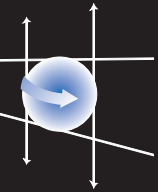


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MEDICAL IMAGING UPDATE

Hot Topics From Medical Imaging of Baltimore SPRING 2009

IMPORTANT IMAGING NEWS

Medical Imaging of Baltimore prides itself in providing top-notch health care for you and your patients. We perform both MRI/MRA and PET/CT scanning. As a service to you, we have compiled information regarding the recent updates to Medicare coverage for PET/CT scanning. Medicare's newest National Coverage Decision (NCD) is effective April 4, 2009. This final decision expands coverage for initial testing for those patients who are diagnosed with or treated for solid tumors and adds several new covered indications. This decision is extremely important because it removes the initial need for Medicare's Coverage with Evidence Development (CED) for new patients. Subsequent treatment strategy may still require Coverage Evidence Decision (CED) which will then be covered with the participation in the National Oncologic Pet Registry (NOPR).

How does this affect your practice?

It will become easier to secure coverage for PET/CT scanning. This new decision allows a larger number of Medicare beneficiaries to take full advantage of the diagnostic power of PET/CT. In addition, any Medicare recipient with a solid tumor may have one FDG-PET/CT related to initial treatment decisions that are either biopsy proven to be malignant or strongly suspected to be malignant based on other diagnostic tests.

What cancers are covered?

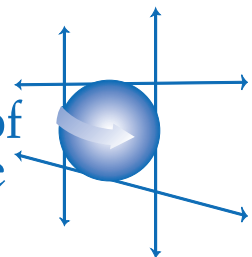
Prior to the April 3, 2009 NCD, coverage was limited to only 9 specific cancer indications: Breast Cancer, Colorectal Cancer, Cervical Cancer, Esophageal Cancer, Head & Neck Cancers, Non-small cell lung Cancer, Thyroid Cancer, Melanoma and Lymphoma.

The new NCD allows for the addition of several new indications: Ovarian Cancer, Small Cell Lung Cancer, Soft Tissue Sarcoma, Pancreatic Cancer, Testicular Cancer, Primary Brain Tumors, Myeloma and **ALL OTHER SOLID TUMORS**. There are rules regarding these new indications, and we are willing to provide guidance and help to insure coverage for your patients

What information will we need from you?

Coverage for the first PET scan will be guaranteed. However, subsequent scans may need to be entered into the NOPR for Brain cancer, Small Cell Lung Cancer, Soft tissue Sarcoma, Pancreatic cancer, Testicular Cancer, Prostate Cancer, Thyroid Cancer (under certain circumstances) **and all other solid tumors**. We are available Monday-Friday to help you and your staff schedule these exams.

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What are the changes?

Please see the box below, published on the CMS website on April 3, 2009.

Appendix A: Effect of Coverage Changes on Oncologic Uses of FDG PET

See NCD Manual for specific coverage language.

Solid Tumor Type	Final Framework	
	Initial Treatment Strategy*	Subsequent Treatment Strategy**
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head & Neck (not thyroid or CNS)	Cover	Cover
Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	CED
Cervix	1 or CED	Cover
Small cell lung	Cover	CED
Soft Tissue Sarcoma	Cover	CED
Pancreas	Cover	CED
Testes	Cover	CED
Breast (female and male)	2	Cover
Melanoma	3	Cover
Prostate	N/C	CED
Thyroid	Cover	4 or CED
All other solid tumors	Cover	CED
Myeloma	Cover	Cover
All other cancers not listed herein	CED	CED

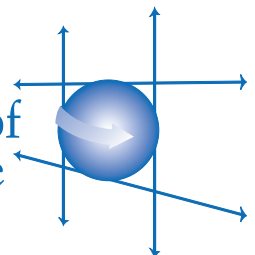
* Formerly “diagnosis” and “staging”

** Formerly “restaging” and “monitoring response to treatment when a change in treatment is anticipated”

N/C = noncover

- (1) Cervix: Covered for the detection of pre-treatment metastases (i.e., staging) in newly diagnosed cervical cancer subsequent to conventional imaging that is negative for extra-pelvic metastasis. All other uses are CED.
- (2) Breast: Noncovered for diagnosis and/or initial staging of axillary lymph nodes. Covered for initial staging of metastatic disease.
- (3) Melanoma: Noncovered for initial staging of regional lymph nodes. All other uses for initial staging are covered.
- (4) Thyroid: Covered for subsequent treatment strategy of recurrent or residual thyroid cancer of follicular cell origin previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and have a negative I-131 whole body scan. All other uses for subsequent treatment strategy are CED.

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