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# The Center for Medicare and Medicaid Services ("CMS") Proposes to Make Nuclear Medicine and PET Scans Subject to Stark Prohibition

n August 8, 2005, the Centers for Medicare and Medicaid Services ("CMS") published its proposed revisions to the Medicare Part B Fee Schedule for 2006. 70 Fed. Reg. 45,764 (Aug. 8, 2005). Included in the proposed revisions is an expansion of the scope of the physician self-referral provisions of Section 1877 of the Social Security Act, commonly known as the Stark Law, to include nuclear medicine services, including positron emission tomography ("PET") scans. If this regulatory change is published as a final rule, it may significantly affect numerous arrangements under which physicians currently furnish nuclear medicine services to Medicare beneficiaries.

Briefly, the Stark Law prohibits payment of Medicare or Medicaid claims submitted by a physician or on that physician's behalf if (1) the physician has made a referral; (2) the referral was made to an entity for the purpose of furnishing a Designated Health Service as defined in the Stark Law; (3) the physician or a member of the physician's immediate family has a "financial relationship" with the entity to which the patient is referred, which may be either an ownership interest or a compensation arrangement; and (4) the financial relationship does not fall into one of the exceptions set out in the Stark Law. If a referral is made by a physician for a Designated Health Service and that physician has a financial relationship with the entity receiving the referral that is not permitted under the Stark Law, then a range of administrative sanctions are available to the Secretary. The possible penalties under the Stark Law include (1) denial of payment and an obligation to refund payments made as a result of a tainted referral; (2) civil monetary penalties of up to \$15,000 for each service that a person "knows or should know" violates the Stark Law, (3) civil monetary penalties of up to \$100,000 for schemes to circumvent the Stark Law, (4) possible exclusion from the Medicare and Medicaid programs, or, (5) liability under the False Claims Act.

Since 1993, radiology services and radiation therapy services have been Designated Health Services subject to the Stark Law. However, the status of nuclear medicine and PET scans under the Stark Law has been unsettled. When CMS published the last set of regulations to implement the Stark Law in 2004, it declined to include either nuclear medicine or PET in the definitions of radiology services and radiation therapy services. However, CMS also stated that "we are mindful of the issue . . . and are continuing to consider the application of section 1877 of the Act to nuclear medicine procedures." 69 Fed. Reg. at 16104 (2004).

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Lynn Shapiro Snyder, Esq. Editor

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<sup>&</sup>lt;sup>1</sup> Several states have their own versions of physician self-referral laws. Although CMS's proposal would not change these laws, its actions can influence the actions of state legislators and regulators.

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CMS's proposed change in the regulatory definitions would include both diagnostic and therapeutic applications of nuclear medicine and PET technology in the definition of a Designated Health Service. As with other Designated Health Services, CMS has provided a list of selected CPT and HCPCS codes that would be subject to the Stark Law. CMS explained that when it first evaluated these services in 2001, it believed that these services were not widely considered to be either radiology services or radiation therapy services. However, CMS was persuaded that since 2001 there has been a shift in the location of nuclear medicine procedures from the hospital setting to physicians' offices; in particular, CMS referred to its own decision to expand Medicare coverage for PET scans and the recent finding by the Medicare Payment Advisory Commission ("MedPAC") that the volume of nuclear medicine services had grown more rapidly than other physician services or imaging services.

The proposed change would not disrupt all arrangements under which nuclear medicine services are furnished. CMS explained that physicians who own or invest in entities that furnish nuclear medicine services would not violate the Stark Law if the services satisfy the in-office ancillary services exception. Similarly, ownership or investment in an entity that furnishes nuclear medicine services to beneficiaries in a rural area would not violate the Stark Law. If CMS's proposal becomes final, then those physicians affected by the change may have to either cease all Medicare and Medicaid referrals to the nuclear medicine entity, or divest themselves of their ownership interests. Nevertheless, CMS is soliciting comments from interested parties. CMS has specifically requested comments as to "whether, or how, to minimize the impact on physicians who are currently parties to arrangements that involve nuclear medicine services and supplies (that is, by specifying a delayed effective date or by grandfathering certain arrangements)." 70 Fed. Reg. at 45,856. Those parties with such arrangements should consider what effect, if any, that CMS's proposal may have on compliance with applicable state laws.

Interested parties should submit comments to CMS no later than October 7, 2005. Although the revisions to the Part B fee schedule must be published in time to be implemented on January 1, 2006, there is no guarantee that this proposed revision to the Stark Law regulations will be published at that time.

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