



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –March 26, 2009

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

MESSAGE FROM THE FLASCO PRESIDENT: Gerald Robbins, MD

On March 20, 2009, the “**Great Strides Together -21st Century Oncology Developments for the PA and ARNP/Physician Team**” Conference was held at Moffitt Cancer Center in Tampa. The 7 sessions covered a wide variety of oncology-related topics. Each topic was presented by a tandem physician and PA/ARNP team who practice together. There were 95 registered attendees (NPs, ARNPs, physicians, nurses, pharmacists, and several student PAs and NPs) The conference was co-sponsored by FLASCO and Moffitt Cancer Center. This was a great first effort for what many attendees commented that they hope will be an annual event!

FLASCO would like to extend its deepest thanks to the following companies who provided unrestricted educational grants for this Conference: **Sanofi-Aventis, GlaxoSmithKline, Cephalon Oncology, Celgene, ImClone Systems, Inc, Genentech BioOncology.**

Also a special thanks is extended to the following companies who exhibited at this Conference: **Alexion Pharmaceuticals, AMGEN, AstraZeneca, Bristol Myers-Squibb, Celgene Corporation, Eisai, EUSA Pharmaceuticals, Inc, FAPA/APAO, FLASCO, Genomic Health, Inc., Millennium Pharmaceuticals, Moffitt Cancer Center, Novartis, OSI Pharmaceuticals, RIT Oncology, Sanofi-Aventis**

**CLINICAL PRACTICE COMMITTEE UPDATES: Thomas Gaddis, MD, Chairman
Carboplatin LCD**

At the request of Mayo Clinic Jacksonville, FCSO has added Merkel Cell carcinoma for coverage on the J9045 Carboplatin LCD per their request. This will include the addition of the ICD-9-CM diagnosis code range 173.0 - 173.9 (Other malignant neoplasm of skin). **PLEASE NOTE: This will be effective on publication date – watch for additional information.**

Meeting with First Coast Service Options

FLASCO representatives will be participating in a joint meeting between FCSO, OMF and SCOOP in May. Please send the FLASCO Executive Director any issues you would like for us to discuss at this meeting.

CMS MLNMATTERS:

New:

MM6394 – Program Overview: 2009 Physician Quality Reporting Initiative (PQRI) And The 2009 Electronic Prescribing (E-Prescribing) Incentive Program

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6394.pdf>

MM6310 – Incorporation of Physician Fee Schedule Regulatory Changes into Chapter 10 of the Program Integrity Manual (PIM)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6310.pdf>

FCSO UPDATES:

First Coast Service Options has made updates to two LCDs that will affect oncology practices. Information on the LCD Updates for Neulasta and Oxaliplatin(Eloxatin) follows:

J2505: Pegfilgrastim (Neulasta™) -- revision to the LCD

LCD ID number: L29254 (Florida), LCD ID number: L29463 (Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for pegfilgrastim (Neulasta™) was effective for services rendered on or after February 2, 2009, for Florida and on or after March 2, 2009, for Puerto Rico and the U.S. Virgin Islands as a Medicare administrative contractor (MAC) LCD for jurisdiction 9 (J9). Since that time, the LCDs have been revised. First Coast Service Options, Inc. (FCSO) published an article on December 2, 2008, outlining the correct administration of Neulasta™ per the instructions found in the LCD and Food and Drug Administration (FDA) approved labeling. FCSO encountered claims data that demonstrated providers administering this drug outside of the established parameters. Neulasta™ should not be administered 14 days before or 24 hours after the administration of cytotoxic chemotherapy.

It was brought to FCSOs attention that patients receiving dose dense chemotherapy schedules should be allowed an exception to the 14 day before/ 24 hour after rule since these patients would need to receive the Neulasta™, typically on the second day of the chemotherapy cycle. FCSO has reviewed the evidence submitted to support this exception and has revised the LCDs to include language allowing for this off-label administration only if the physician can document that the patient is on a dose dense chemotherapy cycle. For those patients that are not on a dose dense chemotherapy cycle, this off-label administration would not be acceptable.

Effective date: This revision is effective for services rendered **on or after March 10, 2009**. FCSO LCDs are available through the CMS Medicare Coverage Database.

J9263: Oxaliplatin (Eloxatin®) -- revision to the LCD

LCD ID number L29248 (Florida), LCD ID number L29459 (Puerto Rico/ U. S. Virgin Islands)

The local coverage determination (LCD) for oxaliplatin (Eloxatin®) was effective for services rendered on or after February 2, 2009, for Florida and on or after March 2, 2009, for Puerto Rico and the U.S. Virgin Islands as a Medicare administrative contractor (MAC) LCD for jurisdiction 9 (J9). Since that time, a revision was made based on a request for a reconsideration to add an additional indication and ICD-9-CM code range to the LCD.

After review of the submitted literature and other documentation, a revision was made to add the following off-label indication and ICD-9-CM code range to the LCD:

In combination with other Food and Drug Administration (FDA) approved or Centers for Medicare & Medicaid Services (CMS) approved compendia supported chemotherapy regimens for the treatment of esophageal cancer.

150.0 - 150.9 - Malignant neoplasm of esophagus

In addition, verbiage was updated under the “Indications and Limitations of Coverage and/or Medical Necessity” section of the LCD, and references were updated under the “Sources of Information and Basis for Decision” section of the LCD.

Effective date: This revision to the LCD is effective for services rendered **on or after March 16, 2009**. First Coast Service Options Inc. (FCSO) LCDs are available through the CMS Medicare Coverage Database.

MEDICARE UPDATES

Provider Rate Changes for Rate Semesters

Effective July 1, 2009 Medicaid Cost Reimbursement will not be mailing out rate letters and calculations as in the past.

Rate changes that impact all providers within a provider type will be posted to the AHCA web site at:

http://ahca.myflorida.com/Medicaid/cost_reim/index.shtml. Individual changes not a part of a rate semester change will continue to be mailed out.

DRUG & INDUSTRY UPDATES:

Celsion Receives Orphan Drug Designation for ThermoDox(R) to Treat Primary Liver Cancer

Celsion Corporation, a leading oncology drug development company, announced that the U.S. Food and Drug Administration has granted orphan drug designation for its lead compound, ThermoDox(R), a proprietary heat-activated liposomal encapsulation of doxorubicin, for the treatment of hepatocellular carcinoma (HCC), commonly referred to as primary liver cancer.

EDUCATIONAL OPPORTUNITIES:

Pfizer Educational Webcast

Pfizer is sponsoring with the Georgia Society of Clinical Oncology a webcast entitled, "New Developments in the Treatment of Renal Cell Carcinoma," on Tuesday, March 31, 2009, from 7 – 8 pm (EST) FLASCO Members and their staff are invited to participate in this Webcast. You must register for the presentation and you must test your web connection (go to www.gasco.us and follow the links to "meetings").

Moffitt Conference: Advances in the Management of Multiple Myeloma

Moffitt Cancer Center is sponsoring "Advances in the Management of Multiple Myeloma" educational conference, designed to present the most recent advances in the biology and treatment of multiple myeloma.

Date: May 1 -2, 2009

Location: El Conquistador Resort and Golden Door Spa, Las Croabas, Puerto Rico

To register to attend this conference, go online to www.moffitt.org/continuinged/ammm. For more information on this conference, please contact Claire Modarelli at (813) 745-3874 or email her at claire.modarelli@moffitt.org.

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
Oncology Supply/ION
Sanofi-Aventis
Celgene
Eisai, Inc.
Ortho Biotech
Genentech
GlaxoSmithKline
The Phipps Wealth
Management Group
Novartis
Astra Zeneca
Pfizer

GOLD

Abraxis Oncology
Bristol Myers Squibb
Genomic Health
Wyeth
Roche
Millennium

SILVER

OSI Pharmaceuticals
US Oncology

BRONZE

Genzyme

FLASCO 2009 MEETINGS:

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

March 6-7, 2010 – Location TBD

FLASCO EVENTS:

OTHER EVENTS:

April 3 – 4, 2009 – OMF 2009 Spring Conference – Renaissance Orlando at Sea World – registration form is available at: <http://www.oncologymanagersofflorida.com/>

May 1-2, 2009 – Moffitt Conference: Advances in the Management of Multiple Myeloma – El Conquistador Resort and Golden Door Spa, Las Croabas, PR – Register online at www.moffitt.org/continuinged/ammm

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FIRST COAST SERVICE OPTIONS – RECENT Q & A

Q: Can you provide some common scenarios of services which are "incident to" another provider's service?

A: Here are some examples of “incident to” scenarios:

| Scenario | Response |
|---|--|
| <p>1. A 65 year old established, male Medicare patient presents with headaches and dizziness to your office. He has been seen at the office previously, but this is a new condition. Physician is in the office but not available to see patient. The patient is seen by the NPP. The NPP evaluates the patient and begins treating him for hypertension.</p> | <p>Physician is in the office to provide direct supervision, however the patient has a new problem. Therefore, services of the NPP are not incidental to the physician’s plan of treatment.</p> <ul style="list-style-type: none"> • You would bill the services under the NPP’s NPI, as the “incident to” criteria have not been met. |
| <p>2. An NPP works for an urologist part time, seeing patients at a hospital. The urologist has leased space in the facility for three examination rooms. While the physician is seeing patients in an adjoining exam room, the NPP examines a patient who is being treated for an ongoing urinary tract infection according to a plan of treatment established by the physician.</p> | <p>All “incident to” criteria are met.</p> <ul style="list-style-type: none"> • Bill the services under the physician’s NPI. |
| <p>3. A physician's assistant (PA) is seeing a patient in a cardiology practice, while the supervising physician is called away to the hospital. The hospital is connected to the office building by a walkway. During the cardiologist’s absence, the PA performs a follow-up examination with a patient who had previously been seen by the cardiologist.</p> | <p>Although the PA is following through on the physician's plan of treatment and the services are incidental to the physician's services, the physician is not providing direct supervision (not in the office suite).</p> <ul style="list-style-type: none"> • You would bill the services under the PA’s NPI. • Even though the hospital is connected to your office building, it’s not your office. Medicare guidelines state the doctor "must be physically present in the same office suite.” |
| <p>4. Six months ago, a patient was diagnosed with breast cancer and placed on a regimen of medication and diet. The patient returns to the office and is seen by the NPP to assess her progress. The physician is out of the office attending a medical convention, but his partner is in the office. Is the NPP’s visit eligible for “incident to” billing?</p> | <p>Yes, the NPP’s visit is eligible for “incident to” billing. According to Medicare's guidelines, direct physician supervision in a clinic may be the responsibility of several physicians, as opposed to an individual attending physician. The physician who initiates the course of treatment doesn’t need to be the same physician who oversees an employee/staff person performing an incidental service.</p> <ul style="list-style-type: none"> • You must bill the services under the supervising physician’s NPI (the physician who is physically in the office suite at the time of the service). |

(Last modified 03/16/09)

Source: CMS Internet-only Manual (IOM) Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15 Covered Medical and other Health Services, Section 60 Services and Supplies Furnished Incident to a Physician’s/NPP’s Professional Service

*(<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> *)*