



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –July 2, 2009**

**FLASCO WEBSITE: [www.flasco.org](http://www.flasco.org)**

**FLASCO CLINICAL TRIALS NETWORK WEBSITE: [www.fctn.org](http://www.fctn.org)**

**MESSAGE FROM THE PRESIDENT: Gerald Robbins, MD**

**New Corporate Member:**

I am extremely pleased to announce that **ALLOS THERAPEUTICS, INC** has become a **GOLD** Corporate Member of FLASCO. Thanks Allos – we are looking forward to working with this company.

**FLASCO Investments:**

On the recommendation of the FLASCO Finance Committee, FLASCO has transferred some of its funds to the Phipps Wealth Management Group (Platinum FLASCO Corporate Members) to invest in CDs for our Society.

**Florida Rheumatology Society**

Recently I attended a very exciting annual meeting of the Florida Rheumatology Society. I later met with some of the members of their executive committee. We share similar practice mechanics and have many issues in common. We both deal with diseases that are now often considered chronic, are primarily office-based, are considered congenitive specialties, often employ expensive outpatient infusion and injection therapies and perform outpatient clinical trials. We share common goals of providing the best care for our patients and want to maintain access to that care in a challenging and ever-changing medical environment. One example is this current legislative action on the prompt pay discount. We can learn from each other and it is in our patients' best interest that we join voices as common concerns arise and that we maintain a close contact with them.

**New FLASCO Members:**

We would like to extend a warm welcome to the following new FLASCO members:

<b>Robert Green, MD</b>	<b>Palm Beach Cancer Institute, LLC</b>	<b>Regular Member</b>
<b>Joyson Karakunnel, MD</b>	<b>Hematology &amp; Oncology Consultants of Tampa Bay</b>	<b>Regular Member</b>

**CLINICAL PRACTICE COMMITTEE UPDATE: Thomas Gaddis, MD, Chm.**

**Question from Member Practice - Tagamet**

FCSO posted the article below in the May 2009 Medicare Part B Update. Here is the article posted by FCSO:

**Billing for drugs usually administered orally**

Medication given by injection (parenterally) is not covered if standard medical practice indicates that the administration of the medication by mouth (orally) is effective and is an accepted or preferred method of administration. Medicare Part B does not generally cover drugs that can be self-administered, such as those in pill form, or are used for self-injection.

However, First Coast Service Options Inc. has received claims for many medications that, in most circumstances, would be considered self-administered oral medications (examples include, but are not limited to, Ascorbic Acid, **Tagamet**, Lopressor, and Vasotec, among others). In many instances, these drugs have been billed with unlisted codes such as HCPCS code J3490, which requires that this contractor review the claim for medical necessity and manually price the drug.

Contractors will make the determination of reasonable and necessary with respect to the medical appropriateness of a drug to treat the patient's condition, as well as to make the determination of whether the intravenous or injection form of a drug is appropriate as opposed to the oral form. Contractors will supplement these instructions as

necessary, concerning appropriate use of specific injections in other situations. They will use these instructions to screen out questionable cases for special review, further development, or denial when the injection billed would not be reasonable and necessary. If a medication is determined not to be reasonable and necessary for diagnosis or treatment of an illness or injury according to these instructions, the contractor excludes the entire charge (i.e., for both the drug and its administration).

In addition, contractors exclude from payment any charges for other services (such as office visits), which were primarily for the purpose of administering a noncovered injection (i.e., an injection that is not reasonable and necessary for the diagnosis or treatment of an illness or injury). Contractors must provide notice 45 days prior to the date that these drugs will not be covered, and this article serves as that notice. During the 45-day time period, contractors will maintain existing medical review and payment procedures. After the 45-day notice, contractors may deny payment for the drugs subject to the notice.

**QUESTION:** A FLASCO practice states that they are now receiving denials from FCSO on Tagamet that they administer IV as not medically necessary. Have any of you received this denial and do you have any suggestions on how to fight this denial? **Please send your responses to: [Dorothy.Green@cancer.org](mailto:Dorothy.Green@cancer.org)**

### **Concurrent Infusion: (Source: Bobbi Buell)**

CPT coding for infusions is still messing up the minds of many practices. One thing my auditing has unearthed is that there are folks who are still billing for a concurrent infusions when more than one drug is put in the same bag with another. This is wrong, wrong, wrong, and erroneous. As *CPT Assistant* said in November 2006 in Volume 16, Issue 11:

*"Concurrent means at the same time and sequential means one after another. In order to report a concurrent administration, the drugs cannot simply be mixed in one bag; there must be more than one bag. If the drugs are mixed in the same bag, then just the initial infusion code (ie, 90765) should be reported. If the drugs are being infused at the same time in two different bags, then an initial infusion code (ie, 90765) and the concurrent code (ie, 90768) should be reported. If one drug is being infused after another, then an initial infusion code (ie, 90765) and a sequential infusion code (ie, 90767) should be reported."*

Remember concurrent means also that drugs have the same up and down times or up/downtime overlap. Also, please note that these codes changed to "963" codes in January of this year, but the coding rules remain the same.

### **Aprepitant (Emend®): Part B Versus Part D (Source: Bobbi Buell)**

Information on Emend was contained in a FAX Blast in June; however, there has been confusion and perhaps the information from Bobbi Buell below will help clarify your questions.

Want to know if Part B or Part D should be billed when using ORAL aprepitant (J8501 PER 5 MG) as an anti-emetic in a chemotherapy regimen? CMS has reportedly received questions with regard to billing aprepitant when used as a complete replacement for intravenous therapy or as a completion of a 48-hour regimen where IV aprepitant is given the day of chemotherapy and the oral medication is given days 2-3 of therapy. So, they published a [Medlearn Matters article](#) to clarify this issue. Here is the link to the special edition MLN Matters article [SE0910](#)  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/se0910.pdf>

### **What's The Deal??**

Since 1997, CMS has provided Part B reimbursement for oral anti-emetic drugs when used as a full therapeutic replacement for intravenous drugs as part of a cancer chemotherapeutic regimen, when the drugs are administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of the chemotherapeutic agent. Aprepitant (Emend®) is indicated for use as an anti-emetic for CINV when part of a three drug combination regimen.

The three-drug combination is:

- Aprepitant;
- A 5-HT3 antagonist (e.g. granisetron, ondansetron, or dolasetron); and
- Dexamethasone (a corticosteroid).

The three drug combination protocol requires the first regimen dose to be administered before, at, or immediately after the time of the anti-cancer chemotherapy administration. The second day, on which only aprepitant is given, is defined as "within 24 hours," and the third day, on which again only aprepitant is given, is defined as "within 48 hours" of the chemotherapy administration.

The physician must indicate on the prescription that **the beneficiary is receiving the oral anti-emetic drug as full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen in order for the beneficiary to receive coverage under Part B. All three drugs (EMEND, 5-HT3, and Dex) in the combination oral anti-emetic regimen must be on the same claim to be eligible for Part B reimbursement.**

#### **Coverage of Emend Under the Part B Program**

Medicare Part B covers Emend when used as part of the following regimen:

IV Emend provided on day 1 would be covered under B. (Payment for *Oral Emend on days 2 and 3 would not be made under Part B but should be billed under Part D.*)

Days 1-3 of the oral anti-emetic 3-drug combination of Emend, a 5-HT3 antagonist, and dexamethasone. This regimen acts as a full replacement for IV anti-emetic therapy for patients receiving one or more of these chemo drugs:

- Carmustine
- Cisplatin
- Cyclophosphamide
- Dacarbazine
- Doxorubicin
- Epirubicin
- Lomustine
- Mechlorethamine
- Streptozocin

#### **Coverage of Emend Under the Part D Program**

**The Part D program will generally cover Emend when it is not prescribed in accordance with the above Medicare Part B coverage guidelines.** AGAIN, if Emend IV is given on Day 1, then oral Emend is given on days 2-3, the oral Emend must be billed to Part D. To assist in billing of Emend, CMS recommends physicians indicate on a prescription that the Emend is being used as part of a CINV chemotherapeutic drug regimen, what day of treatment the patient is on (e.g. Post chemo Day 2) and whether the IV or oral form of the drug was given on Day 1. This will avoid unnecessary phone calls from your friendly neighborhood pharmacist.

If you have more questions, please call the ACT program at **866-EMEND-Rx (866-363-6379)** or see the Medlearn Matters article - <http://www.cms.hhs.gov/MLNMMattersArticles/downloads/se0910.pdf>

#### **LEGISLATIVE UPDATE: Erin Dunbar, MD, Chairman – Scott Tetreault, MD, Vice Chairman**

##### **Invite your US House Member and US Senator to your practice:**

It is extremely important for all FLASCO Members to be actively involved in Healthcare Reform. We need to let our voices be heard. Please invite your US Congressman and our two US Senators to visit your practice – let them see what you are facing each day in your practice (whether it be a private practice or academic practice). Let them know what you believe is needed to provide quality healthcare to our cancer patients in Florida.

Congress will be in recess during the month of August – a great time to invite them to your practice. **Please start inviting them to visit your practice NOW.**

**Next Week** FLASCO will be emailing all FLASCO Members a special Legislative Alert regarding the Prompt Pay Bill and asking for all members to take immediate action.

##### **PROGRAM COMMITTEE UPDATES:**

FLASCO will be holding its 1<sup>st</sup> Annual Business of Oncology Summit on October 3, 2009. FLASCO has partnered with Abraxis BioScience to hold this very exciting and timely conference. Topics that will be presented by expert speakers are as follows: Financial Planning, Managed Care Contract Negotiations, Succession Planning, Clinical Pathway

Development and Implementation, Utilizations and Responsibilities of the PA/ARNP, and Strategic Planning: What, Why and How.

JOIN US for this professional forum that explores what cancer care leaders are doing to achieve a future vision of successful cancer care delivery, focusing on innovative business practices, clinical integration, and patient-centric approaches to providing care. For more information on the Business of Oncology Summit or to register, please go online to [www.flasco.org](http://www.flasco.org). The meeting announcement and registration form are available there.

### **FCSO UPDATES:**

#### **Correct coding can avoid fragmented billing issues**

*Modified: 7/1/2009 Business: Part B Location: FL, PR, USVI*

Fragmented billing occurs when providers submit separate claims for services furnished on the same date of service. This can potentially cause an erroneous payment to occur. [http://medicare.fcso.com/Billing\\_and\\_coverage/152726.asp](http://medicare.fcso.com/Billing_and_coverage/152726.asp)

### **CMS UPDATES:**

#### **CMS Proposes Payment, Policy Changes For Physicians' Services To Medicare Beneficiaries In 2010**

The Centers for Medicare & Medicaid Services (CMS) just released the 2010 Medicare proposed physician fee schedule ([http://www.federalregister.gov/OFRUpload/OFRData/2009-15835\\_PL.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-15835_PL.pdf)) and a related press release

([http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)) and fact sheet

([http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)). The regulation includes provisions that confirm a 21.5 percent reduction in 2010 Medicare physician payments unless Congress enacts legislation to reverse this cut.

CMS is making several proposals to refine Medicare payments to physicians, which are expected to increase payment rates for primary care services. The proposals include an update to the practice expense component of physician fees. For 2010, CMS is proposing to include data about physicians' practice costs from a new survey, the Physician Practice Information Survey (PPIS), designed and conducted by the American Medical Association.

CMS will accept comments on the proposed rule until August 31, and will respond to all comments in a final rule to be issued by November 1, 2009. Unless otherwise specified, the new payment rates and policies will apply to services furnished to Medicare beneficiaries on or after January 1, 2010.

Other helpful CMS web pages include:

Information on the PQRI program visit: [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri) .

Information on the e-prescribing incentive program, visit: [www.cms.hhs.gov/erxincentive](http://www.cms.hhs.gov/erxincentive) .

### **FDA UPDATES:**

#### **FDA approves ferumoxytol (Feraheme Injection)**

On June 30, 2009, the United States Food and Drug Administration (FDA) approved ferumoxytol (Feraheme™ Injection, AMAG Pharmaceuticals, Inc.) for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD). Ferumoxytol is an iron-containing product for intravenous (IV) administration. Full prescribing information is available at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2009/022180lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/022180lbl.pdf).

### **ACCC UPDATES:**

#### **National Survey Spotlights Cancer Care Trends: Association of Community Cancer Centers Examines the Business Side of Hospital Cancer Care**

(ACCC) July 1, 2009 - A newly released survey of community-based cancer programs by the Association of Community Cancer Centers (ACCC) suggests that the business side of cancer care is undergoing rapid evolution: Changing reimbursement; financial challenges; and rising costs for drugs, technology, and personnel challenge the ability of provider organizations to adapt. read press release at: [http://www.accc-cancer.org/mediaroom/media\\_pressreleases\\_2009survey.asp](http://www.accc-cancer.org/mediaroom/media_pressreleases_2009survey.asp)

### **Florida Hospital Cancer Institute**

Florida Hospital cancer Institute was one of five cancer programs selected to participate in the Association of Community Cancer Centers' prostate cancer best practices project. The institute will receive education about processes and structures

that model successful community-based prostate cancer programs, according to a Florida Hospital release. Florida Hospital's prostate cancer program will be shared with cancer centers across the country. Prostate cancer will be one of the fastest growing cancers treated in the next 10 years, but there are several effective treatments available.

The project is funded by an educational grant from **Sanofi-Aventis U.S. Education** is provided in consultation with **The Pritchard Group. Florida Hospital Cancer Institute** provides services ranging from disease prediction and prevention to detection, treatment and research. It treats thousands of newly diagnosed cancer patients each year and has one of the largest clinical trials program in Central Florida.

#### **PA/NP UPDATES:**

##### **12<sup>th</sup> Annual APAO Conference**

The APAO National Conference is scheduled for September 10-13, 2009, in Boston. The meeting is for MidLevels and Physicians . There will be an ASCO highlights on 9/10/09. You may register on-line at: <http://www.focus-ed.net/apao/>

#### **DRUG AND INDUSTRY UPDATES:**

##### **Genentech - Temporary COBRA Premium Reduction**

As part of Genentech's continued commitment to patient access to our therapies, they wanted to ensure that you are aware of a recent change to COBRA premiums included in the economic stimulus package earlier this year. The temporary change allows for a substantial reduction to an eligible individual's premium. There are some limitations, which are outlined in the government's link: <http://www.dol.gov/ebsa/faqs/faq-cobra-premiumreductionEE.html>

Please feel free to contact Access Solutions with any patient assistance needs at 1-866-4ACCESS or visit [www.GenentechAccessSolutions.com](http://www.GenentechAccessSolutions.com) for assistance

#### **EDUCATIONAL OPPORTUNITIES**

##### **US Oncology HIT Incentives Webinar**

US Oncology Physician Services will sponsor a **FREE Webinar: "Medicare HIT Incentives for the Community Oncology Practice" on Friday, July 10<sup>th</sup> at 2pm Eastern Time.** With the signing of the American Recovery and Reinvestment Act this spring, allocating approximately \$20 Billion toward Electronic Health Record (EHR) adoptions, physicians who demonstrate meaningful use of certified EHRs could be eligible for up to \$44,000 in incentives over five years. This interactive webinar will be presented by Matt Brow, Vice President of Government Relations and Public Policy with US Oncology, and by Cindy Chavez, Vice President of IKnowMed – an oncology-specific EMR offering. The program will feature:

- A review of standards for qualified EHRs and "meaningful use" requirements
- Information on how standards should be set and what standards should apply to oncology-specific EHRs

To register for this program email [cecilia.rosales@usoncology.com](mailto:cecilia.rosales@usoncology.com) or call (866) 216-5053

#### **BUSINESS Q & A: (Source: The Phipps Wealth Management Group)**

- Q. A FLASCO member asked if we can help him with a "redo" of his retirement planning. Economic conditions have dictated that his planned retirement date has been extended by about five years.
- A. A frequent inquiry. The answer is "of course." We have customized retirement planning modules that allow for every conceivable variable in a clients retirement planning. **There has never been a time** where this analysis has been more important.

When we do a financial **H & P** for our new clients, we allocate an inordinate amount of time to asset/income protection.

For more information you may contact: 561-276-1635 Direct - 877-276-1635 Toll Free – fax: 561-922-3275 - E-mail: [jeffrey\\_phippsr@ml.com](mailto:jeffrey_phippsr@ml.com) - <http://fa.ml.com/PhippsGroup/>

**CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2009)**

FLASCO Members extend a big thanks to all of our 2009 Corporate Members/Sponsors (Companies listed below have either paid 2009 dues or have submitted letters of intent)

**PLATINUM**

AMGEN  
Bayer/Onyx  
Cephalon Oncology  
Eli Lilly  
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**GOLD**

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Genentech  
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The Phipps Wealth  
Management Group  
Novartis  
Astra Zeneca  
Pfizer

**FLASCO 2009 MEETINGS:**

**October 3, 2009** – FLASCO Business of Oncology Summit - Tampa

**November 6-7, 2009** – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

**March 5-6, 2010** – FLASCO Spring Meeting and Annual Session – Tampa Airport Marriott Hotel

**OTHER MEETINGS/WEBCASTS**

**September 10-13, 2009** APAO Annual meeting in Boston

**September 22-25, 2009** - ACCC's 26th National Oncology Economics Conference - - Hyatt Regency Minneapolis on Nicollet Mall, 1300 Nicollet Mall, Minneapolis, MN 55403 - 612.370.1234

**March 17-20, 2010** - ACCC's 36th Annual National Meeting - -Baltimore Marriott Waterfront  
700 Aliceanna Street, Baltimore, MD 21202 - 410.385.3000

**December 5-8, 2009** – ASH Annual Meeting – Ernest N, Morial Convention Center, New Orleans, LA