



POLICY & PRACTICE

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CMS Reviewing Ornish, Pritikin

The Centers for Medicare and Medicaid Services is reviewing evidence on two well-known cardiac-rehabilitation programs to determine whether they should be covered for Medicare beneficiaries. Late last year, the agency said it was accepting public comments during November and December on the Dean Ornish Program for Reversing Heart Disease and the Pritikin Program. The agency said that it expects to propose a decision on coverage of the two diet-and-lifestyle plans in May, and it will make a final determination in August.

...And Tobacco Counseling for All

The CMS is analyzing the effectiveness of counseling more Medicare beneficiaries to prevent tobacco use and tobacco-caused disease. Medicare pays for such services for beneficiaries who already have been diagnosed with “a recognized

tobacco-related disease or who exhibit symptoms consistent with tobacco disease.” The agency is now reviewing whether the evidence supports coverage of counseling for people who are asymptomatic. The CMS also is looking at the benefits for pregnant women who use tobacco products, with an eye toward expanding preventive services for that group as well. The agency expects to post its proposed decision in May.

Cardiac Cath Surveys Endorsed

The Society for Cardiovascular Angiography and Interventions is urging members, if called, to participate in a survey by the RBRVS (Resource-Based Relative Value Scale) Update Committee (RUC) on new CPT codes assigned to cardiac catheterization. A joint work group from the RUC and the CPT Editorial Panel agreed that certain codes should be bundled because they are reported together

more than 95% of the time. For instance, diagnostic cardiac catheterization codes 93510-93529 were regularly reported with supervision and imaging codes 3555-93556 and at least one injection code 93539, 93540, or 93545. In October, the CPT panel approved 20 new codes: 11 catheter-placement codes, 2 new codes for reporting additional work associated with administering drugs and conducting exercise studies, and 7 new injection-imaging combination codes. Members should participate in the RUC survey process because it will have “a direct impact on the valuation assigned to these new codes,” according to the SCAI.

Drug Promotion Levels Off

After double-digit growth earlier in the decade, promotional spending for pharmaceuticals leveled off in 2008, according to a new study by the Congressional Budget Office. That year, drug makers spent \$20 billion (or about 11% of total sales in the United States) on promotional activities. The companies spent \$12 billion on detailing physicians and other health care providers, \$3.4 billion on sponsoring professional meetings, and \$400 million on journal ad-

vertising. The rest of the spending was on direct-to-consumer advertising. Much of the consumer spending was for television advertising (at \$1.6 billion); print ads cost the industry \$900 million. Manufacturers spent only \$93 million in 2008 to advertise online, to sponsor links in search engines, and to host product- or disease-specific Web sites. Just 10 drugs accounted for 30% of all direct-to-consumer spending.

—Alicia Ault

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