

1. The licensee may authorize the release from its control of any individual who has been administered radiopharmaceuticals or permanent implants containing radioactive material if the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed 5 mSv (0.5 rem).
2. The licensee shall provide the released individual with instructions, including written instructions, on actions recommended to maintain doses to others as low as is reasonably achievable if the total effective dose equivalent to any other individual is likely to exceed 1 mSv (0.1 rem). If the dose to a breastfeeding infant or child could exceed 1 mSv (0.1 rem) assuming there were no interruption of breastfeeding, the instructions shall also include: (a) guidance on interruption of discontinuation of breastfeeding and (b) information on the consequences of failure to follow the guidance.
3. The licensee shall maintain a record of the basis for authorizing the release of an individual, for 3 years after the date of release, if the total effective dose equivalent is calculated by: (a) using the retained activity rather than the activity administered, (b) using an occupancy factor less than 0.25 at 1 meter, (c) using the biological or effective half-life or (d) considering the shielding by tissue.
4. The licensee shall maintain a record, for 3 years after the date of release, that instructions were provided to a breastfeeding woman if the radiation dose to the infant or child from continued breastfeeding could result in a total effective dose equivalent exceeding 5 mSv (0.5 rem).

—David Nichols is the associate director of the ACNP/SNM government relations office

CHCPP News

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ity patient care and service delivery. Many of these New York hospitals have a high number of IMGs, who now account for 40% of the residency slots filled each year. The project goal is to gradually decrease the dependence on IMG residents to provide essential service functions. Other recommendations of COGME include:

- Restructuring the current visa program for international medical graduates studying in the U.S. to return to their countries

once training is complete.

- Allowing DME and IMEA payments in ambulatory care and other non-hospital settings as delivery patterns change in health care.

The proposed federal budget for this year contains significant cuts in Medicare spending which will undoubtedly affect the amount in payments made to teaching institutions. Most institutions have already made adjustments to their resident programs based on the changes occurring in the market. Many have decreased the num-

ber of resident positions to adjust for the downsizing of graduate medical education, or shifted the number of funded slots toward primary care training rather than medical specialty training.

COGME's draft recommendations were approved in concept and will be sent out to its members for revision in the next few months. A final report will be submitted to the DHHS Secretary and Congress for review.

—Olivia Wong is the SNM health care policy administrator

Newsbriefs

Reimbursement Roadshow Debuts

The SNM Commission on Health Care Policy and Practice (CHCPP) sponsored its first roadshow on reimbursement for nuclear medicine procedures on February 1 in Baltimore, MD. Forty-two participants attended the one-day seminar. Kenneth A. McKusick, MD, Darrell McIndoe, MD, and Denise Merlino, MBA, CNMT served as moderators. R. Thomas Loughery, MBA, a practice management consultant, was key speaker at the roadshow.

These workshops will cover major procedural aspects of nuclear medicine services, including proper code selection, claim submission and documentation. Nuclear medicine physicians, technologists, medical office managers, key billing and medical records personnel will learn how to properly use the current CPT and ICD-9-CM manuals, use HCPCS II for effective coding and billing, understand third-party

payments, get updates on new editions of CPT and relevant Medicare changes, become knowledgeable about current Correct Coding Initiative, implications of fraud and abuse for incorrect coding, review common procedures and maximize reimbursement.

"These seminars focus on all the nuances of nuclear medicine. Physicians, technologists and coding and billing personnel will all benefit from the knowledge of these reimbursement roadshows," said Wendy Smith, associate director of Health Care Policy.

The next reimbursement roadshow will be in conjunction with the SNM's 44th Annual Meeting this June in San Antonio, TX. The categorical seminar will offer Category 1 CME and VOICE credit. Three additional roadshows will be offered this fall. For further information on upcoming roadshows contact Wendy Smith at (703) 708-9000, ext. 242 or via e-mail at wsmith@snm.org.

DOE to Provide Research Isotopes

The DOE will provide limited quantities of accelerator-produced isotopes for research purposes every month for two years beginning in October, 1997. Owen Lowe, associate director of DOE's Office of Isotope Production and Distribution, stated that some funds will be available to subsidize the development and production costs. The isotopes will be produced in accelerators at the Brookhaven National Laboratory, Los Alamos National Laboratory and the Tri University Meson Facility. The DOE is developing criteria for establishing priorities for development and production. Suggestions concerning the criteria or interest in the isotopes may be addressed to Dr. Norton Haberman at 301-903-4321 or by e-mail to Norton.Haberman@hq.doe.gov.