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May 18, 2004

James D. Cross, M.D.
National Medical Director
Medical Policy and National Transplant
1301 McCormick Drive
Largo, Maryland 20774

Dear Doctor Cross:

The purpose of this letter is to respond to your letter of April 2004 regarding Aetna's application of reimbursement guidelines for ejection fraction (CPT 78480) and wall motion study (CPT 78478) performed in conjunction with a cardiac perfusion (SPECT) study (CPT 78645) and to inquire about Aetna's administration of regional adoption of global payment policies.

The American College of Cardiology (ACC) would like to take this opportunity to clarify why these procedures should be recognized and reimbursed separately. Aetna's logic that reimbursement is available for obtaining either an ejection fraction or a wall motion study with a cardiac perfusion examination does not accurately reflect the relative value units of the add-on codes, which reflect the fact they are performed in relation to the primary procedure. Therefore, a reduction or elimination of reimbursement is not appropriate.

Myocardial perfusion imaging is performed to assess regional perfusion, myocardial viability and risk of subsequent cardiac events. Myocardial perfusion imaging is performed using the radiotracer thallium-201 or one of the newer technetium-based tracers. Imaging can be performed after tracer administration in the resting state, during exercise, or after infusion of certain pharmacologic agents that induce an exercise like state. This is reflected on CPT code 78465. Since gated or first pass acquisitions can be obtained with the myocardial imaging technetium agents to study left ventricular regional and global function, additional codes are utilized 78480 (ejection fraction) and 78478 (wall motion study).

Ejection fraction (78480) and wall motion study (78478) are clearly two distinct services that provide significant value for assessing patients. To assess each function, separate software is required. The software is costly, as it is proprietary and only available from the camera manufacturers. Thus, the technical component of the relative value unit for each is substantial. In addition, the technologist is required to complete significant processing for each of these evaluations. The physician separately reviews the wall motion and then the ejection fraction calculation.

In January 2002, practice expense data was accepted by a peer group of physicians at the Practice Expense Advisory Committee (PEAC). The acceptance of this data was reaffirmed by the parent committee, the Relative Value Update Committee (RUC) in April 2002 and accepted by CMS and included as an integral part of the Medicare Fee Schedule. There is additional physician time as well as practice expense time associated with both codes as CMS, PEAC, and RUC have acknowledged.

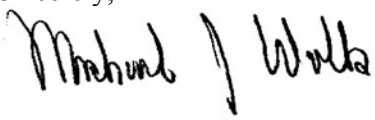
In addition, you indicated Aetna has regionally based global payment policy for nuclear imaging. Could you please advise ACC as to which regions are subject to this global policy.

Finally, my colleague Robert C. Hendel, M.D., F.A.C.C., President, American Society of Nuclear Cardiology (ASNC) will be submitting a detailed letter noting the work components involved in providing the above mentioned services. Both ACC and ASNC request the opportunity to discuss this issue with you and other appropriate representatives, especially your cardiovascular advisors, in detail.

We look forward to working collaboratively with you. Thanks for your consideration.

Please contact me at 212-988-2881 or Kathleen Flood, ACC staff at 301-897-2607 with any questions or concerns.

Sincerely,



Michael J. Wolk, M.D., F.A.C.C.

cc: Robert Hendel, M.D.
William Popik, M.D.
Cheryl Pegus, M.D.
Chris McEntee
Karen Collishaw
Barbara Greenan
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James Boxall