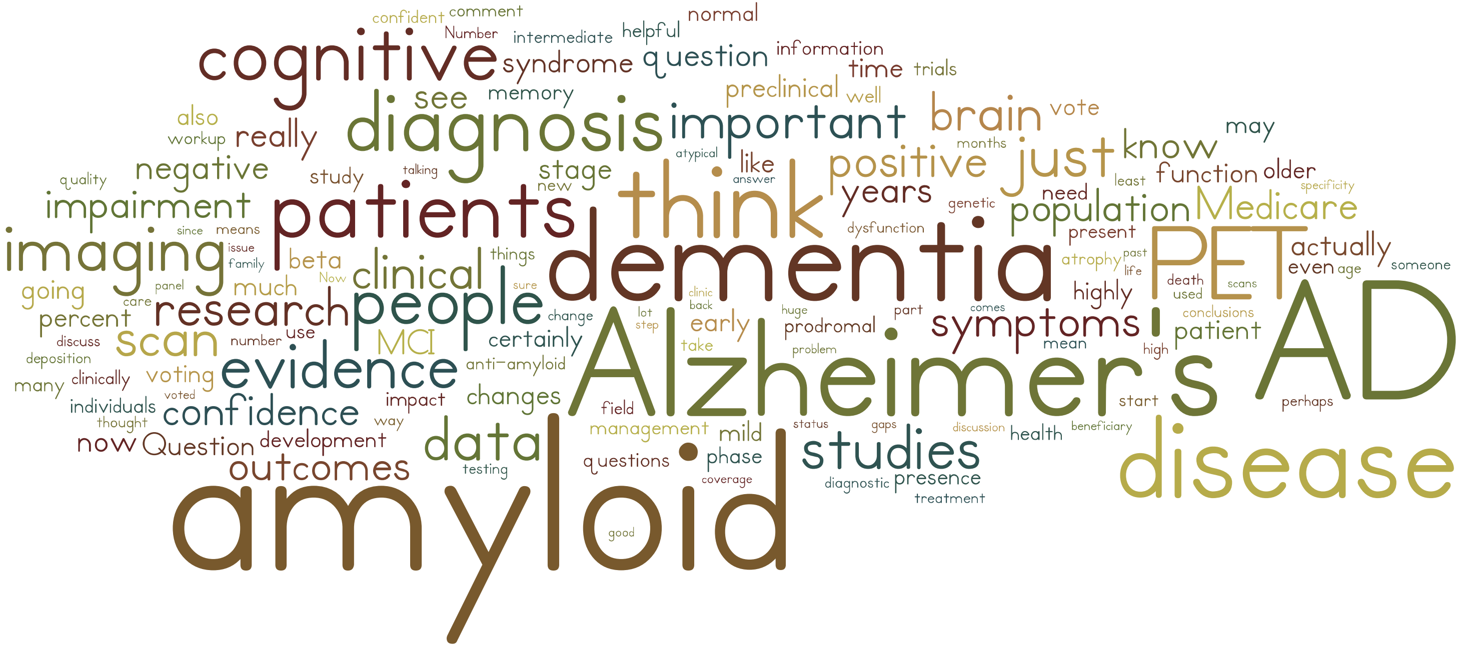
WHAT'S MISSING FROM THIS PICTURE?

Deciding whether Medicare will start covering a new medical technology or other service is not supposed to take cost effectiveness into consideration — at least not publicly. Clinical effectiveness, medical necessity and patient safety are the only factors that are allowed to be discussed.

This directive was evident during a recent Medicare Evidence Development & Coverage Advisory Committee hearing in Baltimore to determine if the program should cover certain positron emission tomography scans that oculd offer an early diagnosis of Alzheimer's disease.

A word cloud constructed by *American Medical News* using the official transcript from the hearing — demonstrating the frequency with which certain words were used — does not contain "cost" or any other terms related to how much the program would be expected to pay for the technology in relation to its value for patients.