



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –January 22, 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 FLASCO PRESIDENT: Robert Cassell, MD**

**ABRAXIS** has become a Gold Corporate Member with FLASCO for 2009! Thank you so much for your continued support of our Society!

**PROGRAM COMMITTEE: Rogerio Lilenbaum, MD, Chairman**

**Save the date for Highlights of ASH®**

This year one of the Highlights of ASH is taking place in Miami, FL, on February 6-7, 2009. The following is a direct link to the Highlights information on the ASH Web site: <http://hematology.org/meetings/highlights/index.cfm#2>  
The FLASCO member code is FLH09 – FLASCO special registration fee - \$110. Let's have a good showing of attendees from FLASCO! REGISTER TODAY

**Save the date for FLASCO Annual Meeting & Spring Session:**

The 2009 FLASCO Annual Meeting and Spring Session will be held on February 27 and 28, 2009, at the Marriott Sawgrass Resort near Jacksonville. The President of ASCO and the CEO of ASCO will both speak at the dinner on Friday, February 27. Please mark your calendars to attend this meeting. A meeting announcement and registration form has been mailed to all FLASCO members. **DEADLINE FOR HOTEL RESERVATIONS: FEB. 3, 2009.** A registration form can be found on our website: [www.flasco.org](http://www.flasco.org) – under events or contact the FLASCO Office.

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

**PROPER BILLING OF 96372**

We have had several recent inquiries from FLASCO membership about the proper billing of 96372. Denials were being received on every 96372 billed with more than one unit. The denial code is CO-16 with the Remark codes M52 and N345.

Per First Coast Service Options, the system is set up for the new non-chemotherapy administration codes which requires that you bill 96372 on separate lines when billing for more than 1 unit.

Please notify the FLASCO Office if you have any other questions or if your practice is encountering any additional denial issues for these codes .

**New regulations mandate ICD-10 HIPAA transaction standards for medical groups**

Two new regulations just published by the Centers for Medicare & Medicaid Services (CMS) will significantly affect administrative procedures for all physician practices. The current set of outpatient diagnoses codes, the International Classification of Diseases, 9th edition, Clinical Modification (ICD-9-CM) will be replaced by the tenth edition (ICD-10-CM). **Physician practices and others must begin submitting ICD-10-CM diagnoses codes by Oct. 1, 2013.**

CMS also released the final rule mandating the latest set of administrative transactions standards as part of the Health Insurance Portability and Accountability Act (HIPAA). The ASC X12N 5010 standards replace the current ASC X12N 4010A1 version of the electronic transactions standards. The updated transaction standards cover electronic claims, insurance eligibility verification, claim status inquiry, electronic remittance.

Authorization and referrals, and others. **CMS has set Jan.1, 2012, as the compliance date for the 5010 standards.**

Medical practices will have to:

Update or replace practice management-system software;

Train clinical and administrative staff;

Review and modify organizational work flow;

Evaluate vendor, clearinghouse and health plan contracts and data requirements; and

Develop appropriate processes and budgets to implement these new requirements

The ICD-10 rule titled “HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS” is available in text format at <http://edocket.access.gpo.gov/2009/E9-743.htm> and in pdf format at <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf> .

The updated X12 transaction standards, version 5010, rule titled “Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards” is available in text format at <http://edocket.access.gpo.gov/2009/E9-740.htm> and in pdf format at <http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf>

### **DRUG & INDUSTRY UPDATES:**

#### **FDA Grants Orphan Drug Designation to ChemGenex's Omacetaxine for the Treatment of Myelodysplastic Syndromes**

(StreetInsider.com) Jan 20, 2009 - ChemGenex Pharmaceuticals Limited announced that the United States Food and Drug Administration (FDA) has granted Orphan Drug designation to omacetaxine for the treatment of Myelodysplastic Syndromes (MDS).

### **FCSO UPDATES:**

#### **Implementation of provider authentication requirements for contacting Medicare**

*Last Modified: 1/19/2009*

Effective 3/1/09, when contacting the IVR or a CSR, you will be required to provide your NPI, PTAN, and the last 5-digits of your TIN. Written inquiries on letterhead only require one of these elements, along with the name and address.

[MM6139]

#### **Reporting responsibilities for physicians, nonphysicians and group practices**

The Centers for Medicare & Medicaid Services has revised the physician, nonphysician practitioner (NPP) and group practice reporting responsibility fact sheets and the physicians, NPP and other health care supplier brochures found on the Medicare Provider Enrollment Web page.

These fact sheets list the types of changes that enrolled physicians, NPPs, and group practices are required to report to Medicare. By reporting changes as soon as possible, physicians, NPPs, and group practices will help to ensure that their claims are processed correctly. Links to the following educational materials are provided below:

Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/PhysicianReportingResponsibilities.pdf>

Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/Non-PhysicianReportingResponsibilities.pdf>

Reporting Responsibilities for Physician Group Practices Enrolled in the Medicare Program

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/GroupPracticeReportingResponsibilities.pdf>

Medicare Enrollment for Physicians, Non-Physician Practitioners and Other Health Care Suppliers

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/suppliers.pdf>

### **MEDICAID UPDATE:**

## **Compounded Drugs**

Due to 2008 legislation specifying the reimbursement methodology for injectable medications, providers are requested to no longer use the J3490 code for compounded drugs. Compounded drugs should be billed using the correct J code and dose for each drug. If you have any questions, please contact your local Medicaid area office.

## **CMS UPDATES:**

### **New for Calendar Year (CY) 2009**

The Centers for Medicare & Medicaid Services (CMS) has condensed all 56 Physician Fee Schedule (PFS) carrier specific pricing files into one zip file. This file is found in the list on the CMS web page at <http://www.cms.hhs.gov/PhysicianFeeSched/PFSCSF/list.asp>. It is labeled as "All States" in the State field, and "2009" in the Calendar Year field. Because the list is ordered by State name, "All States" appears after the Alaska files. If you sort by most recent Calendar Year, the file will appear at the top of the list.

### **E-Prescribing Incentive Program Update**

Beginning January 1, 2009, eligible professionals can participate in the E-Prescribing Incentive Program by reporting on their adoption and use of an e-prescribing system by submitting information on one e-prescribing measure on their Medicare Part B claims. For the 2009 e-prescribing reporting year, to be a successful e-prescriber and to qualify to receive an incentive payment, an eligible professional must report one e-prescribing measure in at least 50% of the cases in which the measure is reportable by the eligible professional during 2009. There is no sign-up or pre-registration to participate in the E-Prescribing Incentive Program. For more information, visit <http://www.cms.hhs.gov/PORI> and select "E-Prescribing Incentive Program" in the left-hand column.

## **MEDLEARN MATTERS:**

### **New:**

MM6130 – Expansion of Medicare Telehealth

Services <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6130.pdf>

## **ASCO UPDATE:**

### **ASCO releases metastatic colorectal KRAS testing opinion.**

Following a story published by [MedPage Today](#), [Medscape](#) (1/15, Nelson) reported, "The American Society of Clinical Oncology (ASCO) released its first Provisional Clinical Opinion (PCO) on the use of gene mutation testing in patients with metastatic colorectal cancer, in support of testing before treatment is initiated." According to the PCO, "all patients with metastatic colorectal carcinoma who are candidates for anti-EGFR antibody therapy should have their tumor tested for *KRAS* mutations," and "if *KRAS* mutation in codon 12 or 13 is detected, then patients with metastatic colorectal carcinoma should not receive anti-EGFR antibody therapy as part of their treatment." That opinion is "based on compelling data from phase 2 and 3 clinical trials that demonstrated that the anti-EGFR monoclonal antibodies cetuximab and panitumumab could benefit patients with metastatic colorectal cancer," although further analysis revealed "that these therapies are not beneficial in patients with *KRAS* mutations detected in codon 12 or 13."

## **BUSINESS AND FINANCE: (Source: Phipps Wealth Management Group)**

The Phipps Wealth Management Group reports that, to date, the issues they have been able to assist FLASCO members with the most revolves around the refinancing of their mortgages. Below is an example:

The Phipps Group Wealth Management approach to a FLASCO members debt management side of his balance sheet.

A FLASCO member recently asked if he could combine two mortgages; and, although they are separate legal entities, receive more favorable terms. The two properties were his homestead and a vacation home. Being a client of Merrill Lynch we were able to extend a highly attractive package. Our FLASCO member is now saving about \$1,650.00 per month. While we were finalizing the transaction, we also created the necessary asset protection instrument for the vacation home.

This is just one type of service that is of value to the FLASCO members – the Phipps Group looks forward to serving other FLASCO members. For additional information you may contact: 561-276-1635 Direct - 877-276-1635 Toll Free - 561-922-3275 - Fax - E-mail: [jeffrey\\_phippsr@ml.com](mailto:jeffrey_phippsr@ml.com) - <http://fa.ml.com/PhippsGroup/>

**EDUCATIONAL OPPORTUNITIES:**

Genomic Health, Inc. sponsored Interactive Web Conferences

Oncotype Dx Post San Antonio Breast Conference Data Review

Call in number for all: 1-888-504-7949

January 22<sup>nd</sup>, 3PM EST Pass code 9135429

Meeting URL: <http://web.envisioncomm.net/OncotypeDX/Jan22.htm>

Tech support 1 888 569 3848 - To pre register 1 866 984 5114

**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

**GOLD**

Abraxis Oncology  
Bristol Myers Squibb  
Genomic Health  
Wyeth  
Roche

**SILVER**

OSI Pharmaceuticals

**BRONZE**

Genzyme

**FLASCO 2009 MEETINGS:**

**February 27 & 28, 2009** – FLASCO Spring Meeting – Marriott Sawgrass – Jacksonville

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

**March 6-7, 2010** – Location TBD

**FLASCO EVENTS:**

**FLASCO is co-sponsoring the following two Events:**

**(1) February 6 & 7, 2009** – Highlights of ASH – Miami - <http://hematology.org/meetings/highlights/index.cfm#2>.

The FLASCO member code is FLH09

**(2) March 20, 2009** – Statewide PA & NP Conference, Moffitt Cancer Center – Tampa

**FLASCO Contact Information:** Dorothy Green Phillips, Executive Director -3709W. Jetton Ave., Tampa, Florida 33629 - Tel: 800.444.1410, Ext. 4410 - Cell Phone: 813.294.2620 - Fax: 813.349-4410 or 813.349.4472  
Email: [Dorothy.Green@cancer.org](mailto:Dorothy.Green@cancer.org)

## **J0881: Erythropoiesis Stimulating Agents --- clarification**

### **LCD ID number: L5984 – (The FCSO Medicare B Update – December 2008)**

Providers are applying the incorrect modifiers when billing erythropoiesis stimulating agents (ESAs) J0881 (Injection, darbepoetin alfa, 1 mcg (non-ESRD use) and J0885 (Injection, epoetin alfa, (for non-ESRD use), 1000 units. This article serves to outline the appropriate use of the modifiers for non-ESRD ESA administration and the appropriate ICD-9 CM diagnosis codes for each modifier.

Effective January 1, 2008 all claims reporting non-ESRD ESAs J0881 and J0885 are required to report one of the following modifiers:

EA: ESA, anemia, chemo induced  
EB: ESA anemia, radio-induced  
EC: ESA anemia, non-chemo/radio

The modifier EA should only be reported when the ESA is being given for anemia resulting from myelosuppressive anticancer chemotherapy in solid tumors, multiple myeloma, lymphoma, and lymphocytic leukemia. The corresponding covered ICD-9 CM codes that would apply to the modifier EA are as follows: 140.0-149.9, 150.0-159.9, 160.0-165.9, 170.0-176.9, 179-189.9, 190.0-199.1, 200.0-200.88, 201.00-201.98, 202.00-202.98, 203.00-203.81, 204.00-204.91, 230.0-234.9, 235.0-235.9, 236.0-236.99, 237.0-237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.8, 238.9, 239.0-239.9, 273.3. The corresponding anemia code must also be billed. The dual diagnosis rule is outlined in the LCD. Any other covered diagnosis code listed in the LCD for J0881 or J0885 will be denied if billed with the modifier EA.

The modifier EC should only be reported for those covered indications outlined in the LCD for J0881 and J0885 where the anemia being treated is non-chemo/radio induced. FCSO has discovered that providers are billing the modifier EC for one of the covered cancer diagnosis codes listed above under the modifier EA instructions. By appending the modifier EC to a cancer diagnosis code, the provider is stating that the anemia for that cancer condition is not related to chemotherapy. Anemia of cancer not related to cancer treatment is a nationally noncovered condition per the NCD issued by CMS for non-ESRD ESA use. The following are the appropriate ICD-9 CM diagnosis codes that would apply when billing the modifier EC:

**For J0881** -- 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 273.3, 585.1, 585.2, 585.3, 585.4, 585.5, 585.9

**For J0885** -- 042, 070.54, 070.70, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 273.3, 585.1, 585.2, 585.3, 585.4, 585.5, 585.9, 714.0, V07.8

The corresponding anemia code must also be billed. The dual diagnosis rule is outlined in the LCD. The modifier EB is noncovered. If billed with an ESA the claim will be denied. All other conditions of coverage are outlined in the LCD and corresponding coding guideline. FCSO LCDs are available through the CMS Medicare Coverage Database at <http://www.cms.hhs.gov/mcd/overview.asp>. If providers have questions regarding coverage of ESAs, please send correspondence to [medical.policy@fcsso.com](mailto:medical.policy@fcsso.com).