



## Society of Cardiovascular Computed Tomography Publishes Guidelines for the Interpretation and Reporting of CCTA

On March 10, 2009, the Society of Cardiovascular Computed Tomography (SCCT) published a Guidelines for the Interpretation and Reporting of Coronary Computed Tomographic Angiography report, which will be printed in the March/April issue of the *Journal of Cardiovascular Computed Tomography*. The purpose of the report is to establish standardization in the cardiovascular CT community on how to appropriately read, interpret and diagnose CT scans.

The SCCT Writing Group, comprised of ten cardiologists, radiologists and researchers, spent over a year developing the

guidelines. Dr. Gilbert Raff, Director of the Ministrelli Center for Advanced Cardiovascular Imaging at William Beaumont Hospital in Royal Oak, Michigan is chair of the SCCT Writing Group and co-chair of the SCCT Guidelines Committee.

To view the full text of Guidelines for the Interpretation and Reporting of Coronary Computed Tomographic Angiography report; visit <http://www.scct.org/news/SCCTGuidelines.pdf>

To read SCCT's press release on the guidelines publication, visit <http://www.scct.org/pressroom/wGuidelinesI&R.pdf>.

## A Legacy of Leadership

The Society of Cardiovascular Computed Tomography is only four years old, yet already it is establishing a leadership legacy that will raise the bar for future presidents. In March of 2005, several leaders embarked on a vision for the future when they created SCCT. They recognized the potential of a society focused exclusively on cardiovascular CT with a singular voice for regulators and legislators and with a specialty for education, training and research.

The team set the wheels in motion for SCCT's first president, Dr. Stephan Achenbach. During his presidency, Dr. Achenbach delivered the first and second SCCT Annual Scientific Meetings. He established the CTA Academy for hands-on training and structured the plan to launch the

*Journal of Cardiovascular Computed Tomography* in 2007. He also sorted through the countless details of a new organization – creating a new brand, blending and developing programs and member offerings, and most important, recognizing and acknowledging each volunteer leader's commitment and dedication.

Dr. Achenbach turned the reins over to Dr. Michael Poon in July of 2007. Dr. Poon's leadership strength quickly became apparent as he had a crash



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course in grassroots lobbying when he was confronted by the Centers for Medicare & Medicaid Services' National Coverage Determination for cardiovascular CT angiography. Dr. Poon guided the board of directors through these significant strategies and decisions while strengthening our membership offering by launching the Endorsement of CT Training Program and the first Cardiovascular CT Board Review Course.

This brings us to our current president, Dr. Dan Berman. For Dr. Berman, nothing takes priority over SCCT and improving access for the appropriate use of cardiovascular CT. He has led SCCT through a year of milestone initiatives among which are a Coverage Summit with all major public and private payers represented, collaborative research and registry discussions with the ACC and ACR, a proactive media outreach, and progress on the appropriate coverage and reimbursement for cardiovascular CT. His drive to establish guidelines for

performance and interpretation of cardiovascular CT will set the standard for the field.

While his year has not yet begun, as president-elect, Dr. Jack Ziffer has already made invaluable contributions to SCCT through his outstanding leadership skills, his wisdom, and, like the others, his selfless giving to our organization.

Beyond the presidents, the other officers and the board of directors have all shown this high level of dedication to SCCT and their effectiveness.

Having been CEO of other non-profit organizations in the past, I am amazed by the personal commitment and willingness to sacrifice time and energy for SCCT shown by our presidents and our board. We are lucky to have had the dedication of these gifted leaders.

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## Payer Pulse

This issue of the SCCT newsletter features our inaugural column of the "Payer Pulse." This column will provide pertinent information on payment basics and important changes in coverage and reimbursement policies for both public and private payers.

We kick off this column with a primer on Medicare physician payment and the various components of the payment system. We hope you find this useful.

### Medicare Payment Basics

Since 1992, payment for physician services has been based on a fee schedule. The fee schedule applies to physicians and some other non-physician providers such as nurse practitioners and physician assistants. The fee schedule replaced the former policy of paying for "reasonable charges," which was flawed because of wide geographic variations in fees, a rapid rise in program payments, and the fact that payments frequently did not reflect resources used. Physicians in different specialties also could receive different payments for the same service.

The physician fee schedule we operate under today is based on the "relative value" of the service provided. It was recommended to Congress by the Physician Payment Review Commission (PPRC), an advisory body established by Congress to evaluate payment reforms. PPRC was replaced in 1997 when Congress established the Medicare Payment Advisory Commission (MedPAC), an independent federal body that advises Congress on Medicare policy including physician payment.

### Components of Physician Payment

The fee that a physician is paid has three components: the relative value for the service, geographic practice cost indices (GPCI), and a national dollar conversion factor (CF).

- 1) The relative value is comprised of:
  - A physician work component that measures the time, skill, and intensity associated with the service provided – this component accounts for approximately 55% of a service's relative value;
  - A practice-related expense component that measures average practice expenses such as office rents and employee wages, which varies on a code-by-code basis depending on whether the service is performed in a facility or non-facility setting – this accounts for approximately 42% of a service's relative value; and
  - A malpractice expense component that reflects average insurance cost – this accounts for approximately 3% of a service's relative value.
- 2) The GPCI is designed to account for regional variations in the costs of practicing medicine.
- 3) The CF is an annually updated dollar figure that converts the geographically adjusted relative value for a service into a dollar payment amount. The CF for 2009 is \$36.067.

## How Does This all Translate to Your Payment?

Current Procedure Terminology (CPT) coding and Relative Value Units (RVUs) are important not only with regard to reimbursement from Centers for Medicare & Medicaid Services (CMS) but also for private insurers. CPT codes are numbers assigned to every task and service a medical practitioner may provide to a patient. Since everyone uses the same codes to mean the same thing, they ensure uniformity. RVUs are units of measure for physician services based on a ranking of the resources needed to provide a particular service. The total value for a service is the sum of the RVUs for physician work, practice expense and professional liability insurance. Generally, CPT codes and RVUs are used by most private insurers as a basis for reimbursement of physician-related services.

The fundamental formula for determining reimbursement is: [work RVU x work GPCI] + [practice expense RVU x practice expense GPCI] + [malpractice RVU x malpractice GPCI] = total RVU. Total RVU x CF (\$36.067 for 2009) = Payment.

## Factors Affecting 2009 Payment Rates

In July 2008, Congress passed the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) which provided an average 1.1 percent across-the-board increase in Medicare physician payment rates for 2009. This applies to all physician fee schedule services. It does not apply to physician-administered drugs or clinical laboratory services.

However, this is only one factor affecting payment. Other systemic payment changes will result in payment reductions.

Key sources of cuts:

1. Practice expense transition: 2009 is the third year of a four year transition to new practice expense RVUs as the result of the statutorily mandated five year review of Resource-Based Relative Value Scale (RBRVS) values.

Impact varies for different services as some CPT code values went up and others went down.

2. Budget neutrality (BN): Medicare payments to physicians come from a fixed pool of money. If changes in the values assigned to physician services cause total spending to increase/decrease by more than \$20M from the previous year, CMS must apply an adjustment to compensate for this fluctuation. Effectively, in the “zero sum game” of Medicare payments, gains translate into losses for others.

For 2009 and forward, this BN adjustment is applied to



the CF. (Originally CMS applied BN to the work RVUs, but thanks to advocacy efforts of SCCT and many others, this shift was made—applying the BN adjustment to the CF is better than applying it to work values in the minds of most reimbursement experts.)

3. Deficit Reduction Act (DRA) of 2005: Cardiovascular computed tomography services are subject to the spending caps set under the DRA. This means that payments for most advanced imaging services are limited to no more than the comparable payment in hospital outpatient departments.

## Calculation of the CY 2009 PFS CF

CY 2008 CF	\$38.0870
CY 2009 CF Update	1.1 percent (1.011)
CY 2009 CF BN Adjustment	0.08 percent (1.0008)
5-Year Review BN Adjustment	-6.41 percent (0.9359)
<b>CY 2009 Conversion Factor</b>	<b>\$36.0666</b>

## Outlook

Under current law, severe Medicare physician pay cuts upwards of 20 percent will take effect in January 2010. SCCT is working collaboratively with others in the House of Medicine to fight the cuts. We will provide input to the Congressional debate on Medicare payment reforms. We are also eagerly awaiting more details from the Obama Administration regarding key payment reform principles. Bottom line, we need a long-term solution that will avert the scheduled cuts and provide fair payment updates that reflect increases in practice costs.

# Advocacy Activity – Noteworthy News

## Health Stimulus Funds

After significant debate and negotiation, Congress recently approved the American Recovery and Reinvestment Act of 2009, aka “the Economic Stimulus bill.” President Obama promptly signed the legislation into law. Among many provisions aimed to boost the nation’s infrastructure and spur economic growth, health care took a prominent role. Below is a summary of key health care provisions included in the new law.

### Funding for Health Information Technology (HIT)

- Overall, invests \$19 billion in HIT infrastructure and Medicare and Medicaid incentive payments to encourage doctors, hospitals, and other providers to use HIT to electronically exchange patients’ health information.
- Requires the government to develop standards by 2010 for nationwide electronic exchange and use of health information to improve quality and coordination of care.
- Establishes a National Coordinator for HIT within the Department of Health and Human Services (HHS).
- Establishes a HIT Policy Committee and a HIT Standards Committee to advise the Coordinator; Policy Committee members will be appointed by the House, Senate, Secretary of HHS, Comptroller General, White House, and other relevant federal agencies.
- Requires the Government Accountability Office (GAO) to report within one year on “best practices” related to the disclosure of protected health information (for treatment purposes).
- Authorizes the Coordinator to charge a “nominal fee” for provider adoption of the HIT systems and standards ultimately developed; special consideration to be given for rural and other providers in medically underserved areas, small and low-income providers.

### Preventative Care, Evaluation of Health Care Treatments

- Appropriates \$1 billion to fight preventable chronic diseases and infectious diseases. This includes hospital infection prevention, immunization programs, and evidence-based disease prevention. Specifically, \$300 million goes to the Centers for Disease Control and Prevention (CDC) for immunizations, \$650 million



goes to fund evidence based prevention and community wellness strategies (Source: U.S. Public Health Service).

### Healthcare Effectiveness Research

- Provides \$1.1 billion to compare the effectiveness of medical treatments. \$300 million goes to the Agency for Healthcare Research and Quality (AHRQ); \$400 million to the National Institutes of Health (NIH); and \$400 million to the Secretary of HHS to be used at the Secretary’s discretion. Funding may not be used to mandate coverage or reimbursement policies.

Funds are to be used to:

1. Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
  2. Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.
- Establishes a Federal Coordinating Council for Comparative Effectiveness Research. The Council’s role is to “reduce duplication of comparative effectiveness research within the government.” The Council will be comprised of not more than 15 senior health officials within the government, all appointed by the President. At least half of the Council members must be physicians.
  - Requires the Institute of Medicine (IOM) to issue, by

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June 30, 2009, a report on national priorities for comparative effectiveness research.

## Presidential Appointments and New Nominees

President Obama recently nominated Kansas Governor Kathleen Sebelius to be Secretary of Health and Human Services. Sebelius now faces confirmation hearings by the Senate.

President Obama filled another key post in appointing Nancy Ann Min DeParle as White House health czar. DeParle is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and a former MedPAC commissioner. DeParle will lead the White House Office of Health Care Reform.

## Transition to ICD 10 Codes

The U.S. Department of Health and Human Services has released the final rule for the transition to the International Classification of Diseases, Tenth Revision (ICD-10). The rule sets a compliance date of Oct. 1, 2013, to ICD-10, which includes more than 155,000 codes to accommodate a host of new diagnoses and procedures. Under a separate final rule, physicians also have an extended deadline (until January 2, 2012) to adopt the 5010 electronic transaction standards under the Health Insurance Portability and Accountability Act – a prerequisite for moving to ICD-10.

Additional information on both ICD-10 and 5010 electronic transaction standards is available from the CMS website at [www.cms.hhs.gov/apps/med/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/med/fact_sheets.asp).

## SCCT In the News

SCCT continually posts links to stories where we have been mentioned. The links are available at <http://www.scct.org/pressroom/articles.cfm>.

A number of news outlets, including *Cardiovascular Business*, *Imaging Technology News*, HealthImaging.com and *Cardiology Today* have reported on the **publication of the Guidelines for the Interpretation and Reporting of Coronary Computed Tomographic Angiography (CCTA) report**. SCCT is thrilled with the positive pickup of this important document and hopes the report will pave the way for consistent interpretation and reporting of CCTA.

On March 1, *Cardiology Today* published an article on the outcomes of the **2nd Annual SCCT Coverage Conference**. During the conference, representatives from the SCCT presented results from completed clinical studies that involved the use of cardiovascular CTA. Invited participants engaged in dialogue with payers, government officials and professional society representatives to discuss policy, coverage and evidence development for coverage of CCT. The payers were also anxious to know what patient registries and randomized clinical trials were being conducted. As a follow-up to the 2nd Annual SCCT Coverage Conference, a follow-up conference is planned for October 2009. To read the full-text article, visit <http://www.scct.org/pressroom/CardiologyTodaySummit030109.pdf>.

In February, the *Journal of the American Medical Association* published the results of the **Prospective Multicenter Study On Radiation Dose Estimates Of Cardiac CT Angiography In Daily Practice I (PROTECTION I)**, which confirmed that it is possible to significantly reduce the radiation dose in adequately selected patients. Earlier this month, *Cardiology Today* published an article highlighting the potential for radiation dose reduction following consultation with SCCT. To read the full-text article, visit <http://www.scct.org/pressroom/CardiologyToday.pdf>.

Similarly, *Imaging Technology News* published an article on **radiation dose reduction in cardiac CT** from both the clinician and manufacturer angles. In the article, SCCT's president-elect, Jack Ziffer, MD, PhD, pointed out that "dramatic dose reductions can be achieved when physicians and technologists are aware of what the doses actually are." To read the full-text article, visit [http://www.scct.org/pressroom/itn\\_IsCTDoseUnderControl.pdf](http://www.scct.org/pressroom/itn_IsCTDoseUnderControl.pdf).

# Upcoming Events

Please make note of the following important dates and deadlines.

**March 28, 2009**

## **Symposium at ACC.09: Recent Developments in Cardiac CT**

Orange County Convention Center, W308, Section A/B • 1-4 pm

Join us at this complimentary symposium led by course directors Ricardo C. Cury, MD and James K. Min, MD. This activity is designed to provide current evidence-based information on the technical principles, methods, clinical results, potential applications and limitations of cardiovascular CT. The goal of the meeting is to increase the knowledge and improve the competency and performance of physicians in the area of cardiovascular CT in order to improve overall patient diagnosis and care. This activity has been approved for 2.5 AMA PRA Category 1 credit.™ To learn more about this symposium, visit <http://www.scct.org/education>.

technology, clinical, or basic science research in cardiovascular imaging by computed tomography. Material must not have been previously published. Accepted abstracts will be published in a supplement to the *Journal of Cardiovascular Computed Tomography* and will be presented either as oral or poster presentation.

**Best Abstract Awards** - Awards will be given to the best abstract presentations. A panel of judges will review all poster and oral abstract presentations and select winners in categories of clinical and technical research. This award is open to all abstracts submitted to the annual meeting. No application is necessary.

To submit an abstract visit <http://www.call4abstracts.com/express/scct09d1/>

## **Application Deadline for Siemens Outstanding Academic Research (SOAR) Award**

*Sponsored by an educational grant from Siemens Medical Solutions.*

The SOAR award supports the professional and clinical development of top radiology residents and cardiology fellows. SCCT encourages training directors to nominate an exceptional trainee from their program. All nominated trainees should currently be in their 2nd year of training or beyond, and have an interest in cardiovascular CT imaging. Based on the nominations, a maximum of six (6) trainees will be selected by an independent advisory panel to participate in this competitive program by submitting a manuscript to be published in a supplement to the *Journal of Cardiovascular Computed Tomography*. With the guidance of their mentors, these selected trainees will be asked to write a focused review article of approximately 3,000 words on an assigned topic in cardiovascular

CT. The topic will be based on either the trainee's current clinical or research experience in cardiovascular CT imaging, or it may review and summarize previously completed work, highlighting clinical implications and outlining areas of future research interest. All six selected finalists will receive a \$1,000 travel stipend and free registration to attend the SCCT Annual Scientific Meeting in Orlando, FL, July 16 – 19, 2009. Each finalist will deliver a ten minute lecture presentation of their work at the Annual Scientific Meeting. The presentations will be judged by an independent panel and two winners will receive a cash award of \$2,500 each. For more information visit <http://www.scct.org/annualmeeting/2009/SOARLetter2009.pdf>

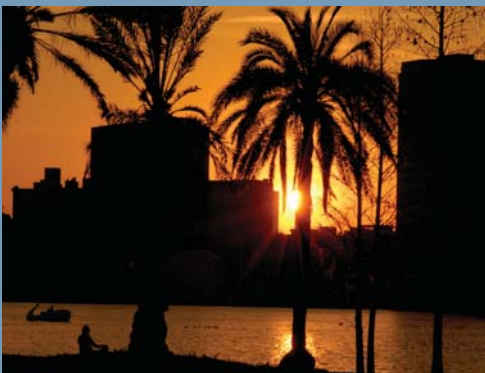
## **Application Deadline for Young Investigator Awards (YIA)**

*Sponsored by an educational grant from Toshiba Medical Systems.*

The Young Investigator Award supports the professional and clinical development of top radiology residents and cardiology fellows. The criteria for the YIA are as follows:

- For those within five (5) years of completing a training program.
- The material must not have been previously published.
- Material submitted must pertain to research relating to the technical and clinical advancement of cardiovascular CT.
- The Young Investigator Award will be available in two categories. Submitted manuscripts must indicate which category applicant wishes to apply for: *Technology of Cardiovascular CT*, or *Clinical Applications of Cardiovascular CT*.

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**April 6, 2009**

## **Deadline for Abstract Submission for SCCT's 4th Annual Scientific Meeting**

The Annual Scientific Meeting Program Committee invites the submission of scientific abstracts for review and consideration for presentation at the 4th Annual Scientific Meeting. Topics may include all aspects of

In addition to the abstract submitted online (with a notation on the abstract that it is intended for YIA consideration), a mini-manuscript (Background, Methods, Results, Discussion) of 1,000 words must also be submitted through email to the Managing Editor of the *Journal of Cardiovascular Computed Tomography (JCCT)*. The mini-manuscript must follow the manuscript submission guidelines for the *JCCT* ([www.journalofcardiovascularct.com](http://www.journalofcardiovascularct.com)).



Please email a copy of the mini-manuscript and the abstract in a separate file to Anna Leong, at [aleong@scct.org](mailto:aleong@scct.org). Five finalists will be selected and each will be provided with a \$1,000 travel stipend to attend the Annual Scientific Meeting. The manuscripts and presentations will be judged by an independent panel, and two winners will receive a cash award of \$2,500 each. The award winners' manuscripts will be eligible for priority peer-reviewed publication in the *JCCT*. Toshiba Medical Systems will provide recognition separately to finalists at a social event, and the work will be highlighted on the Annual Scientific Meeting website.

### April 18-19, 2009

#### CTA Academy • San Francisco, CA

Join course director Wm. Guy Weigold, MD for the CTA Academy in San Francisco, CA in April. The course features 50 mentored workstation cases which count toward the "Minimum Number of Mentored Examinations Interpreted" according to the ACCF/AHA Clinical Competence Statement

on Cardiac CT and MR as well as 15 CME credits. For a course schedule visit <http://www.scct.org/training/cta>.

### May 15, 2009

#### Early Bird Registration Deadline for SCCT 2009

- 4th Annual Scientific Meeting • July 16-19, 2009
- 2nd Cardiovascular CT Board Review Course • July 15-16, 2009

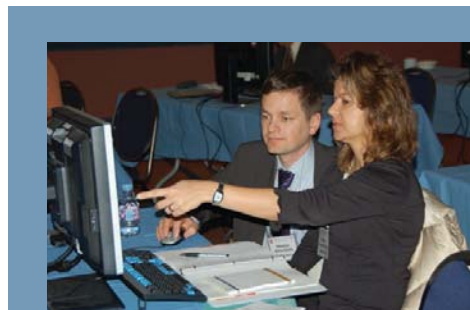
Save up to \$200 when you register by May 15!

To register visit <https://www.scct.org/meeting>

### June 6-7, 2009

#### CTA Academy • Boston, MA

Join course director Stephan Achenbach, MD for the CTA Academy in Boston, MA in June. The course features 50 mentored workstation cases which count toward the "Minimum Number of Mentored Examinations Interpreted" according to the ACCF/AHA Clinical Competence Statement on Cardiac CT and MR as well as 15 CME credits.



### June 23, 2009

#### Discount Hotel Reservation Deadline for SCCT 2009

To reserve a room for the SCCT 4th Annual Scientific Meeting & 2nd Cardiovascular CT Board Review Course at the Walt Disney World Dolphin Resort in Orlando, FL, call:

1-800-227-1500 and mention you are with the Society of Cardiovascular Computed Tomography to receive the discounted room rate of \$189/night. Reservation requests received after June 23 will be accepted at the hotel's prevailing rate, based on availability.

### July 15-16, 2009

#### 2nd Cardiovascular CT Board Review Course • Orlando, FL

The Cardiovascular CT Board Review Course prepares the physician for the Certification Examination in Cardiovascular Computed Tomography. The course will be a comprehensive review of all aspects of cardiovascular CT principles, methodologies, and clinical practice. It is designed to provide the participant with a rigorous and thorough knowledge base through didactic lectures, image-based case examples, reviews of the research literature in cardiovascular CT, and test questions. The course will focus on the "core" knowledge that every practitioner of cardiovascular CT is expected to know, across a wide range of topics. This activity has been approved for *15.5 AMA PRA Category 1 credit*.™

Register early, space is limited! To register for this program visit <https://www.scct.org/boardreview/2nd>

### July 16-19, 2009

#### 4th Annual Scientific Meeting • Orlando, FL

SCCT's 4th Annual Scientific Meeting covers completely new topics and is the only meeting devoted exclusively to cardiovascular CT. The meeting will offer *20.5 AMA PRA Category 1 credits*™, which satisfies the triennial continuing education requirement for Clinical Competency in Cardiac CT, as published by the ACCF/AHA. Featuring expert faculty, this program will provide timely information on the technical principles, methods, clinical results, potential applications and

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limitations of cardiovascular computed tomography as well as to update attendees with the most recent scientific data in the field. This meeting features:

- Read with the Experts Sessions
- A Workstation Arena
- A Technologist Track.

Receive a discount when you register for the 2nd Cardiovascular CT Board Review Course and the 4th Annual Scientific Meeting! To register visit <https://www.scct.org/meeting>.

### September 15 & 16, 2009

#### Certification Examination in Cardiovascular Computed Tomography

The Certification Board of Cardiovascular Computed Tomography

(CBCCT) 2009 Candidate Bulletins are now available and the registration window for the 2009 exam is officially open. The exam will be given on September 15th and 16th at testing centers in the US and abroad. The first registration deadline is May 29th and the late deadline is July 24th. If you are interested in applying, please visit [www.cbcct.org](http://www.cbcct.org) for the 2009 Candidate Bulletin including eligibility information and an application. If you have any questions, please contact CBCCT at 240-631-8151 or send an email to [info@cbcct.org](mailto:info@cbcct.org).



**SCCT 2009**  
Orlando, Florida

**July 16-19, 2009**  
4th Annual Scientific Meeting  
Society of Cardiovascular  
Computed Tomography

**July 15-16, 2009**  
2nd Cardiovascular  
CT Board Review Course

[www.scct.org](http://www.scct.org)

**Register Today!**



The SCCT wishes to extend a warm THANK YOU to our partners in cardiovascular computed tomography.

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