



FLORIDA SOCIETY OF CLINICAL ONCOLOGY
FLASCO BLAST June 30, 2010
FLASCO WEBSITE: www.flasco.org
FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

MESSAGE FROM FLASCO PRESIDENT: Gerald Robbins, MD

A special thanks is extended to the following payers and their representatives who attended a meeting in Tampa last week and met with the Members of the FLASCO Ad Hoc Committee on Payer Relations: Aetna, Av Med, BCBS, Humana, and UHC.

It is my pleasure to announce that a **2011 Best of ASCO** will be held at the Hyatt Regency Miami on **July 29 and 20, 2011**. Please mark these dates on your calendar for next year.

SPECIAL NOTE: The FLASCO Executive Director will be on vacation from July 5 – July 16 – during this time it is not planned to distribute a fax blast.

LEGISLATIVE COMMITTEE UPDATE: Erin Dunbar, MD, Chm

The President Signs the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 -- 2.2 Percent Medicare Physician Fee Schedule Update for June 1, 2010, Through November 30, 2010

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law establishes a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive from June 1 through November 30, 2010. The Centers for Medicare & Medicaid Services (CMS) has directed Medicare claims administration contractors to discontinue processing claims at the negative update rates and to temporarily hold all claims for services rendered June 1, 2010, and later, until the new 2.2 percent update rates are tested and loaded into the Medicare contractors’ claims processing systems. Effective testing of the new 2.2 percent update will ensure that claims are correctly paid at the new rates. We expect to begin processing claims at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual.

Claims containing June 2010 dates of service which have been paid at the negative update rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the MPFS amount. Claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be automatically reprocessed. Affected physicians/providers who submitted claims containing June dates of service with charges less than the 2.2 percent update amount will need to contact their local Medicare contractor to request an adjustment. Submitted charges on claims cannot be altered without a request from the physician/provider. Physicians/providers should not resubmit claims already submitted to their Medicare contractor.

FDA UPDATES:

FDA Approves First Immunotherapy Vaccine for Cancer

Provenge, an immunotherapy for patients with advanced prostate cancer, has become the first therapeutic vaccine for cancer ever approved by the FDA. Clinical research found Provenge, manufactured by Dendreon Corporation, extends survival in patients with late-stage prostate cancer by 4 months, from 21.7 months to 25.8 months, and increases 3-year survival by 38%. The survival time is nearly double that of Taxotere (docetaxel), the only approved chemotherapy for advanced prostate cancer. Researchers expressed both joy and relief, as the quest for a prostate cancer immunotherapy has taken decades, and the FDA previously rejected Provenge in 2007. The vaccine’s main side effects include chills, fever, fatigue, joint ache, and headache, which are reportedly less severe than Taxotere’s. Ongoing research is already attempting to extend Provenge’s reach to treatment at earlier stages and in combination with chemotherapy. The one

damper on the otherwise positive news: Provenge will cost between \$70,000 to \$100,000 for a course of treatment. With insurance companies requiring copayments of up to 20%, most patients will struggle to cover the bill.

DRUG UPDATES:

Bristol Myers Squibb – Sprycel Support Info:

Following is a link to “My Sprycel Support” website where you can find details about the support programs for CML patients and the copay assistance program. <http://www.sprycel.com/consumer/cml-support.aspx>

Drug Shortages Information:

Heparin Sodium Large Volume Premixed Infusion Solutions

Braun now has the following large volume heparin infusion solutions available:

P5671, Heparin Sodium (40 U/mL) in 5% Dextrose Injection (500 mL EXCEL Plastic Container)

P5771, Heparin Sodium (50 U/mL) in 5% Dextrose Injection (500 mL EXCEL Plastic Container)

P5872, Heparin Sodium (100 U/mL) in 5% Dextrose Injection (250 mL EXCEL Plastic Container)

The following large volume heparin infusion solutions remain available on allocation:

P8721, Heparin Sodium (2 U/mL) in 0.9% Sodium Chloride Injection (500 mL EXCEL Plastic Container)

FCSO UPDATES:

NCSVCS: The list of Medicare noncovered services

revision to the LCD

LCD ID number: L29288 (Florida)

LCD ID number: L29398 (Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for the list of Medicare noncovered services was most recently revised on June 7, 2010. Since that time, a revision was made to the LCD to remove CPT code 50593 (Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy) based on review of peer-reviewed literature that was submitted with a reconsideration request along with additional researched literature that supports coverage for this service.

Currently, First Coast Service Options Inc. (FCSO) does not have a local coverage determination (LCD) outlining coverage criteria for this service. Therefore, it is expected that claims for this service would be medically reasonable and necessary for the patient and performed according to standards of care. In order for a service to be considered medically reasonable and necessary, all of the following criteria must be met (CMS Manual Systems, Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1):

- Not experimental or investigational;
- The duration and frequency considered appropriate for the service;
- Furnished in accordance with accepted standards of medical practice for the treatment of the patient’s condition;
- Furnished in a setting appropriate to the patient’s medical needs and condition;
- Ordered and furnished by qualified personnel; and
- Meets but does not exceed the patient’s medical need.

Medical records must be made available to FCSO Medicare upon request.

Effective date

This LCD revision is effective for services rendered **on or after June 7, 2010**.

84295: Serum sodium -- update to previous billing instructions

Modified: 6/23/2010 Location: FL, PR, USVI Line of Business: Part B

This article is an update to previous billing instructions published in the January 2010 publication.

http://medicare.fcso.com/Coverage_News/172048.asp

Appeals of claims decisions

Modified: 6/22/2010 Location: FL, PR, USVI Line of Business: Part A, Part B

Find information regarding the appeals process -- levels, forms, training, FAQs, and how to appeal Medicare coverage and payment decisions. - <http://medicare.fcso.com/Appeals/164098.asp>

July 2010 average sales price files available

Modified: 6/23/2010 Location: FL, PR, USVI Line of Business: Part A, Part B

The Centers for Medicare & Medicaid Services has posted the July 2010 average sales price and not otherwise classified (NOC) pricing files and crosswalks. Pricing files for April 2010, January 2010,

All are available for download at: <http://www.cms.gov/McrPartBDrugAvgSalesPrice/> (see left menu for year-specific links).

Signature guidelines for medical review purposes

Modified: 6/23/2010 Location: FL, PR, USVI Line of Business: Part A, Part B

The MLN Matters article was revised on June 16 to include on pages 6-7 a table excerpted from change request 6698 that summarizes signature requirements. All other information is the same. [MM6698]

http://medicare.fcso.com/Billing_news/168416.asp

The electronic health record incentive program website is now available

Modified: 6/23/2010 Location: FL, PR, USVI Line of Business: Part A, Part B

This official website for the Medicare and Medicaid electronic health record incentive programs provides information on incentive payments, eligible professionals and hospitals, registration, training events, and much more. [PERL 201006-25] - http://medicare.fcso.com/Billing_news/172062.asp

Final rule issued to establish a temporary EHR certification program

Modified: 6/23/2010 Location: FL, PR, USVI Line of Business: Part A, Part B

The temporary certification program establishes processes that organizations will need to follow in order to be authorized by the national coordinator to test and certify electronic health record (EHR) technology. [PERL 201006-26]

- The press release is available at <http://www.hhs.gov/news/press/2010pres/06/20100618d.html>

CMS UPDATES:

Statutory Provision on 3-Day Payment Window

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” Among other provisions, this law clarifies Medicare’s policy for payment of services provided in hospital outpatient departments on either the day of or during the three days prior to an inpatient admission (known as the 3-day payment window).

The new law clarifies Medicare’s policy to be consistent with how hospitals have largely been billing the program as far back as 1991. Under this policy, a hospital (or an entity wholly owned or operated by the hospital) includes, in its charges for the inpatient hospital stay, charges for all diagnostic services and non-diagnostic services “related” to the inpatient stay that are provided during the 3 day payment window.

The new statute clarifies that the term “other services related to the admission” includes “all services that are not diagnostic services (other than ambulance and maintenance renal dialysis services) for which payment may be made by” Medicare that are provided by a hospital to a patient: (1) on the date of the patient’s inpatient admission, or (2) during the 3 days (or in the case of a hospital that is not a subsection (d) hospital, during the 1 day) immediately preceding the date of admission unless “the hospital demonstrates (in a form and manner, and at a time, specified by the Secretary) that such services are not related to such admission.” The statute makes no changes to the billing of diagnostic services.

The provision is effective for services furnished on or after June 25, 2010, the date of enactment of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010. The provision also prohibits Medicare from reopening, adjusting or making payments when hospitals submit new claims or adjustment claims for services that were provided prior to the date of enactment in order to separately bill outpatient non-diagnostic services.

In the very near future, CMS expects to provide instructions to the hospital community through its contractors advising them how to bill for related therapeutic services provided during the 3- or 1-day payment window. Until the instruction is issued, hospitals should include charges for all diagnostic services and all non-diagnostic services that it believes meet the requirements of this provision. If a hospital believes that a non-diagnostic service is truly distinct from and unrelated to the inpatient stay, the hospital may separately bill for the service provided that it has documentation to support that the service is unrelated to the admission, consistent with the new provision. Such separately billed service may be subject to subsequent review.

Hospitals may continue to bill Medicare separately for services provided prior to June 25, 2010 that are unrelated to an inpatient stay provided that such a claim meets all applicable filing deadlines and the hospital has supporting documentation that the service is truly unrelated to an inpatient stay.

Opportunity for Nonparticipating Physicians/Practitioners to Become Participating

In consideration of the recent enactment of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, which established a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS), the Centers for Medicare & Medicare Services (CMS) is offering physicians and other practitioners, whose current participation status is non-participating, the opportunity to become participating (PAR). This opportunity is being offered only to those physicians/practitioners whose current PAR status is non-participating. This opportunity is available through **July 16, 2010**.

Non-participating physicians/practitioners who would like to become a participating physician/practitioner should download and complete the Medicare Participating Physician or Supplier Agreement (Form CMS-460). The form can be obtained by using the following CMS website link: <http://www.cms.gov/cmsforms/downloads/cms460.pdf>.

Any new CMS-460 form received during this limited enrollment period will be retroactive for claims with dates of service of January 1, 2010, and later. However, the change in participation status will only apply to new MPFS claims submitted after your new status as a participating physician/practitioner is processed. Claims previously submitted and processed will not be adjusted for only a change in participation status.

Medicare claims administration contractors (Medicare Administrative Contractors and carriers) will accept and process requests to become a participating physician/practitioner that are submitted on the CMS-460 form and are post-marked on or before July 16, 2010.

MEDICAID UPDATES:

Voids and Adjustments for Claims

Refund checks are not the appropriate way to void or adjust claims unless there is an exceptional situation - such as the provider is no longer actively billing Medicaid.

All providers seeking to void or adjust a claim should do so using the Web Portal, HIPAA 837 Transaction, or a paper submission. There are seven years of claims history accessible on the Web Portal, and a claim can be voided at any time.

Adjustments can be submitted up to 12 months from the claim paid date. Adjustments that are not within the timely filing period should be submitted to your local Medicaid area office for approval.

MLN MATTERS:

New:

MM7007 – October 2010 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

<http://www.cms.gov/MLNMattersArticles/downloads/MM7007.pdf>

MM7021 – Guidance on Implementing Section 3109 of the Patient Protection and Affordable Care Act (ACA)

<http://www.cms.gov/MLNMattersArticles/downloads/MM7021.pdf>

MM6974 – July Update to the 2010 Medicare Physician Fee Schedule Database (MPFSDB)
<http://www.cms.gov/MLN MattersArticles/downloads/MM6974.pdf>

Revised:

MM7008 – July 2010 Update to the Ambulatory Surgical Center (ASC) Payment System
<http://www.cms.gov/MLN MattersArticles/downloads/MM7008.pdf>

MM6757 – Coding Patient Transfers under the Home Health Prospective Payment System (HH PPS)
<http://www.cms.gov/MLN MattersArticles/downloads/MM6757.pdf>

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

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)

| <u>DIAMOND</u> | <u>PLATINUM</u> | <u>GOLD</u> | <u>SILVER</u> | <u>BRONZE</u> |
|-----------------------|------------------------|-------------------------------|------------------------|-------------------------|
| 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), 13th Annual APAO Conference, The Ritz Carlton – Amelia Island, Florida **For more information, please visit www.focus-ed.net/apao**

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