



**FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –February 25, 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**

**Practice Websites** - The FLASCO Office is seeking recommendations and references on individuals and/or companies that have built and maintained oncology practice websites – if you have any of this information, it would be greatly appreciated if you would share it with the FLASCO Executive Director ([dorothy.green@cancer.org](mailto:dorothy.green@cancer.org)). Also, it would be appreciated if you would share your practice website with the FLASCO office – did you develop it yourself or was it done by a company?

**United Healthcare** - I would like to call your attention to an Article from United Healthcare which is being sent with this Fax Blast.

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

**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. 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 UPDATE: Thomas Gaddis, MD, Chairman**

**Clarification on Bill of 96372**

When billing for the administration of 2 drugs via subq. injection, you need to bill 96372 on two (2) separate lines and **no** modifier is necessary!

**WHEN TO USE THE 59 MODIFIER WITH 96372** - If you are giving 2 drugs via subq. injection AND you are also administering chemotherapy, the use of the 59 modifier is indicated. In addition, if you received payment for the drug portion of the claim and denied the administration (96372), you might wish to consider downloading the redetermination form and submit for 96372 rather than resubmitting the claims for processing.

**Medicaid Fee Problems –Source: Michelle Smith Flowers, OMF Reimbursement Liaison**

Revised CPT codes and the 2009 fee schedule are to be uploaded by the end of the month and incorrectly denied claims will be reprocessed in 2-3 weeks. If you have problems, please contact Michelle at: [msmithgvl@aol.com](mailto:msmithgvl@aol.com)

**NEW PA PROGRAM IN THE TAMPA AREA**

A new PA program is starting in Tampa. They are part of South University out of Savannah, but the Tampa branch will be completely based here. Future PA clinical rotations for heme/onc, med/onc, gyn/onc, gen onc surgery, ortho/onc, and pain/palliative care at Moffitt. They are **looking for individual community docs** as well. They won't need rotation sites until 2010, however, it takes times for the paperwork.

**If your practice in the Tampa area would be interested in participating in this program please let the FLASCO Executive Director know by March 15, 2009.**

**ASH INVITATION:**

ASH and CMS are hosting a webinar on the 2009 Physician Quality Reporting Initiative (PQRI) and the E-Prescribing programs. For beginners, this webinar will cover the basics of how to report the 2009 PQRI quality

measures through claims-based reporting and to complete the E-Prescribing measure. For those who are current participants, this is an opportunity to get answers to questions about these programs.

The webinar will take place on **March 6, 2009, from 12:00 noon to 1:15 p.m., EST**. Please contact Matt Eckel at [grassroots@hematology.org](mailto:grassroots@hematology.org) to sign up for this webinar and to obtain answers to any further questions you may have.

Sylvia Publ, CMS Senior Quality Advisor, will discuss the basics of how to satisfactorily report the 2009 PQRI quality measures and to participate in the E-Prescribing program. Afterwards, there will be an opportunity to ask questions. The webinar focuses on assisting **hematologists as well as their office staff** who may benefit from a greater understanding of the PQRI and E-Prescribing process..

### **CMS UPDATES:**

#### **Medicare Physicians & Non-Physician Practitioners: Internet-Based Medicare Enrollment**

**Note:** A Medicare contractor will not process an Internet enrollment application without the signed and dated Certification Statement. In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed Certification Statement that is associated with the Internet submission.

While CMS encourages physicians and non-physician practitioners print and retain a copy of the enrollment record for their records, physicians and non-physician practitioners should only mail the two-page Certification Statement to the designated contractor.

#### **Additional Information**

For information about Internet-based PECOS, including important information that physicians and non-physician practitioners should know before submitting a Medicare enrollment application via Internet-based PECOS, go to [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

The Centers for Medicare & Medicaid Services (CMS) will make Internet-based PECOS to all organizational providers and suppliers (except durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers) later this year.

#### **Revised Clinical Laboratory Fee Schedule Fact Sheet**

The revised *Clinical Laboratory Fee Schedule Fact Sheet* (February 2009), which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available from the Centers for Medicare & Medicaid Services Medicare Learning Network in downloadable format at [http://www.cms.hhs.gov/MLNProducts/downloads/clinical\\_lab\\_fee\\_schedule\\_fact\\_sheet.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/clinical_lab_fee_schedule_fact_sheet.pdf).

#### **CMS Memo Proposes No Coverage of Screening CT Colonography**

In a Feb. 11 proposed coverage memorandum (CAG-00396N), CMS states that "the evidence is inadequate" to conclude that CT colonography (also known as virtual colonoscopy) is an appropriate colorectal cancer screening test for average risk individuals, and that CT colonography for colorectal cancer screening should remain "noncovered" by Medicare.

As reported in *BNA Health Care Daily*, the agency cites several concerns in its memorandum:

- A lack of published screening studies of virtual colonoscopies that focus on an older population, which more closely reflects the Medicare population
- The cost-effectiveness of the procedure, which is diagnostic, for an older population, in which many patients already have polyps that would require a follow-up optical colonoscopy for removal
- Insufficient evidence that CT colonography improves health outcomes in Medicare beneficiaries.

The agency said it would make a final decision after a 30-day public comment period.

**EDUCATIONAL OPPORTUNITIES:**

The CBCE, along with conference chairmen Dr. Rogerio Lilenbaum and Dr. Mark Socinski, would like to invite all FLASCO members to the upcoming Winter Lung Cancer Conference, **March 6-8th in Sunny Isles Beach, FL**. They are pleased to extend to FLASCO members a discounted conference registration rate of **\$75.00**.

This activity is intended for medical, surgical, and radiation oncologists; thoracic surgeons; pulmonologists; nurses; pharmacists; advanced practitioners; physician assistants; and other healthcare professionals interested in the treatment of patients with lung cancer. The program is accredited for physicians, nurses, pharmacists, and physician assistants.

**Registration Link:** [www.thebce.com/wlcc](http://www.thebce.com/wlcc)

**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

**GOLD**

Abraxis Oncology  
Bristol Myers Squibb  
Genomic Health  
Wyeth  
Roche  
Millennium

**SILVER**

OSI Pharmaceuticals  
US Oncology

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

**OTHER EVENTS:**

**March 6 – 8, 2009** – Sixth Annual Winter Lung Cancer Conference – Sunny Isles Beach, FL - <http://www.thebce.com/>

**April 3 – 4, 2009** – OMF 2009 Spring Conference – Renaissance Orlando at Sea World – registration form is available at: <http://www.oncologymanagersofflorida.com/>

**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)

**UnitedHealthcare Announces National Launch of Cancer Support Program**

UnitedHealthcare is pleased to announce that we will be offering a cancer disease management program for the UnitedHealthcare fully insured members in all markets. This is a voluntary program offered at no charge to eligible UnitedHealthcare members. We believe that individuals with cancer can often benefit from a personal, telephone outreach with a cancer nurse who can help address questions, fill in gaps in information, and help them navigate the complex health care system. This program was designed to complement services physicians provide, support the physician's treatment plan and reinforce physician instructions.

Individuals enrolled in the Cancer Support Program will be assigned to an oncology-trained, registered nurse who will provide either short-term assistance or ongoing case management. For cases that would benefit from on-going case management, the Cancer Nurse Advocate will offer individualized support to the patient and family caregivers, stay in contact with the treating physician as needed, and help the patient during treatment and recovery or through end-of-life.

We encourage you to refer your patients who are UnitedHealthcare members to this program.

Please call us at **(866) 936-6002** to refer a member to this program.

**Rebundling Policy Changes – Reminder**

In order to advance a standard-based approach to reimbursement policy that is based on nationally recognized and generally accepted bundling edits and logic, UnitedHealthcare will implement additional code pair edits through its Rebundling Policy. These new edits follow correct coding guidelines, as set forth by the American Medical Association (AMA), and the Centers for Medicare and Medicaid Services (CMS).

Consistent with CPT, E/M services will be considered included in the services list below, and will not be separately reimbursed unless the E/M service is reported with modifier 25.

Hydration (96360-96361)

Infusion (96365-96371)

Pulmonary: Other Procedures (94010-94799)

Chemotherapy Administration (96401-96549)

Osteopathic Manipulative Treatment (98925-98929)

Chiropractic Manipulative Treatment (98940-98943)

Home Health Procedures/Services (99500-99600)

Allergy Testing Services (95004-95199)

Modifier 25 should only be used to report a significant and separately identifiable E/M service that is above and beyond the other service provided.

According to the CMS National Correct Coding Policy Manual, and AMA coding guidelines, CPT code 36410 (*Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)*) is typically included in other services and procedures performed.

Consistent with these third party sources, edits will be added to the Rebundling Policy such that CPT code 36410 will not be separately reimbursed in most cases.

These changes were previously announced in the November 2008 *Network Bulletin*. The addition of these edits to the Rebundling Policy is targeted for late in the first quarter or early in the second quarter of 2009.

## **Herceptin Policy Change**

UnitedHealthcare has removed the requirement to submit a pathology report to obtain coverage for trastuzumab. This change was effective for claims submitted after January 1, 2009.

UnitedHealthcare launched the Herceptin policy in early 2006 based on an audit showing that 12 percent of the patients being treated with trastuzumab did not have over-expression of the HER2 gene. Our last audit in September 2008 demonstrated that fewer than one percent of the submissions failed to show over-expression.

Our drug policy has not changed – treatment of patients with under-expression is still inappropriate. We believe the recent audit demonstrates that this quality parameter is being followed and no longer requires the quality check.

There are other critical issues with HER2 gene expression testing. Studies show that concordance between local laboratories and a central laboratory with quality controls can be poor<sup>1</sup>. The College of American Pathology has established accreditation for HER2 gene testing, but participation in the accreditation process is voluntary. UnitedHealthcare contracts with two national laboratories, Genzyme and Laboratory Corporation of America (LabCorp), that meet the ASCO / CAP guideline recommendations and proficiency testing for HER2. We encourage the use of laboratories that meet these standards. If you do not know the accreditation status of your current lab for HER2, we would encourage retesting, or a second opinion, from either of these laboratories for your patients who are UnitedHealthcare enrollees.

<sup>1</sup> Reddy et al, Clinical Breast Cancer, 2006: 153-157

## **KRAS Testing Required**

At the 2008 American Society of Clinical Oncology (ASCO) scientific meetings, studies were presented demonstrating the importance of KRAS gene testing for individuals with colorectal cancer prior to starting the drugs cetuximab (J9055) or panitumumab (J9303).

UnitedHealthcare has reviewed the clinic evidence supporting the safety and effective treatment of metastatic colorectal cancer with cetuximab and panitumumab. Based on that review, UnitedHealthcare has determined that treatment of colorectal cancer with cetuximab or panitumumab in persons with the KRAS oncogene mutation is unproven. Clinical evidence supports that treatment of individuals with “wild-type” KRAS gene experience improved outcomes and is considered proven therapy.

We encourage physicians to start obtaining KRAS testing for their colorectal patients prior to starting the drugs cetuximab and panitumumab if they have not already done so.

For UnitedHealthcare members, we will require submission of a pathology report documenting KRAS testing and gene type in order to determine coverage for cetuximab and panitumumab. Subject to the members benefit plan document, coverage will be available for members with colorectal cancer when the “wild-type” KRAS gene is present. This requirement will be effective April 1, 2009.

Evercare, River Valley and SecureHorizons will be implementing a process requiring the submission of a pathology and demonstrating “wild-type” KRAS gene presence, effective 5/1/2009.

Additional details about the KRAS testing submission for UnitedHealthcare, Evercare, River Valley and SecureHorizons will be communicated to providers via the UnitedHealthcareOnline.com Web site, email distribution by state oncology societies and in the next network bulletin.

Communication about implementation related to benefit issued or administered by Oxford Health Plans, PacifiCare, Mid-Atlantic Health Plan, Neighborhood Health Plan, and AmeriChoice plans will be announced in future Network Bulletins and on our Web site.

## **UnitedHealthcare, Oxford and Golden Rule Use NCCN for Chemotherapy Reviews**

UnitedHealthcare, Oxford and Golden Rule now use the **National Comprehensive Cancer Network (NCCN) Compendium** in reviewing requests for coverage for chemotherapy drugs (J9000 – J9999) administered in an outpatient setting. By using the NCCN compendium, we seek to provide clinicians, patients and our customers a national independent reference for assessing clinical evidence. The NCCN Compendium is readily available, without cost, at **Nccn.org**.

There are some important details to note with this policy:

1. If the NCCN compendium lists the drug with a recommendation level 1, 2A or 2B for the condition, the service is eligible for reimbursement as a covered service based on the member's certificate of coverage. **In general, drugs with a recommendation Level 3 evidence are considered not supported by the clinical evidence and will not be covered.**
2. NCCN updates their compendium on a monthly basis. New drugs and/or indications for a drug will not be eligible for reimbursement as a covered service until a recommendation of 1, 2A or 2B is listed in the NCCN compendium.
3. To facilitate the processing of the chemotherapy injection claims, providers should submit 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.

We encourage clinic staff to use the NCCN Web site to determine if a drug is supported by clinical evidence for a specific cancer type. New visitors to the NCCN Web site (**Nccn.org**) will be required to register. No fee is required. After registering, select "NCCN Drugs & Biologics Compendium". You will need to search by the generic drug name. Once you have located the correct drug, you can go to the compendium listing for that drug. Locate the diagnosis code (ICD 9) of the member, and the NCCN category (far right of the page). If the NCCN compendium lists the drug with a recommendation level 1, 2A or 2B for the diagnosis, the service is eligible for reimbursement subject to the member's certificate of coverage without review.