



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – February 13, 2008

**MESSAGE FROM FLASCO PRESIDENT: Robert Cassell, MD**

I am extremely pleased to announce that FLASCO has been awarded a \$10,000 grant from ASCO to conduct a “Joint FLASCO/PA/NP Pilot to Meet Florida’s Future Oncology Care Demands.” This will be a joint pilot project between FLASCO and the Moffitt Cancer Center. This is the third year that FLASCO has been awarded one of the ASCO State Affiliate Grants.

**MLM UPDATES:**

**New: Feb 5, 2008**

MM5902 – Emergency Update to the 2008 Medicare Physician Fee Schedule Database (MPFSDB) -

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5902.pdf>

**FCSO UPDATES:**

Below are two articles covering topics which you should be aware:

**Topic: Payment for IVIG services -**

CR5713, from which this article was taken, states that the Centers for Medicare & Medicaid Services (CMS) is **extending the temporary IVIG pre-administration-related services payment to hospital outpatient departments and physicians that administer IVIG through calendar year (CY) 2008.** This IVIG pre-administration service can only be billed by the physician or outpatient hospital providing the IVIG infusion once per patient per day of IVIG administration. **For services on or after January 1, 2008, the service must be billed on the same claim form as the IVIG product (J1566, J1568, J1569, J1561 and/or J1572) and have the same date of service as the IVIG product and a drug administration service.**

To view complete MLM5713 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5713.pdf>

**Topic: Coordination of Benefits Agreement (COBA) Medigap Claim-Based Crossover Process:**

CR 5837 provides formal confirmation of a recent Centers for Medicare & Medicaid Services (CMS) decision to **not require** Medicare Part B contractors (including Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to update their internal insurer tables or files with each Medigap insurer’s newly assigned Coordination of Benefits Agreement (COBA) Medigap claim-based ID, as was previously prescribed in CR 5662. In addition, CR 5837 conveys clarifying provider billing requirements in relation to Medigap claim-based crossovers.

**To review complete MLM 5837:** <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5837.pdf>

**CMS UPDATES:**

**New Medicare Learning Network (MLN) Products are now available on the topic of *Individuals Authorized Access to CMS Computer Services - Provider Community (IACS-PC)*.**

As we have previously mentioned, CMS will soon be offering the Provider Enrollment, Chain and Ownership System (PECOS) and Provider Statistical and Reimbursement Report (PS&R) online. These new online enterprise applications will allow Medicare fee-for-service providers to access, update, and submit enrollment and cost report information over the Internet. Providers and/or appropriate staff must register for access through a new CMS security system known as the Individuals Authorized Access to CMS Computer Services - Provider Community (IACS-PC). CMS urges FFS providers to read the series of *MLN Matters* articles on this subject and act now. They can be accessed at the following urls:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf>

There is another product available on the Medicare Learning Network website that contains **Steps to Accessing CMS Enterprise Applications for Provider Organizations.** The fact sheet/chart can be accessed at the following url:

<http://www.cms.hhs.gov/MLNProducts/downloads/IACSchart.pdf>

## **FDA UPDATES:**

### **Baxter suspends production of multi-dose vials of heparin, FDA issues advisory**

The FDA issued an advisory instructing healthcare professionals and patients to limit the use of Baxter's multi-dose heparin vials due to reports of severe allergic reactions and hypotension associated with the company's product. Baxter also announced that it is temporarily suspending production of multi-dose vials of heparin

## **UNITED HEALTHCARE:**

UnitedHealthcare announced effective March 15, 2008 it will base its benefit coverage for chemotherapy drugs on the National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium.

This new drug policy provides clinicians, patients and customers with a respected, independent reference source for use in making chemotherapy decisions. Here are some important details to note with this policy:

- If the NCCN compendium lists the drug with a recommendation level 1, 2A or 2B for the condition, the service is eligible for reimbursement based on the member's certificate of coverage. In general, they will not cover recommendations with Level 3 evidence.
- NCCN updates their compendium on a monthly basis. New drugs and/or indications for a drug will not be eligible for reimbursement until a recommendation of 1, 2A or 2B is listed in the NCCN compendium.
- This new drug policy requires that clinicians always include the primary cancer diagnosis on the claim. Claims submitted with only a V58.1 diagnosis code may require additional information prior to a coverage decision.
- The drug policy applies to most benefit plans sponsored or administered by UnitedHealthcare. It does not apply to members enrolled in benefit plans insured or administered by Oxford Health Plans, UnitedHealthcare Plans of the River Valley (f/k/a John Deere Health), Golden Rule, PacifiCare, Neighborhood Health Plan, American Medical Security Life Insurance Co. or their other affiliated companies.
- The drug policy also does not apply to members enrolled in government programs such as AmeriChoice, Ovations, SecureHorizons or Medicare Advantage.

United will provide additional updated details on their physician and health care professional Website, [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com), under Clinician Resources, select Cancer-Oncology, then select NCCN Compendium (this article taken from UnitedHealthcare email communication).

## **ASCO UPDATES:**

### **ASCO Comments on FDA Science Board Report**

On February 4, ASCO submitted comments to the FDA on its report, "FDA Science and Mission at Risk," released in December. ASCO stated that FDA should increase collaborations with professional societies in order to better address its scientific needs. ASCO has already collaborated with FDA to hold meetings with groups of experts to discuss issues such as clinical trials endpoints and alternative trial designs and also provides educational opportunities for FDA experts through its Annual Meeting, thematic meetings, and workshops.

ASCO also encourages FDA to strengthen its relationships with other federal agencies, such as the NIH, as it is very important in this time of constrained federal funding to leverage all of our scientific resources.

For more information, contact ASCO's Cancer Policy & Clinical Affairs Department at 703-299-1050 or [researchpolicy@asco.org](mailto:researchpolicy@asco.org).

### **ASCO Asks CMS for Clarification on ESA Coverage Decision**

On February 4, ASCO sent a letter to CMS Acting Administrator Kerry Weems, asking the Agency to clarify its instructions to carriers on how to implement its National Coverage Decision on ESAs. ASCO's primary concern is a statement in carrier instructions declaring that claims for ESA use should always be denied "when a hemoglobin 10 g/dL