



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –April 29, 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**

**FLASCO Executive Director:**

Please note the FLASCO Executive Director will be on vacation from April 24 until Tuesday, May 5. During this time you may contact the FLASCO Assistant, Jaime VanHooser at: (813)349-4228.

**Congratulations to the American Cancer Society, Florida Division, Inc.**

Last week the ACS Florida Division, Inc, celebrated a milestone of serving over 1,000 patients through a Patient Navigator program at Jackson Memorial Hospital in Miami. This was the first site to launch in Florida as part of a strategic nationwide effort to significantly extend the reach of this innovative program and assist individual cancer patients in negotiating the health care system. This initiative was funded by **Astra Zeneca**. The FLASCO Executive Director was involved in the initial planning of this initiative with AZ and the ACS.

**FLASCO Membership**

There are still a number of FLASCO members who have not paid their 2009 dues. Invoices have been mailed three times and e-mails have been sent to those who have not paid. Please note: Unless your dues are paid by **May 1, 2009**, or you have made arrangements with the FLASCO office, you will be **dropped** from membership. After that date, it will be necessary for you to complete a membership application form if you want to continue with FLASCO.

**Special FLASCO Concession from the Phipps Wealth Management Group**

Due to FLASCO's expanding relationship with the Phipps Wealth Management Group, SPECIAL TERMS are being offered on home financing. These SPECIAL TERMS will be offered to qualified FLASCO members. We are hoping to continue to get more savings opportunities from The Phipps Wealth Management Group and greatly appreciate their support of FLASCO. For more information on this special FLASCO offer, please contact the Phipps Wealth Management Group at (561) 276-1635 Direct or (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/>

**PROGRAM COMMITTEE: Jose Lutzky, MD, Chairman**

**Please mark your calendars for the following upcoming FLASCO events:**

Business of Oncology Summit – October 3, 2009 – Tampa, FL

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

FLASCO 2010 Spring Meeting – March 5-6, 2010 – Tampa Airport Marriott

**FCSO UPDATES:**

**77055 Breast imaging: mammography/breast echography (sonography) -- revision to the LCD – Updated April 23, 2009**

LCD ID number: L29328 (Florida)

LCD ID number: L29329 (Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for the breast imaging: mammography/breast echography (sonography) 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. Since that time, the LCD title was changed to reflect coverage guidelines for screening and diagnostic mammography procedures only. All coverage guidelines for other diagnostic breast procedures were deleted. Additionally, the indications for screening and diagnostic mammography procedures have been clarified, and new technology codes have been added to the "CPT/HCPCS Codes" section of the LCD.

### **Effective date**

This LCD revision is effective for services rendered **on or after June 30, 2009**. First Coast Service Options Inc. (FCSO) LCDs are available through the CMS Medicare Coverage Database.

### **J9305 Pemetrexed -- revision to the LCD Revised April 23, 2009**

LCD ID number: L29255 (Florida)

LCD ID number: L29464 (Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for pemetrexed 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. Since that time, the LCD has been revised.

The "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD has been revised to update the Food and Drug Administration (FDA) approved indications.

### **Effective date**

This revision to the LCD is effective for claims processed on or after April 7, 2009, for services rendered on or after September 26, 2008. First Coast Service Options Inc. (FCSO) LCDs are available through the CMS Medicare Coverage Database

### **REIMBURSEMENT UPDATES: (Source: Bobbi Buell)**

#### **MODIFIER – 25**

Ever since CMS decided to pay us "more" for drug admin, there has been an edit that disallows 99211 and any Evaluation and Management code without Modifier -25. **Modifier -25 means that the E/M service was separately identifiable from the drug administration code and was documented at a higher level than 99211.** This is according to Transmittal 731, which states:

"Therefore, when a medically necessary, significant and separately identifiable E/M service (which meets a higher complexity level than CPT code 99211) is performed, in addition to one of these drug administration services, the appropriate E/M CPT code should be reported with modifier -25. Documentation should support the level of E/M service billed. For an E/M service provided on the same day, a different diagnosis is not required."

So, what if you are audited on Modifier -25 by a RAC or someone else? What are they looking for? Well, it is pretty vague and it is somewhat up to the auditor. Separately identifiable to me means that there is a note and that it documents a history, physical, and/or medical-decision-making higher than a 99211. AND, it must be medically necessary. But, CMS refers to documentation requirements in the Claims Processing Manual, Chapter 12, Section 30.6.6:

"Medicare requires that Current Procedural Terminology (CPT) modifier -25 should only be used on claims for evaluation and management (E/M) services, and only when these services are provided by the same physician (or same qualified nonphysician practitioner) to the same patient on the same day as another procedure or other service. Carriers pay for an E/M service provided on the day of a procedure with a global fee period **if the physician indicates that the service is for a significant, separately identifiable E/M service that is above and beyond the usual pre- and post-operative work of the procedure. Different diagnoses are not required for reporting the E/M service on the same date as the procedure or other service. Modifier -25 is added to the E/M code on the claim. Both the medically necessary E/M service and the procedure must be appropriately and sufficiently documented by the physician or qualified nonphysician practitioner in the patient's medical record to support the claim for these services, even though the documentation is not required to be submitted with the claim.**"

This is anything but a clear guideline. So, what auditors---RACs and otherwise---might do is look at the frequency and intensity (levels) of your practice's visits with modifier -25 and compare you to your MAC peers. So, for those of you who are doing "screening" or "chair" visits for every chemo patient, your -25 visit volume might have to stack up with everyone else in your MAC in terms of the same frequency and/or intensity. Make sure that each visit can stand on its own in terms documentation of medical necessity.

### **Clinical Trials Coding:**

CMS CR 6431 on April 10, 2009. It is effective July 10, 2009. Basically, it says: issued Transmittal 1710,

"Effective for claims processed 90 days after issuance of CR 6431 with dates of service on or after January 1, 2008, claims submitted with either the modifier QV or the modifier Q1 (-Q1 is the one you should be using right now) shall be returned as unprocessable if the diagnosis code **V70.7 is not submitted on the claim.**" I repeat--do not use Modifier - QV. There are reasons why they are referring to it; but, trust me, it should only be used for claims prior to 4/1/08.

"Contractors shall return the following messages:

Claims adjustment Reason Code 16 - Claim/service lacks information which is needed for adjudication. As least one Remark Code must be provided (may be comprised of either the Remittance Advice Code or NCPDP Reject Reason Code.)

Remittance Advice Remark Code: M76, Missing/incomplete/invalid diagnosis or condition."

Effective for claim processed 90 days after issuance of CR 6431 with dates of service on or after **January 1, 2008**, **contractors shall disable any edits that pertain to clinical trial services being considered diagnostic versus therapeutic based on whether the diagnosis code V70.7 is submitted as the primary or secondary diagnosis.**

Effective for clinical trial claims received after April 1, 2008, (regardless of the date of service) providers can (**VOLUNTARILY**) begin to report an 8-digit clinical trial number. The reporting of this number is (I repeat) voluntary at this time. Personally, I do not know why you would want to make your life more difficult, but there you have it. To read more about this, go to our library and look at Medlearn Matters 5790.

### **ASCO UPDATE:**

#### **ASCO State Affiliate Program**

In order to bring greater attention to and awareness of the important work being pursued on a local basis by ASCO State/Regional Affiliates, the State/Regional Affiliate Program and ASCO News & Forum have collaborated to create the online column "Spotlight on State Affiliates." The quarterly column highlights the activities of a selected State Affiliate group. The fifth society to be featured in this series is the Florida Society of Clinical Oncology. Please visit either [www.asco.org/stateaffiliates](http://www.asco.org/stateaffiliates) or <http://www.asconews.org/anf/Online+Exclusives+Archive/Online+Exclusives+Archive+2009/Spotlight+On+State+Affiliates/Spotlight+on+State+Affiliates%3A+Florida+Society+of+Clinical+Oncology> to view the latest column.

**We are extremely pleased to announce that FLASCO was featured as a special state society affiliate and our FLASCO Clinical Trials Network was featured in this issue.** There is a link to the piece from the AN&F site homepage ([www.asconews.org](http://www.asconews.org)) (This article was also e-mailed to FLASCO members last week).

### **Pilot Program**

FLASCO along with three other State Societies has been selected by ASCO to participate in the following pilot program.

ASCO has developed the Journal of Oncology Practice (JOP) to discuss the practicum of oncology practice and to provide resources on things that affect access to quality care for cancer patients. This publication is intended to target and provide resources to the non-physician members of the practice; such as practice managers, other office members, and mid-level providers within the practice. ASCO is launching this pilot program and offering FREE access to the JOP Publication for FLASCO members and their practices; and seeks your feedback on its resourcefulness and utility.

Here is the information on how to access the JOP publication:

#### **Logging in**

If you go to the JOP website [www.jop.ascopubs.org](http://www.jop.ascopubs.org) and click on the JOP cover image there, you'll be taken to the contents page of the current issue. Click on any article listed, then click on [Full Text] and you'll be asked to log in. The ID for all the Practice Administrators at FLASCO member practices is: **DGPHILLIPS** and the password is **D0001\_002**.

#### **Price**

If any Practice Administrator participating in this pilot program is interested in subscribing to *Journal of Oncology Practice*, the price is \$65 for one year (six issues) of the print publication plus continued online access.

**ASCO is anxious to hear your feedback on this new publication for oncology practice staff. If you access the JOP, please send any comments or questions you have on its utility and function to the FLASCO office. ASCO values your opinion and input, and seeks to use this as a mechanism of assessing and learning the needs of oncology managers and practice staff. Thank you so much for your participation.**

### **ASCO Cancer.Net**

Good cancer care starts with good cancer information. Well-informed patients are their own best advocates and invaluable partners for physicians. ASCO's patient website, Cancer.Net, provides trusted, authoritative information for people living with cancer and those who care for and about them. All of the information on Cancer.Net is reviewed by oncologists and other oncology professionals who are ASCO members, making Cancer.Net a current and trusted resource for cancer information.

Following is a list of information people will find on Cancer.Net:

**Cancer.Net Guides to Cancer:** Detailed guides about a specific type of cancer, including symptoms, risk factors, diagnosis, staging, treatment, clinical trials, follow-up care, and questions to ask the doctor.

**Cancer.Net Features, including ASCO Expert Corner interviews:** Weekly articles designed to provide in-depth information on topics of interest, as well as practical information on cancer care and treatment.

**Find an Oncologist:** Search the database of ASCO members who have made their contact information public.

**Clinical Trials:** Information on clinical trials and patient safety, steps involved in the research process, risks and benefits of participating in a clinical trial, questions to ask the research team, and links to find cancer clinical trials.

**Cancer.Net Podcasts:** Information on cancer research, treatment, coping, and many other topics through audio podcast.

**Medical Illustrations Gallery:** Full-color anatomical and staging illustrations organized by cancer type, including a version that can be downloaded and printed on an 8.5" x 11" page.

**Cancer.Net En Español:** Information in Spanish on 25 cancer types, side effects, patient guides based on ASCO clinical practice guidelines, clinical trials, and information on tobacco and cancer.

**Cancer Advances: News for Patients:** Summaries of cancer research presented each year at ASCO's Annual Meeting.

**What to Know: ASCO's Guidelines for Patients:** Patient-friendly guides based on ASCO's Clinical Practice Guidelines for physicians.

You can access this resourceful ASCO website at: [www.cancer.net](http://www.cancer.net)

### **FDA UPDATES:**

#### **Resolved Shortages**

As of April 27, 2009, the FDA announced the Leucovorin and Levoleucovorin shortages have been resolved. Supplies continue to be available.

#### **Labeling Revisions**

There have been labeling revisions to Exjade (deferasirox) and Treanda (bendamustine hydrochloride). You can access the complete information for these changes at:

##### **Exjade**

<http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.DrugDetails>

##### **Treanda**

<http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.DrugDetails>

## **DRUG AND INDUSTRY UPDATES:**

### **FDA Label Approval on Renal Dosing for Revlimid**

On February 23, 2009, the U.S. Food and Drug Administration (FDA) updated renal dosing guidelines for multiple myeloma and MDS. The starting dose adjustments are located in the chart that begins on line 766 [HERE](#) and is outlined as follows:

<b>Category</b>	<b>Renal Function</b>	<b>MM</b>	<b>MDS</b>
Moderate Renal Impairment	$30 \leq \text{CLcr} < 60 \text{ mL/min}$	10 mg every 24 hrs	5mg every 24 hrs
Severe Renal Impairment	CLcr < 30 ml/min (not requiring dialysis)	15 mg every 48 hrs	5 mg every 48 hrs
End Stage Renal Disease	CLcr < 30 mL/min (requiring dialysis)	5 mg once daily. on dialysis days the dose should be administered following dialysis	5 mg 3 times a week following each dialysis

## **CMS UPDATES:**

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that two (2) new section pages have been created on the 2009 Electronic Prescribing (E-Prescribing) Incentive Program web page on the CMS website.

***E-Prescribing Measure Section page*** - This page contains several resources including: Measure Specifications; new Claims-Based Reporting Principles and a Sample E-Prescribing Claim. To access these resources, visit [http://www.cms.hhs.gov/ERxIncentive/06\\_E-Prescribing\\_Measure.asp](http://www.cms.hhs.gov/ERxIncentive/06_E-Prescribing_Measure.asp) on the CMS website.

***Educational Resources Section Page*** – This page contains MLN Matters articles; E-Prescribing Incentive Program fact sheets; a link to Medicare’s Practical Guide to the E-Prescribing Incentive Program, and information on how to receive continuing education credit related to the E-Prescribing Incentive Program. To access these resources and information, visit [http://www.cms.hhs.gov/ERxIncentive/09\\_Educational\\_Resources.asp](http://www.cms.hhs.gov/ERxIncentive/09_Educational_Resources.asp) on the CMS website.

New and updated information will continually be added, so please visit the E-Prescribing Incentive Program web page at <http://www.cms.hhs.gov/ERXIncentive> on the CMS website on a frequent basis.

### **New rules could cut physician Medicare income**

Starting this month, Medicare rules got tougher for physician practices--in a way that could not only deny the practices revenue, but even get them kicked out of the program completely.

**The rules, which became effective April 1, cut the time-frame under which physicians can bill retroactively for services after a successful enrollment or re-enrollment. The window plummeted from 27 months to a mere 30 days. At the same time, practices must alert contractors of any changes in practice locations within 30 days, or risk expulsion from Medicare for as much as two years. In other words, we're talking about serious stuff here.**

These changes, which appeared in the final 2009 Medicare physician fee schedule, were set to go into effect Jan. 1, but the AMA and the Medical Group Management Association convinced CMS to put things on hold for a few months and sort through the groups' concerns.

CMS, for its part, is telling doctors that it's not trying to punish practices that are doing their best to comply. CMS also notes that there's a workaround for the enrollment problem that can extend the retroactive billing window. Still, physicians are still gun-shy after coping with the transition to the National Provider Identifier number.

To learn more about the rules:

- read this *American Medical News* piece at: <http://www.ama-assn.org/amednews/2009/04/20/gv110420.htm>

## **CMS MLM MATTERS:**

**New:**

MM6393 – Correction to the Editing of Health Insurance Prospective Payment System (HIPPS) Codes on Home Health Prospective Payment System (HH PPS) Claims

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6393.pdf>

MM6440 – Additional Data Collection on Hospice Claims

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6440.pdf>

MM6311 – Adding a New Specialty Code for Hospice and Palliative Care

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6311.pdf>

**HEMATOLOGY & ONCOLOGY NEWS & ISSUES – The Practice Management Resource**

**This month's question:** With declining reimbursement, what impact do you believe it will have on the quality of patient care in community-based cancer centers, and how can practices minimize the negatives?

**This week's respondent:** Nancy Payne , CMPE, president, AOHA and executive director, Florida Institute of Research, Medicine and Surgery. Nancy is a member of FLASCO.

The biggest challenge for community-based cancer centers over the next couple of years will undoubtedly be declining reimbursement from payers and the increase in the non-insured patient population. The economic pressure will cause an even greater need to easily access patient financial assistance programs, be equipped with more efficient practice support systems, and ensure that you have qualified, experienced staff in your sites to deal with patient financial issues.

Without proactively addressing the situation, community-based centers could be faced with a financial and personnel crisis that could make running an efficient practice difficult

**EDUCATIONAL OPPORTUNITIES**

**Bristol Myers Squibb – Development in Chronic Leukemia – on demand conference**

This 24 hour a day on-demand conference features Michael J. Mauro, MD. To participate, please type in the following URL address: <http://developmentsinml.com> – please complete the registration page and when prompted, please enter the following password: **ondemand**.

**Roche** would like to extend the offer for FLASCO members to participate in an educational webcast series, updating you on current issues affecting the management of Colorectal Cancer (CRC). There is free CME course for physicians.

Information on the Webcasts as follows:

Educational Intervention 1

Webcast 1: Individualized Therapy for Colorectal Cancer: Ready for Prime Time?

Available NOW!!

Educational Interventions 2 and 3

Webcast 2: A pre-ASCO Webcast -*Available May 2009*

Webcast 3: A post-ASCO Webcast continuation - *Available July 2009*

Educational Intervention 4

Webcast 4: Performance Measures: Trying It All Together - *Available October 2009*

Educational Intervention 5 & 6

Webcasts: Reach the Experts Teleconference (An individualized question/answer session between learners and the experts)

Educational Intervention 7

Webcast: Publication and dissemination of an extensive, learner-stratified, Commitment-to-Change measured outcomes report.

**To register for these webcasts or to view the presentation, please go to [www.meddigest.com/CRC](http://www.meddigest.com/CRC)**

**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:**

**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**

**May 6 and 13, 2009** - American Cancer Society/Moffitt FREE Webinar for Nursing CEUs –

Wednesday, May 6, 2009 / Noon – 1 p.m. - Why should I, as a Nurse, Talk to My Patients About Tobacco Prevention and Cessation? Wednesday, May 13, 2009 / Noon – 1 p.m. - Addressing Disparities in Tobacco Prevention and Cessation Interventions - Register by visiting [www.ahecregistration.org](http://www.ahecregistration.org) or email Susie Lloyd, CE Coordinator at Suwanee River AHEC at [slloyd@srahec.org](mailto:slloyd@srahec.org)

**May 30<sup>th</sup>, 2009:** SAVE THE DATE: “*Should Oncologists Shift Incentives from Drug Margins to Quality?*” – this innovative Physician Exchange Forum will be hosted by US Oncology in association with the Proceedings of the ASCO Annual Meeting in Orlando. The program will be held at 6:30 pm ET at the Westin Imagine Hotel near the Orange County Convention Center in Orlando. For more information contact Jim Gruber at [jim.gruber@usoncology.com](mailto:jim.gruber@usoncology.com) or call 770.356.1029.

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