

104TH CONGRESS
1ST SESSION

H. R. 2194

To provide for cost savings in the medicare program through cost-effective coverage of positron emission tomography (PET).

IN THE HOUSE OF REPRESENTATIVES

AUGUST 4, 1995

Mr. DUNCAN introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for cost savings in the medicare program through cost-effective coverage of positron emission tomography (PET).

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare PET
5 Coverage Act of 1995”.

1 **SEC. 2. CLARIFICATION OF MEDICARE COVERAGE OF, AND**
2 **PAYMENT FOR, ITEMS AND SERVICES ASSOCI-**
3 **ATED WITH POSITRON EMISSION TOMOG-**
4 **RAPHY (PET).**

5 (a) IN GENERAL.—Nothing in title XVIII of the So-
6 cial Security Act, or any other provision of law, regulation,
7 policy, or interpretative statement, shall be construed to
8 prohibit under parts A and B of such title coverage of,
9 and payment for, items and services associated with the
10 use of positron emission tomography (PET) for a covered
11 medical indication (as defined in subsection (b)(1)) where
12 the use meets the following conditions:

13 (1) The PET is used as a substitute for other
14 diagnostic procedures or to assist a physician in as-
15 sessing whether exploratory surgery, surgical treat-
16 ment, radiation, transplant, or any other diagnostic
17 or therapeutic procedure is medically necessary.

18 (2) The PET is performed at a facility that is
19 licensed under (or otherwise operating in compliance
20 with) State law.

21 (b) COVERED MEDICAL INDICATION DEFINED.—

22 (1) IN GENERAL.—For purposes of subsection
23 (a), the term “covered medical indication” means—

24 (A) any medical indication described in
25 paragraph (2), or

1 (B) any other medical indication where the
2 carrier involved (or the Secretary of Health and
3 Human Services) estimates that it will be less
4 costly to the medicare program under such title
5 (on average) to use the protocol using PET for
6 the indication than to use any alternative proto-
7 col which has similar diagnostic accuracy and
8 therapeutic outcome for that indication.

9 (2) SPECIFIC MEDICAL INDICATIONS COV-
10 ERED.—The following are the medical indications
11 described in this paragraph:

12 (A) Localization of epileptogenic focus in
13 patients with complex partial seizure disorders.

14 (B) Differentiation of recurrent brain tu-
15 mors from radiation necrosis in patients who
16 have previously received radiation therapy treat-
17 ment.

18 (C) Detection and assessment of tumors
19 associated with breast cancer, lung cancer, or
20 colorectal cancer.

21 (D) Determination of cardiac perfusion
22 and viability in patients with left-ventricular
23 dysfunction or cardiomyopathy.

24 (c) DEFINITIONS.—In this section:

1 (1) The terms “positron emission tomography”
2 and “PET” mean a diagnostic imaging technology
3 used, in a manner generally accepted by the medical
4 community and recognized in the medical literature,
5 to measure biochemical and physiologic function in
6 the human body.

7 (2) The term “diagnostic and therapeutic proto-
8 col” means, with respect to a specific medical indica-
9 tion, all of the diagnostic procedures and resulting
10 therapeutic procedures used in diagnosing and treat-
11 ing the indication.

12 (d) EFFECTIVE DATE.—This section shall apply to
13 PET used on or after 30 days after the date of the enact-
14 ment of this Act, without regard to whether or not regula-
15 tions to carry out this section have been promulgated by
16 such date.

17 (e) REVISION OF NATIONAL COVERAGE DETERMINA-
18 TION.—The Secretary of Health and Human Services
19 shall revise the medicare national coverage decision relat-
20 ing to coverage of PET to be consistent with this section.
21 Nothing in this section shall be construed as preventing
22 the Secretary from expanding such coverage decision be-
23 yond the coverage required under this section.

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