



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY**  
**FLASCO BLAST May 27, 2010**  
**FLASCO WEBSITE: [www.flasco.org](http://www.flasco.org)**  
**FLASCO CLINICAL TRIALS NETWORK WEBSITE: [www.fctn.org](http://www.fctn.org)**

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

**NEW OFFICE CONTACT INFORMATION:**

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**MEMBERSHIP DUES:**

Final Dues Notices were sent out approximately one month ago. **PLEASE NOTE:** If your **dues have not** been received by **June 1**, your membership will be terminated. If you have questions, please contact Dorothy in the FLASCO Office.

**2010 FLASCO Business of Oncology Summit**

The 2010 FLASCO Business of Oncology Summit will be held in Tampa on October 2, 2010. If you have not already done so, please provide Dorothy at the FLASCO Office ([Dorothy.Green@flasco.org](mailto:Dorothy.Green@flasco.org)) with topics that you would like to have considered for this Summit - what topics would be helpful to you in your practice? What topics would make you attend this Summit?

**CLINICAL PRACTICE COMMITTEE: Thomas Gaddis, MD, Chairman**

**RAC'S Preparing an Attack? (Source: Bobbi Buell)**

**On the CMS RAC 101 call for physicians, a caller asked CMS about when medical necessity and "complex" physician reviews would begin.** A CMS representative instructed the audience that the physicians are already undergoing automated reviews (duh) but the complex reviews requiring medical record requests won't begin until CMS posts record requests limits on its RAC website. **In terms of medical necessity audits, according to a CMS representative on the call, at least one RAC has submitted a medical necessity issue to CMS for approval.**

**But, if you are in Oncology, you need to be a bit freaked out about the complex reviews for hospital outpatients posted on Region C's RAC website.** They are reviewing *the actual dose versus units billed* for the following drugs:

- Darbepoetin alfa (non-ESRD) - Dose vs. Units Billed
- Bevacizumab - Dose vs. Units Billed
- Carboplatin - Dose vs. Units Billed
- Docetaxel - Dose vs. Units Billed
- Irinotecan - Dose vs. Units Billed
- Darbepoetin alfa (ESRD) - Dose vs. Units Billed

Don't know what they are looking for here exactly, until hospitals begin to get these. However, **cancer practices might be in deep trouble under Part B**, if single-dose vial waste is not well documented with this kind of audit.

And, speaking of auditors, add a new word to your vocabulary--MICs. **MICs are Medicaid Integrity Contractors** and they are also lurking around...you have been warned.

### **Imaging Takes Another Hit (Source: Bobbi Buell)**

A provision in the Patient Protection and Affordable Care Act of 2010, or Health Reform law, further reduces payment for the technical component (TC) of multiple diagnostic imaging procedures effective July 1, 2010. This was enacted by CMS Transmittal 694, Change Request 6965.

Medicare currently makes full payment for the TC of the highest priced imaging procedure and payment at 75 percent the Medicare Physician Fee Schedule (MPFS) for the TC of each additional imaging procedure when performed during the same session on the same day. Effective July 1, 2010, **the policy stays the same but the payment for additional procedures in the same imaging family is reduced from 75 percent to 50 percent of the MPFS when performed during the same session on the same day.**

The 25 percent Multiple Procedure Payment Reduction (MPPR) increase applies to TC-only services and the TC portion of global services performed in a single imaging session on contiguous body parts. Such services appear in the MPFS database with a multiple surgery value of "4."

### **Claims Filing Deadline Shortened (Source: Bobbi Buell)**

One provision of the Patient Protection and Affordable Care Act that impacts Medicare operations immediately is Section 6404 of PPACA. Section 6404 reduces the statutory timely filing deadline for Medicare fee-for-services claims under Medicare Parts A and B to one (1) year, effective for all Part A and B services furnished on or after January 1, 2010. This section was activated by Transmittal 697, Change Request 6960, which is effective January 1 and implemented on October 1, 2010.

Prior to PPACA, the Social Security Act (the "Act") specified in Sections 1814(a) and 1835(a)(1) that the timely filing deadline for Medicare fee-for-service claims under Medicare Part A and for certain provider services under Medicare Part B was three (3) years, unless the Secretary specified a shorter time period but not less than one year. The Secretary exercised discretion under Sections 1814(a) and 1835(a)(1) to create a uniform claims filing deadline across Medicare Parts A and B. Specifically, in 42 C.F.R. § 424.44, the Secretary adopted rules specifying that the timely filing deadline for all fee-for-service claims under Medicare Parts A and B was the end of the calendar year following the federal fiscal year in which the service was furnished. For example, services furnished in federal fiscal year 2009 (which runs from October 1, 2008, to September 30, 2009) would be due by December 31, 2010. Thus, depending on when in the calendar year the service was provided, the historical Medicare Parts A and B claims filing deadline ranged from 15 to 27 months from the date of service.

The filing date under the new rule will be one calendar year with a transition. The Transmittal states: Medicare contractors shall adjust (as necessary) all relevant system edits so that: 1) claims with dates of service prior to October 1, 2009 will be subject to pre-PPACA timely filing rules and associated edits; 2) claims with dates of service October 1, 2009 through December 31, 2009 received after December 31, 2010 will be denied as being past the timely filing statute and; 3) claims with dates of service on or after January 1, 2010 received more than 1 calendar year beyond the date of service will be denied as being past the timely filing statute (ex: claim DOS = 3/15/10, claim must be received by COB 3/15/11).

### **FCSO UPDATES:**

#### **Clinical review judgment**

**Effective date:** April 23, 2010

**Implementation date:** June 15, 2010

#### **Summary**

Medicare claim review contractors are tasked with measuring, detecting and correcting improper payments in the fee-for-service Medicare program. Change request 6954 updates the *Medicare Program Integrity Manual* by adding a new section clarifying existing language regarding clinical review judgments and also requiring Medicare claim review contractors to use the clinical review judgment process when making complex review determinations about a claim.

**Note:** Clinical review judgment does not replace poor or inadequate medical record documentation, nor is it a process that review contractors can use to override, supersede, or disregard a policy requirement.

Here is the link to the *MLN Matters* article [MM6954](#).

<http://www.cms.gov/MLNMattersArticles/downloads/mm6954.pdf>

### **CMS UPDATES:**

#### **The Latest on the Centers for Medicare & Medicaid Services (CMS) ICD-10 Website Section**

There are two new additions to the **Latest News** page of the **CMS ICD-10 website section**. The address for the Latest News page is [http://www.cms.gov/ICD10/02b\\_Latest\\_News.asp](http://www.cms.gov/ICD10/02b_Latest_News.asp). The two additions include:

- 1. Latest News page watch** - This free service enables you to receive e-mail notifications when the information on this page changes or is updated. If you are interested in receiving this information, please go to the link in the "Related Links Inside CMS" section to subscribe.
- 2. Executive Summary of CMS ICD-10 Vendor Conference Now Available**  
On April 27, 2010 at the Capitol Hilton Hotel in Washington DC, CMS held a free, one-day ICD-10 conference for software vendors, billing services and clearinghouses that support the health care industry. Attendees had the opportunity to openly discuss the ICD-10 and Version 5010 transitions, including key implementation issues such as testing, and resources that can help make the transition easier.

Highlights included:

- A presentation by Dr. Douglas Fridsma, Acting Director, Officer of Interoperability and Standards, Office of the National Coordinator, on ICD-10 within the broad scope of health reform initiatives;
- Software vendor, billing services and clearinghouse panels to discuss their high-level view of industry readiness for Version 5010 and ICD-10; and
- Breakout sessions to explore readiness, barriers, testing and other issues specific to these three industry segments.

The executive summary of the ICD-10 Vendor conference proceedings is now available in the Download section at the bottom of the page. A link to a video download of a condensed version of the conference's plenary session will be made available within the next few weeks, so check back at this web page often for more details.

### **MLN MATTERS UPDATES:**

**MM6809** – Quarterly Healthcare Common Procedure Coding System (HCPCS) Code Changes – July 2010 Update  
<http://www.cms.gov/MLNMattersArticles/downloads/MM6809.pdf>

**MM6930** – Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 16.2, effective July 1, 2010 -  
<http://www.cms.gov/MLNMattersArticles/downloads/MM6930.pdf>

**MM6907** – Internet Only Manual (IOM) Chapter 25 Revisions (Medicare Claims Processing Manual, Chapter 25 - Completing and Processing the Form CMS-1450 Data Set) -  
<http://www.cms.gov/MLNMattersArticles/downloads/MM6907.pdf>

**MM6972** – Extension for the Two Percent and Three Percent Add-On for the Ground Ambulance, Air Ambulance in Rural Areas and "Super Rural" Add-On through December 31, 2010 –

**MM6967** – July 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.2 -  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6967.pdf>

### **Revised:**

**MM6566** – Guidance on Implementing System Edits for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

<http://www.cms.gov/MLN MattersArticles/downloads/MM6566.pdf>

**MM6973** – Revised Payment Files for the 2010 Medicare Physician Fee Schedule Database (MPFSDB) and Retroactive Provisions under the Patient Protection and Affordable Care Act (Pub. L. 111-148) (the Affordable Care Act)

<http://www.cms.gov/MLN MattersArticles/downloads/MM6973.pdf>

**FLORIDA MEDICAID UPDATE:**

**Monthly Limitations - CII Narcotics**

Effective June 2, 2010, the maximum number of narcotic prescriptions defined by Federal Controlled Substance, Schedule II (multiple drugs and multiple strengths) that will be allowed per month without a prior authorization will be as follows:

- Oncology and sickle cell patients can receive up to six (6) CII prescriptions per month. The prior authorization process is available for recipients whose pain management needs exceed the monthly limit of six (6) CII narcotic prescriptions.
- All other pain management patients can receive up to four (4) CII prescriptions per month. The prior authorization process is available for recipients whose pain management needs exceed the monthly limit of four (4) CII narcotic prescriptions.

The edit includes all CII narcotic medications and all combinations of short-acting; long-acting and prior authorized CII narcotics.

**DRUG AND INDUSTRY NEWS:**

**Teleconference: Health Care Reform Update**

Centocor Ortho Biotech Inc. is pleased to invite you and your colleagues to participate in an informational teleconference entitled “Health Care Reform Update.” The goal of this session will be to present a concise overview of the key issues contained within the Patient Protection and Affordable Care Act and the subsequently passed Health Care and Education Reconciliation Act of 2010. These issues include:

- Health care delivery and payment system reforms;
- Coverage expansion and insurance reforms; and
- Medicare and Medicaid reforms.

This session, approximately 45 minutes in length, will be hosted by Akin Gump Strauss Hauer & Feld LLP and will be offered at a variety of times for your scheduling convenience.

**Teleconference Schedule**

Date	Time (Eastern time)
May 19	8:00 am
May 19	8:00 pm
May 20	5:00 pm
May 20	6:00 pm
May 21	11:00 am
May 21	3:00 pm
May 25	12:00 pm
May 26	10:00 am
June 1	12:00 pm

June 2	6:00 pm
June 8	11:00 am
June 11	3:00 pm
June 15	8:00 pm

To sign up to participate in a teleconference, please call Colleen Flanders at Akin Gump at 202-416-5064. Colleen will provide you with a toll-free call-in number and pass code, and will send you by email or fax the slide deck that will be presented during the teleconference.

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. In addition, this information does not represent any statement, promise or guarantee by Centocor Ortho Biotech Inc. about coverage, levels of reimbursement, payment or charge. Please consult with your payer organization(s) for local or actual coverage and reimbursement policies and determination processes. Please consult with your counsel or reimbursement specialist for any reimbursement or billing questions specific to your institution.

**EDUCATIONAL OPPORTUNITY:**

**20th Annual Mayo Clinic Hematology/Oncology Reviews**

**Thursday July 29th – Saturday July 31st, 2010**

The Ritz-Carlton Amelia Island, Amelia Island, Florida

Get Updated and Connected

**11th Annual Fellows’ Research Presentations**

**Register online:** [www.mayo.edu/cme/hematology-oncology/index.html](http://www.mayo.edu/cme/hematology-oncology/index.html)

**CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2010)**

FLASCO Members extend a big thanks to all of our 2010 Corporate Members/Sponsors (Companies listed below have either paid 2010 dues or have submitted letters of intent)

<b><u>DIAMOND</u></b>	<b><u>PLATINUM</u></b>	<b><u>GOLD</u></b>	<b><u>SILVER</u></b>	<b><u>BRONZE</u></b>
Celgene	Abraxis	Allos Therapeutics	Genzyme	Alexion Pharmaceuticals
Cephalon	AMGEN	Bristol Myers Squibb	Meda Pharmaceutical	Biogen Idec
Eli Lilly	AstraZeneca	Genomic Health		The France Foundation
Genentech	Bayer Onyx	Millennium Pharmaceuticals		
Novartis	Eisai, Inc.	US Oncology		
Sanofi-Aventis	GlaxoSmithKline	OSI Pharmaceutical		
	Oncology Supply/ION			
	Pfizer			
	Ortho Biotech			

**FLASCO MEETINGS:**

**October 2, 2010** – FLASCO Business of Oncology Summit – Tampa

**November 5-6, 2010** – FLASCO Fall Meeting – Miami

**April 15-16, 2011** – FLASCO Annual Meeting & Spring Session - Tampa

**OTHER MEETINGS/WEBCASTS**

**October 7-10, 2010** The Association of Physician Assistants in Oncology (APAO), 13<sup>th</sup> Annual APAO Conference, The Ritz Carlton – Amelia Island, Florida **For more information, please visit [www.focus-ed.net/apao](http://www.focus-ed.net/apao)**

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