for monitoring sessions, etc.), (3) the mission of the professional organization and (4) what type of medical education group accredits that professional organization (i.e., ACCME).

Q: I am a new graduate. When will I begin acquiring my CEHs?

A. New graduates will begin acquiring CEHs immediately after passing the NMTCB exam. For example, in 2006, you will need to start collecting CEH on a prorated basis (12 + X) to report on the 2008 certificate renewal (see table below to determine X).

Use the below table to calculate required CEHs. If you pass your exam in August 2006, you will be required to obtain 5 CEHs for 2006 and 12 CEHs in 2007, for a total of 17 CEHs on your 2008 renewal form. After the first prorated CE cycle, you will be required to obtain 24 CEHs each reporting cycle.

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<thead>
<tr>
<th>NMTCB Exam Month</th>
<th>January</th>
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<th>March</th>
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<tr>
<td>Total Number of CEHs Needed at End of First CE Cycle</td>
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Q: Will NMTCB accept Category B credits?

A: No. NMTCB will only accept credits from approved organizations listed on its Web site.

Q: Will NMTCB accept credits from the American Society of Nuclear Cardiology?

A. ASNC does not award CE credits; ASNC members apply for SNM VOICE or ASRT ECE credit for their CE programs.

If you have questions or need additional information, please visit NMTCB’s Web site at http://www.nmtcb.org, or call the NMTCB office at (404) 315-1739.

Reimbursement

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CMS has prepared a toolkit for healthcare professionals at http://www.cms.hhs.gov/medlearn/provtoolkit.pdf. Should you wish to learn more about the Part D service, you can also provide your patients with the CMS phone number, (800) MEDICARE (633-4227), or direct them to http://www.medicare.gov for more answers to their questions.

This summer, CMS published proposed 2006 payment policy rules for both the physician fee schedule (PFS) and the hospital outpatient payment system (HOPPS). These proposed rules can be reviewed on SNM’s Web site under the Practice Management section. SNM provided CMS detailed comments to both rules; those comments are also located on the SNM Web site. CMS will respond and finalize both CMS rules on or about Nov. 1, 2005, and implement them on Jan. 1, 2006. PFS will be posted at http://www.cms.hhs.gov/physicians/pfs/default.asp; HOPPS will be posted at http://www.cms.hhs.gov/providers/hopps/fr2006.asp. As Uptake goes to press, these finalized 2006 rules are not available. SNM cannot predict which policies will be finalized or modified. Please check the SNM or CMS Web site for the most up-to-date final CMS published payment policies and rates.

Fellow

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She has been a member of numerous committees at the chapter level and chaired Leadership and Mentoring, Bylaws and Publications. She served as president of the Southern California Technologist Section in 1996–97 and got involved on the national level in 1992 as the chapter’s National Council delegate. “I was so nervous and felt overwhelmed to sit at that big council table,” Chris said. She has been a member of numerous committees at the national level and chaired Leadership, Mentoring and Finance. In 1996, she chaired the Scientific and Teaching Committee for the Annual Meeting in Denver, an accomplishment she is most proud of. “I really enjoyed it,” Chris said. “I put a lot into it and I got a lot of good feedback. I liked reading the abstracts and getting people to work with me. I think we had a good program,” she noted.

At this point in her career, she is looking forward to a more relaxed professional pace and spending time with Brian, her husband of three years, her 23-year-old son Derek and Brian’s seven grown children.

Chris notes, “I feel like my son grew up with me with nuclear medicine. I used to take him in during the nights and weekends for on-call studies. He would help get water or move IV poles for the patients. The field has been a wonderful career. When I started out at 21, I made good money and was able to find a job anywhere while living in fun places, allowing me to have a nice life.”

And so she has.
Nov. 4–6: CT for the Nuclear Medicine Professional, Hilton Head Island, S.C. Host: SNM (http://www.snm.org/). Description: Cross-sectional anatomy of the brain, head and neck, thorax, abdomen, pelvis and musculoskeletal anatomy; CT of pulmonary nodules and primary tumors; CT instrumentation and protocols. Contact: SNM meetings, meetinginfo@snm.org; (703) 708-9000, ext. 1229; fax (703) 709-9274.

Nov. 5: Fall Workshop, Pittsburgh, Pa. Host: SNMTS Pittsburgh Chapter (http://www.hhs.net/pghchpnm). CE credit: 6 VOICE. Contact: David Mayle, dave@adelphia.com, (412) 861-6737.

Nov. 12–13: SNM Learning Center’s Technologist Workshop on PET/CT, M.D. Anderson Cancer Center, Houston, Texas. Host: SNM (http://www.snm.org/). CE credit: 14 VOICE. Description: PET and CT physics, PET and CT instrumentation, PET/CT protocols, PET radiopharmaceuticals, cross-sectional anatomy, radiation oncology, cardiology, neurology, oncology. Contact: SNM meetings, meetinginfo@snm.org; (703) 708-9000, ext. 1229; fax (703) 709-9274.

Nov. 19: Kentucky SNMTS Fall Meeting, Holiday Inn Capital Plaza, Frankfort, Ky. (http://www.ksnmt.org). Contact: Stephanie Land, steph@bellsouth.net; (502) 759-6392.

Jan. 28, 2006: Reimbursement Roadshow, Las Vegas, Nev. Host: SNM (http://www.snm.org/). Description: CPT codes for nuclear medicine including PET, PET/CT and therapy; the proper use of the Medicare payment systems, including the physician fee schedule and APC codes. Contact: SNM public affairs, paffairs@snm.org; (703) 708-9000, ext. 1321.

March 24–26, 2006: Spring Meeting of the Central Chapter, Radisson City Center Hotel, Indianapolis, Ind. Host: SNM Central Chapter (http://www.ccsmn.org). Contact: Merle Hedland, mhedland@ccsmn.org, (630) 323-6880.

April 7–9, 2006: 51st Annual Meeting of the Southwestern Chapter, Hyatt Regency, Albuquerque, N.M. Host: SNM Southwestern Chapter (http://www.swcsnm.org). Contact: Charles Metzger, cmetzger@swcsnm.org.

April 7–9, 2006: 36th Annual Meeting of the Mid-Eastern Chapter, Marriott BWI Airport Hotel, Baltimore, Md. Host: SNM Mid-Eastern Chapter (http://www.mescsnm-online.net). Contact: Richard Gramm, r.gramm@att.net, (410) 465-8323.


Participate in Nuclear Medicine Technologist Survey, Identify Workplace Issues

If you are one of the 4,000 nuclear medicine technologists who were randomly chosen and mailed a Nuclear Medicine Technologist Survey, please complete the questionnaire and return it promptly to the Center for Health Workforce Studies at the University of Albany by Dec. 1 to be eligible for a drawing for a $250 incentive award.

Questions about the questionnaire or the survey process may be directed by e-mail to Margaret Langelier, research associate, Center for Health Workforce Studies, at mhl02@health.state.ny.us. The workforce survey is supported by GE Healthcare and Siemens Medical Solutions USA Inc.