



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – December 18, 2008

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

MESSAGE FROM THE FLASCO PRESIDENT: Robert Cassell, MD

Dr. Roberto Araujo and Deborah Kisko, RN of Pasco Pinellas Cancer Center were the first to send in their 2009 FLASCO dues and renew their membership!!!! Thank you so much for your continued involvement in FLASCO and your prompt payment of dues!!

Sanofi-Aventis has renewed its FLASCO Corporate Membership for 2009 at the **Platinum Level!** Thanks for your continued support!!

PROGRAM COMMITTEE: Rogério 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! Early registration discount ends December 31, 2008. 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.

CLINICAL PRACTICE COMMITTEE: Thomas Gaddis, MD, Chairman

2009 HCPCS Changes

Here are the new HCPCS changes for Hematology-Oncology for 2009. Do not use these codes for service dates before 1/1/09.

New Codes

J0641 INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
J1453 INJECTION, FOSAPREPITANT, 1 MG
J1459 INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.)
J8705 TOPOTECAN, ORAL, 0.25 MG
J9033 INJECTION, BENDAMUSTINE HCL, 1 MG
J9207 INJECTION, IXABEPILONE, 1 MG
J9330 INJECTION, TEMSIROLIMUS, 1 MG

Changed Code Descriptors

- J1572 INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS,
- J2788 INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
- J2790 INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)

Deleted Codes

- Q4096 INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT

- Q4097 INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.
- Q4098 INJECTION, IRON DEXTRAN, 50 MG

Reinstated Code

- J1750 INJECTION, IRON DEXTRAN, 50 MG

These are only a preliminary list of codes that apply to Hem-Onc. To see the total list, check it out in EXCEL.
<http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/>

FCSO UPDATES:

J0881: Erythropoiesis Stimulating Agents-Clarification on correct modifier use - LCD ID Number: L5984

It has come to the attention of First Coast Service Options Inc. (FCSO) that 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 EA modifier 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 EA modifier 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 EA modifier.

The EC modifier 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 EC modifier for one of the covered cancer diagnosis codes listed above under the EA modifier instructions. By appending the EC modifier 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 non-covered 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 EC modifier:

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, V07.8, 714.0

The corresponding anemia code must also be billed. The dual diagnosis rule is outlined in the LCD.

The EB modifier is non-covered. If billed with and ESA the claim will be denied.

All other conditions of coverage are outlined in the LCD and corresponding coding guideline. First Coast Service Options Inc. LCDs are available through the CMS Medicare Coverage Database. (List of LCDs for FCSO Inc. (00590, Carrier) If providers have questions regarding coverage of ESAs, please send correspondence to medical.policy@fcsocom.

Implementation of an additional provider authentication element when contacting Medicare

Effective March 1, 2009, when contacting the Interactive Voice Response unit (IVR) or a customer service representative (CSR), you will be required to provide your National Provider Identifier (NPI), your provider transaction access number

(PTAN), and the last 5-digits of your Tax Identification Number (TIN). Written inquiries on letterhead will require only one of these elements, along with your provider's name and address.

Please review the entire article based on the CR on the FCSO Medicare provider Web site at http://www.floridamedicare.com/Part_B/Billing_and_Coverage/131272.asp for additional details.

DRUG & INDUSTRY UPDATES:
FDA Approves Genzyme's Mozobil

Genzyme Corporation (Nasdaq: GENZ) announced that the U.S. Food and Drug Administration has granted marketing approval for Mozobil™ (plerixafor injection), a drug intended to be used in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the bloodstream for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma (NHL) and multiple myeloma (MM). The product has also been granted orphan drug designation.

For additional information: <http://www.genzyme.com/corp/media/GENZ%20PR-121508.asp>

Pharma Guidelines:

Pharma Guidelines will change effective January 1, 2009. If you wish to review the new guidelines please visit: http://www.phrma.org/code_on_interactions_with_healthcare_professionals/

CMS UPDATES:

Part B Drug & Biological ASP Pricing

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Part B Drug and Biological Average Sales Price (ASP) Payment Amounts for January 1, 2009 to March 31, 2009 on the CMS website at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a1_2009aspfiles.asp#TopOfPage. The files are located in the "Downloads" section of this web page.

The revised Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals

The revised Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals (October 2008), which offers general information about the Medicare Program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare payment policies, evaluation and management services, protecting the Medicare Trust Fund, inquiries, overpayments, and appeals, is now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**.

To place your order, visit http://www.cms.hhs.gov/MLNProducts/01_Overview.asp, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

CMS Issues Update on Expansion of Internet-Based Medicare Enrollment

Now there's a better way for physicians and non-physician practitioners to enroll or make a change in their Medicare enrollment information. The Internet-based Provider Enrollment, Chain and Ownership System (PECOS) will allow physicians and non-physician practitioners to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on the status of a Medicare enrollment application via the Internet

Physicians and non-physician practitioners in Florida who wish to access Internet-based PECOS may go to <https://pecos.cms.hhs.gov>.

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

CMS publishes 2009 PQRI measure specifications

The Centers for Medicare & Medicaid Services posted today the 2009 Physician Quality Reporting Initiative (PQRI) measure specifications. This document includes the appropriate reporting codes (ICD-9, CPT Category I and II, or temporary G-codes) necessary for successful participation in the 2009 PQRI.

A medical group could receive 2 percent of its entire Medicare Part B total allowed charges as a bonus during the 2009 reporting period. CMS selected 153 PQRI measures for 2009. Though many of the 119 measures used during the 2008 PQRI continue into the 2009 reporting period, the specific reporting codes for each measure may have changed for the 2009 reporting period.

Access the [2009 PQRI Quality Measure Specifications Manual and Release Notes](#).

Access the [2009 PQRI Measures Groups Specifications Manual and Release Notes](#).

Review additional information on the [CMS PQRI](#) site.

Review the recently published [CMS document](#) citing common reporting errors encountered during the 2007 PQRI.

Access a shorter listing of the [2009 PQRI measures](#)

New CMS rule affects contracted interpretations for diagnostic tests (Source: MGMA)

Beginning on Jan. 1, the Centers for Medicare & Medicaid Services (CMS) will apply a new rule to certain diagnostic tests (excluding clinical diagnostic lab tests) ordered and billed by physicians or their group practices.

In an attempt to curb what it sees as overuse of diagnostic tests and abusive arrangements between providers, CMS has expanded a Medicare billing rule that prevented physicians from marking up the cost of the technical component (TC) of diagnostic tests purchased from an outside supplier (the "purchased diagnostic test rule"). Now referred to as the "anti-markup rule," the new rule will prohibit a billing entity, such as a physician or group practice, from marking up either the professional component (PC) or the TC of a test that was performed by a physician who does not share a practice with the billing entity. The rule will apply when the ordering physician and the billing entity are the same or are related through common ownership or control.

To determine whether the performing physician shares a practice with the billing entity, CMS has devised two tests. Under the first test, the agency will consider a physician to share a practice with the billing entity if the physician furnishes at least 75 percent of his/her services through the billing entity. If this test is met for both the physician performing the PC and the physician supervising the TC (assuming they are not the same physician), the newly expanded anti-markup rule will not apply.

If either physician does not provide 75 percent of his/her services through the billing entity, the anti-markup rule may still not apply if the physician shares a practice with the billing entity under CMS' second test, which focuses on where the test was performed. If the performing physician is an owner, employee or independent contractor of the billing entity and the TC or the PC is performed in the office of the billing supplier, the performing physician will be deemed to share a practice with the billing entity. Importantly, if the billing entity is a physician organization (that is, a physician, a physician practice or a group practice meeting the requirements set forth in the physician self-referral law), the service must be performed in space where the ordering physician provides substantially the full range of patient care services that the ordering physician provides generally.

If neither test is met, payment to the billing entity will be subject to the anti-markup rule. For the part of the service performed by a physician who does not share a practice with the billing entity, the entity will be paid the lowest of:

- *The performing supplier's net charge to the billing entity;
- *The billing physician's actual charge; or
- *The Medicare fee schedule amount for that service.

To learn more about the anti-markup rule, [register](#) for Dec. 18 Webcast, "New 'anti-markup' provision may put your revenue at risk," call MGMA Government Affairs toll-free 877.275.6462, ext. 1300 or [e-mail](#) MGMA.

MLM UPDATES:

New:

MM6304 - Changes to the Laboratory National Coverage Determination (NCD) Edit Software for January 2009
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6304.pdf>

MM6216 - Implementation of Changes in End Stage Renal Disease (ESRD) Payment for Calendar Year (CY) 2009
<http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6216.pdf>

MM6211 - Instructions for Utilizing 837 Professional Claim Adjustment (CAS) Segments for Medicare Secondary Payer (MSP) Part B Claims
<http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6211.pdf>

Rescinded:

MM6187 - 2008 Physician Quality Reporting Initiative Claims-Based Reporting of Measures Groups
<http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6187.pdf>

EDUCATIONAL OPPORTUNITIES:

Sanofi-Aventis: Live Satellite Program: Evolving Paradigms in the Adjuvant Treatment of HER2 Overexpressing Breast Cancer: The Role of Anthracyclines

Date: Wednesday, January 14th, 2009

Faculty: Dr. Dennis Slamon, Dr. Stephen Jones, and Dr. Michael Ewer

Locations: Choose from one of the restaurants below

Morton's 5050 Town Center Circle - Boca Raton

Morton's 2333 Ponce de Leon Blvd.- Coral Gables

Maggiano's 10367 Midtown Parkway – St. John's Towne Center - Jacksonville

Morton's 1200 Brickell Avenue- Miami, FL

Morton's Dr. Phillips Market Place – 7600 D. Phillips Blvd-, Orlando, FL

Morton's 777 S. Flagler Drive W.- Palm Beach, FL

Maggiano's 203 West Shore Plaza -Tampa, FL

Contact your local Sanofi-Aventis Sales Representative with any questions and additional information.

Emerging Evidence: The Role of Histology in the Treatment of First-line Advanced NSCLC Patients –

Lilly Oncology

Wednesday, January 21, 2009

Web broadcast 1:

7:00 PM ET (6:00 PM CT / 5:00 PM MT / 4:00 PM PT)

Web broadcast 2:

10:00 PM ET (9:00 PM CT / 8:00 PM MT / 7:00 PM PT)

TO REGISTER:

1. Phone: 1-888-253-2865

2. Online: www.emergingevidence.com

3. Fax: 1-800-973-0367

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2008)

FLASCO Members extends a big thanks to all of our 2008 Corporate Members/Sponsors

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BRONZE

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FLASCO EVENTS:

FLASCO is co-sponsoring the following three Events:

- (1) **January 17-18, 2009** –Clinical Breakthroughs & Challenges in Hematologic Malignancies – Grand Floridian Resort – Lake Buena Vista - **For more information, call (813) 745-1247 or e-mail: Melissa.Pearson@MOFFITT.org**
- (2) **February 6 & 7, 2009** – Highlights of ASH – Miami - <http://hematology.org/meetings/highlights/index.cfm#2>.
The FLASCO member code is FLH09
- (3) **March 20, 2009** – Statewide PA & NP Conference, Moffitt Cancer Center – Tampa

FLASCO 2009 MEETINGS:

February 27 & 28, 2009 – FLASCO Spring Meeting – Marriott Sawgrass – Jacksonville
November 6-7, 2009 – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

OTHER EVENTS:

February 26-28, 2009 – ASCO - GU Symposium, Orlando World Center Marriott
March 22-24, 2009 - 2009 AOHA Assembly Conference – Los Angeles, California
June 13-17, 2009 – AMA Annual Meeting – Chicago, IL
July 23-26, 2009 – FMA Annual Meeting – Boca Raton, FL

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