



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – April 23, 2008

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

FLASCO extends a big THANKS TO **Abraxis BioScience, Inc**, for becoming a **2009 Corporate Platinum Member** and to **Bristol Myers Squibb**, for becoming a **2009 Gold Corporate Supporter**.

**Moffitt Cancer Center “Mid Level” Presentation:**

Last week I had the honor and privilege of giving a presentation on behalf of FLASCO at the monthly meeting of the Moffitt Cancer Center PAs and NPs. This was a very well attended meeting and they were interested to hear more about the Future Outlook for Mid Levels in the oncology field. FLASCO extends a special thanks to Brenda Pate and Dave Johnson for arranging this meeting.

**MEMBERSHIP COMMITTEE: Julio , Hajdenberg, MD, Chairman**

It is with deep regret to report that several Members have been **terminated** from FLASCO Membership for non-payment of dues for 2008. Dues were due and payment on January 1, 2008. If you are uncertain as to whether or not your dues have been paid and you wish to be reinstated as a member, please contact the FLASCO Executive Director immediately.

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

**Conference Call with Platinum Corporate Members/Supporters**

This week members of our CPC participated in a telephone conference call with our Platinum Corporate Members/Supporters. This communication proves to be valuable to our membership and enhances our partnership with our Corporate Members/Supporters. Additional information regarding patient assistant /drug replacement programs will be provided in the near future to our membership.

**Procrit Issue**

Practices have notified the FLASCO Office that they have been receiving denials for Procrit claims from 4/7/08 forward due to a system error. The denial code is “missing information” (lab values and modifier). FLASCO notified FCSO and Dr. James Corcoran, FCSO Medical Director has informed us that Critical Inquiries is aware of this issue. We will advise you when further information is available.

**FCSO News:**

Please note – this week there has been a considerable amount of important information from Florida Medicare. Therefore, this information is included as additional pages to this week’s fax blast.

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

**FLASCO Partners with Oncology Congress - Discounted Registration for Our Members**

The Oncology Congress engages you in productive peer-to-peer discussions about cancer prevention, diagnosis, and treatment options, giving you the practical knowledge, tools, and insight needed to improve care and quality of life for your patients today.

Oncology Congress takes place September 25-28, 2008 at the Hilton San Francisco. All content is programmed by a multidisciplinary board of 20 advisors, and speakers are the thought leaders in their fields.

FLASCO has negotiated discounts for our members - \$395 for physicians and \$195 for nurses and physician assistants. Register at [www.oncologycongress.com/flasco](http://www.oncologycongress.com/flasco) and use priority code FL.

## ASH UPDATES:

### ASH Practice Survey Closes April 30<sup>th</sup>

This is a reminder that the ASH Practice Survey, which focuses on how hematology is practiced in the US, closes on April 30<sup>th</sup>. The survey is designed for members who are practicing hematology – whether or not they are board-certified or members of ASH. The survey results will be useful for strategic planning.

The survey is located at [http://www.surveymonkey.com/s.aspx?sm=I\\_2fxKEbJBkjuOC00zO\\_2bXK2A\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=I_2fxKEbJBkjuOC00zO_2bXK2A_3d_3d) and should take about 5 minutes to complete.

## CMS UPDATES:

### CMS Decisions on New Off-Label Chemotherapy Compendia Due by Early July

CMS will issue decisions by early July on the possible addition of four medical compendia as approved references for coverage of off-label uses of cancer drugs and biologicals. Local Medicare contractors who process Part B claims would consult the compendia when deciding whether to approve claims. Part B covers physician-administered drugs, such as injectables and intravenous products.

The four compendia under consideration are: the National Comprehensive Care Network Drugs and Biologics Compendium, Gold Standard's Clinical Pharmacology, and Thomson Micromedex's DrugPoints and DrugDex.

At this point, only one of three currently recognized compendia, the American Hospital Formulary Service-Drug Information, is still in print. The law establishing the current list of compendia was passed in 1993. CMS's Louis Jacques, director of the Division of Items and Devices in Coverage and Analysis, said the agency has no plans to reconsider the AHFS compendium, so it will remain on the list.

The third previously recognized compendium is the U.S. Pharmacopeia-Drug Information guide. The USP-DI was purchased by Thomson in 1998 and publication under the USP-DI name ceased in 2007. Thomson now offers its DrugPoints compendium as a successor to the USP-DI. CMS will formally review DrugPoints before it is officially sanctioned.

Each application has been assigned a different decision deadline - the NCCN compendium's is June 6, DrugPoints' is June 10, DrugDex's is June 17 and Clinical Pharmacology's is July 2. Jacques said the agency does not plan to consider appeals of its decisions.

### Medicare Claims Review Program (MR, NCCI Edits, MUEs, CERT and RAC): New Educational Product is available!

CMS is pleased to announce that a new educational resource discussing the Medicare Claims Review Program is now available on the CMS website. This Booklet provides an overview of the several initiatives implemented by CMS to prevent improper payments before a claim is processed and identify and recoup improper payments after a claim has been processed. To access this new product, visit [http://www.cms.hhs.gov/MLNProducts/downloads/MCRP\\_Booklet.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/MCRP_Booklet.pdf) on the CMS website. Printed copies will be available at a later date.

MUE website: [http://www.cms.hhs.gov/NationalCorrectCodInitEd/08\\_MUE.asp#TopOfPage](http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage)

## AVAILABLE CLINICAL TRIALS:

### Moffitt Cancer Center – Small Cell Lung Cancer Immunotherapy Clinical Trial

#### PROTOCOL INFO:

This is a randomized phase II immunotherapy clinical trial using a p53 transfected dendritic cell vaccine (Ad.p53DC) for **ALL** patients with extensive stage SCLC with favorable response (complete response, partial response OR stable disease) **AFTER** standard first line chemotherapy (4-6 cycles of etoposide-platinum at the discretion of treating oncologist). All procedures and vaccinations occur **AFTER** patients have completed chemotherapy. Ideally, patients should be identified and evaluated for eligibility/interest before the last cycle of chemotherapy so that the protocol timeline can be coordinated with adequate anticipation.

#### **CONTACT INFO:**

Robin Szekely RN, BSN

Alberto Chiappori, MD

Clinical Research Nurse  
H. Lee Moffitt Cancer Center  
12902 Magnolia Drive  
MCC-IMM Room 3055  
Tampa, Florida 33612  
phone: 813-745-7280  
fax: 813-745-2139

phone: 813-745-3050  
fax: 813-745-3027

Scott Antonia, M.D., Ph.D  
Associate Professor  
Co-Leader, Immunology Program  
phone: 813-745-3883

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

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

### **PLATINUM**

Astra Zeneca  
Bayer/Onyx  
Cephalon Oncology  
Eli Lilly  
Oncology Supply/ION  
Sanofi-Aventis  
OPR  
Pharmion  
AMGEN  
Genentech  
Abraxis BioScience, Inc.

### **GOLD**

Celgene  
Genomic Health  
Novartis  
Pfizer  
Roche  
GlaxoSmithKline  
Bristol Myers Squibb

### **SILVER**

MGI Pharma  
US Oncology  
ImClone Systems  
OSI Pharmaceuticals  
Millennium Pharmaceuticals, Inc.

### **BRONZE**

Boehringer Ingelheim  
Pharmaceuticals, Inc.  
Alexion

### **FLASCO EVENTS:**

**August 8-9, 2008** – FLASCO Executive Committee Retreat – Marriott World Center Hotel - Orlando

**November 7-8, 2008** – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

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

**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: 813.254.5857 or 813.349.4472  
Email: [Dorothy.Green@cancer.org](mailto:Dorothy.Green@cancer.org)

### **OTHER EVENTS:**

May 30 – June 4, 2008 – ASCO Annual Meeting - Chicago

September 17-20, 2008 – ACCC 25<sup>th</sup> National Oncology Economic Conference – San Francisco, California

September 19-20, 2008 - Annual ASCO/ASH/SGO Meeting of the Hematology/Oncology CAC Network

September 25-28, 2008 - Oncology Congress - the Hilton San Francisco

December 6-9, 2008 – ASH Annual meeting – San Francisco

February 5-8, 2009 - Florida Joint Cancer Conference – Orlando

February 26-28, 2009 – ASCO - GU Symposium, Orlando World Center Marriott

March 22-24, 2009 - 2009 AOHA Assembly Conference – Los Angeles, California

## FCSO UPDATES:

### FLORIDA MEDICARE PART B

#### Modifier JW Not Required

Change request 5923 allows contractors to decide on the use of the modifier JW when identifying unused drugs or biologicals from a single use vials or single use packages that are appropriately discarded when processing all drugs except for those provided under the Competitive Acquisition Program (CAP).

First Coast Service Options, Inc. (FCSO) has made a decision at this time to not require the use of modifier JW. They will continue as in the past, to reimburse for wastage when billed on a single line item along with administered drug dosage. Although modifier JW will be tagged in their claim processing system as a valid modifier, if a claim is received where the administered portion of the drug is billed on one line and the wastage amount is billed on a second line with modifier JW, one line will be denied as a duplicate. The drug wastage portion should be included in the same line item billed for the actual administered portion. FCSO will also deny claims for drugs provided under the CAP when billed with modifier JW.

#### Additional Information

Change request 5923 may be accessed at <http://www.cms.hhs.gov/transmittals/downloads/R1478CP.pdf> .

The associated *MLN Matters* article is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5923.pdf>

### FLORIDA MEDICARE PART A

#### Clinical Laboratory Fee Schedule—Section 113 Implementation Under MMSCHIP Act

Effective Date: April 1, 2008 - Implementation Date: May 12, 2008

**Summary** - The Medicare, Medicaid and State Children's Health Insurance Program (MMSCHIP) Extension Act of 2007 passed in December 2007 and included Section 113. Section 113 of the legislation set the price for any diagnostic test for HbA1C that is labeled by the Food and Drug Administration (FDA) for home use equal to the payment rate for a glycosylated hemoglobin test (identified as of October 1, 2007, by Healthcare Common Procedure Coding System [HCPCS] code 83036 [and any succeeding codes]).

Your Medicare contractor will adjust claims for services on or after April 1, 2008, processed prior to implementation of this change if you bring such claims to the contractor's attention.

Here is the link to the *MLN Matters* article [MM5987](#)

### FLORIDA MEDICARE PART A & B

#### Using Modifier 52 – Reduced Services

First Coast Service Options, Inc. (FCSO) has identified a significantly high number of providers submitting modifier 52 for an incorrect reason. Many providers are using the modifier to indicate a reduction in the charge amount to patients. There were many different reasons noted for reducing the charge amount to the patient, but this is an incorrect use of the modifier.

#### **The Current Procedural Terminology (CPT) definition of modifier 52 is:**

**Reduced services: under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the services can be identified by its usual procedure number and the addition of modifier 52, signifying the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.**

Modifier 52 is used to indicate that a service or procedure that is described by a *CPT/HCPCS* code **was not completed or rendered in its entirety**. The Medicare fee schedules reimburse for these services when they have been completed according to the descriptor of the services. Therefore, using modifier 52 advises Medicare a procedure/service was not completed as described by the *CPT/HCPCS* code, and asks Medicare to consider whether or not reimbursement should be reduced as a result of not performing or completing the procedure. Although the charged amount may be reduced because of an incomplete procedure/service, the modifier may not be used to indicate a reduction in the billed amount.

FCSO will soon begin requesting supporting records and documentation on all claims submitted with modifier 52. Records will be requested to determine the medical necessity of services billed, and to determine if a reduction in the Medicare

allowance is appropriate. Documentation should clearly indicate why the modifier is being used. Records must identify what portion of the service was completed and/or not completed. To avoid unnecessary development and records request, please be sure to use the modifier correctly.

### **Most Common Examples of Incorrect Use**

- If a *CPT/HCPCS* code descriptor indicates “unilateral or bilateral” and the service is performed unilaterally, it is inappropriate to use modifier 52. The key word is “**or**,” meaning the same code should be used just once, whether it is performed unilaterally or bilaterally.
- If a *CPT/HCPCS* code descriptor indicates “with contrast material” and a patient receives the test without contrast, it is inappropriate to use modifier 52. The code indicating “without contrast” is to be used.
- It is inappropriate for a chiropractor billing for therapy, or other services not allowed by a chiropractor, to bill for such services using modifier 52. Services not allowable by a chiropractor are automatically denied.
- It is inappropriate to append modifier 52 to *CPT* code 97014 [*Application of a modality to one or more areas; electrical stimulation (unattended)*] to indicate a reduction in minutes; electrical stimulation is not a timed code.

### **FCSO Medicare Provider Web Site Enhancements**

In the spirit of continuous improvement, and in response to your comments, FCSO has made some recent changes to the [floridamedicare.com](http://floridamedicare.com) Web site.

They have added a link on the homepage to CMS’ procedure-to-diagnosis look-up tool on its Medicare Coverage Database page. To use this tool, simply click the link in the Quick Find section; when you arrive on the CMS site, follow the steps outlined. Tips for completing the query are:

**Step 1:** Enter the CPT or HCPCS procedure code.

**Step 2:** Enter the ICD-9-CM diagnosis code, using the highest level of specificity. Or, if you don’t have the code readily available, click the “code lookup” link and describe the patient’s condition. Click “next” to obtain a list of possible codes and select the one that best fits.

**Step 3:** There are several options available; the quickest return is provided if you select “contractor”; then choose “First Coast Service Options, Inc. (00090, FI)” from the pull-down list:

The results returned indicate if the procedure/diagnosis combination you entered supports medical necessity requirements; if it does, you can select the link provided to access the pertinent local coverage determination(s).

FCSO is also changing the way they provide MLN Matters articles to you. Previously, they provided a link to the article on CMS’ Medicare Learning Network (MLN) page. They are still giving you the link, but they have added an exciting new feature. When you select the link to an MLN Matters document, you will be presented a short summary of the article that gives more in-depth highlights of the most important information. A link to the full text of the MLN Matters document will follow the summary.