



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – August 20, 2008
FLASCO WEBSITE: www.flasco.org

MESSAGE FROM FLASCO PRESIDENT: Robert Cassell, MD

FLASCO extends a special thanks to **Dr. Richard Levine** for developing a FLASCO Disaster Plan. You should have received a copy of the Plan with the fax blast last week – if not, please contact the FLASCO Office. Also, the ASCO/NCI Wallet card can be found at the following link:

<http://www.cancer.net/patient/ASCO+Resources/ASCO+and+NCI+Patient+Information+Wallet+Card>

CLINICAL PRACTICE COMMITTEE: Tom Gaddis, MD, Chairman

ESA denials

QUESTION: A practice notified FLASCO Office that they just started receiving denials from FCSO for aranesp/procrit anytime Hb > 10 or Hct >30. The practice had understood this to be the limits for the STARTING dose of aranesp/procrit, but not the one and only hard rule. These denials are not for initiation of epo but for continuing doses for chemo induced anemia. It seems this problem stated in the last couple of weeks and seems to be a flat out denial for those H/H levels.

ANSWER: The limits for Hgb and Hct levels **apply to every dose**. If the Hgb or Hct goes above 10 or 30 and it is billed above 10 or 30 on any claim **it will be denied** for invalid levels. It does not apply to just the starting dose. So denials are valid and there is not a glitch with the system. The system is set up according to CMS hard coded rules. If anyone needs further explanation please email: medical.policy@fcsoc.com.

In addition, you can refer to the MLN matter about the new ESA guidelines in the section labeled 'Claims Processing'; it states if you bill with an –EA modifier and an H/H over 10/30 the claim will be denied...it is an appealable denial...

FCSO (Florida Medicare):

FCSO Contact Information

The link below to the FCSO Website will provide you with Medicare Provider Contact Center information and important telephone numbers. For Appeals, providers should contact the FCSO customer service lines.

<http://www.floridamedicare.com/header/Contact/108305.asp> Hope this info will be helpful to your practices.

Recovery Audit Contractor (RAC) – Webcast (Part A/B) – LIVE Encore

Topic: RAC Permanent Program - Tuesday, August 26, 2008 - 11:30 AM – 1:00 PM

To participate in this teleconference, please register by August 25, 2008.

Easy to Register

• Online - To register for this seminar, please visit our new training Web site at www.fcsomedicaretraining.com. If you're already a registered user of FCSO's Learning Management System (LMS), simply log on and select the specific session you're interested in. Click the Preview Schedule button at the bottom, and then click Register.

- If you are a first-time user of the LMS, you will need to set up an account. To do so, follow these steps:
 1. From the welcome page, click on **I need to request an account** just above the log on button.
 2. Complete the Request User Account form. (**Note:** Providers who do not yet have an NPI may use 9999.)
 3. You will receive your log on information within 72 hours of requesting an account.
 4. Once your registration is complete, log on and select **Course Catalog**, then select **Catalog**. Select the specific session you're interested in. Click the **Preview Schedule** button at the bottom, and then click **Register**.

- If you need assistance, please contact our FCSO Medicare training help desk by calling 866-756-9160 or sending an e-mail to fcsohelp@geolearning.com.

Webcast Instructions

- An email confirmation will be sent to you upon successful registration.
- On the day of the webcast, please log into the Florida Medicare Training site with your user name and password. Click on 'My Courses' then 'Instructor-Led Courses' to launch the webcast. Once you have launched the course, you will receive the dial-in information.

CMS UPDATES:

E&M Services Guide Available from CMS

The July 2008 version of the *Evaluation & Management Services Guide*, which provides evaluation and management services information about medical record documentation, International Classification of Diseases and Current Procedural Terminology codes, and key elements of service, is now available on the Centers for Medicare & Medicaid Services Medicare Learning Network at: http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf.

CMS Releases ICD-10, Transaction Standard Rules

August 15 CMS announced a long-awaited proposed regulation that would replace the ICD-9-CM code sets now used to report healthcare diagnoses and procedures with greatly expanded ICD-10 code sets, effective October 1, 2011. The proposed ICD-10 code sets contain 155,000 individual, 7-digit codes, according to the proposed rule.

In a separate proposed regulation, the Department of Health and Human Services (HHS) has proposed adopting the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as healthcare claims. Version 5010 is essential to the use of the ICD-10 codes.

Physicians report about 17,000 codes under the ICD-9 diagnosis code set and have suggested that learning these new codes and updating software to accept 7-digit codes will be extremely expensive and disruptive.

Fact sheets describing both proposed rules will be forthcoming on CMS's website at www.cms.hhs.gov/apps/media/fact_sheets.asp - Comments on the ICD-10 code sets proposed rule are due by 5 pm EST, October 21, 2008.

MLM UPDATES:

New:

MM6109 – Remittance Advice Remark Code and Claim Adjustment Reason Code Update

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6109.pdf>

MM6158 – Part B Drug Competitive Acquisition Program (CAP) Quarterly Drug Update

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6158.pdf>

MM6125 – Reporting Withholding Due to IRS Federal Payment Levy Program (FPLP) on the Remittance Advice

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf>

MM6131 – Implementation of a New Claim Adjustment Reason Code (CARC) No.213. "Non-compliance with the physician self-referral prohibition legislation or payer policy"

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6131.pdf>

MM6124 – Revisions to the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6124.pdf>

MM6121 – 2008 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6121.pdf>

ASCO UPDATES:

The American Society of Clinical Oncology (ASCO) is joining forces with five other national cancer organizations in a landmark television event and multimedia education campaign -- Frosted Pink with a Twist -- to raise awareness of cancer and inspire the public to learn more about early detection, prevention, and advances in cancer care and treatment. Cancer.Net, ASCO's patient information website, is the official clinical cancer information resource for Frosted Pink with a Twist. This will air nationally on ABC from 4:00 - 6:00 PM ET on Sunday, October 12, 2008. The show will re-air on additional cable networks throughout the remainder of the month.

ASCO is asking that you place the web banner on your practice website to help advertise the event and communicate the airtime with your patients (the link for the banner is www.cancer.net/frostedpink). If you plan to put this on your website, please contact the FLASCO Office and staff can provide you with the banners to post.

If you have any questions about the event please contact Lynne Blasi at 571-483-1353 or lynne.blasi@asco.org. For technical questions concerning placing the banner on your website, please contact Brendan Kelly at 571-483-1362 or brendan.kelly@asco.org. For more information on the Frosted Pink with a Twist event, visit www.cancer.net or www.frostedpink.org.

EDUCATIONAL OPPORTUNITIES: MAKING SENSE OF MEDICARE PART D

Novartis invites you to participate in a webcast **Tuesday, September 16, 2008 - 12:30-1:20 p.m. EST** - This 50-minute discussion will explore in detail the Medicare Part D and commercial insurance markets, focusing on trends in benefit design, formulary structure, quality programs, and patient access to medications. This program features Joseph Ward, Senior Director, Managed Care Marketing, Novartis Pharmaceuticals Corporation; Dan Mendelson, President, Avalere Health; and Penny Mills, Vice President, Avalere Health. To participate: register at: <http://www.novartismedia.com/ms/con/reg.php>

THE EFFICIENT ONCOLOGY PRACTICE WEBCAST

US Oncology has invited FLASCO members to participate in their Oncology Practice Education Series Webcast on Thursday, August 21st, 2008 at 3:00pm (Eastern Standard Time), called "The Efficient Oncology Practice." For more information or to register for this event, please go to <http://www.opspharmacist.com/opes>.

GERIATRIC ONCOLOGY CONSORTIUM

FLASCO Member, **Dr. Lodovico Balducci**, invites you to participate in the "Advancing Cancer Care in the Elderly" (ACCE) Conference that will be held at One Ocean Resort Hotel in Atlantic Beach, FL on September 11-13, 2008. Dr. Balducci states that considering the importance of the issue in our State this conference could not be more "a propos." In addition, this could be a unique opportunity to network with other individuals involved in the Geriatric Oncology Consortium and in clinical trials in older cancer patients. Please note that there will also be a program for nurses that may be of value to members of your staff. For additional info please visit: www.thegoc.org

FOURTH ANNUAL ONCOLOGY CONGRESS:

FLASCO is one of the co-sponsors of the Fourth Annual Oncology Congress which will be held September 25-28, 2008, at the Hilton San Francisco. If you are interested in receiving a copy of the Final Program Information please contact the FLASCO Executive Director and she will be glad to send you a copy.

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

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

PLATINUM

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OSI Pharmaceuticals
Millennium Pharmaceuticals, Inc.

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FLASCO EVENTS:

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

January 17-18, 2009 – Clinical Breakthroughs & Challenges in Hematologic Malignancies – Grand Floridian Resort – Lake Buena Vista

February 6 & 7, 2009 – Highlights of ASH - Miami

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

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

OTHER EVENTS:

September 11-13, 2008 – One Ocean Resort, Atlantic Beach, FL – ACCE Advancing Cancer Care in the Elderly Conf

September 12-13, 2008 - The Palmer House Hilton – Chicago - 2008 ASH State-of-the-Art Symposium (SAS)

September 17-20, 2008 – ACCC 25th 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

October 19-22, 2008 – MGMA 2008 Annual Conference – San Diego

October 23rd & 24th, 2008 – ASCO State Leadership Conference – Alexandria, VA

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

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

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

UPDATE FROM BOBBI BUELL

August 19, 2008

ICD-10 On the Horizon?

No, folks, you are not having a nightmare. ICD-10 is coming soon to a code book near you. The recent announcement from CMS is sure career-killer for many people of a "certain age" (and that includes moi)! The Department of Health and Human Services (HHS) recently announced a long-awaited proposed regulation that would replace the ICD-9-CM code sets now used to report health care diagnoses and procedures with greatly expanded ICD-10 code sets, **effective October 1, 2011 FOR HOSPITALS AND FOR PHYSICIANS**. In a separate proposed regulation, HHS has proposed adopting the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as health care claims, which will be used by pharmacies. Version 5010 is essential to use of the ICD-10 codes.

In 2000, under authority provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the ICD-9-CM code sets were adopted for use in the administrative transactions by both the public and private sectors to report diagnoses and inpatient hospital procedures. Covered entities required to use the ICD-9-CM code sets include health plans, health care clearinghouses, and health care providers who transmit any electronic health information in connection with a transaction for which a standard has been adopted by HHS.

The reason for this change, which has been estimated to cost more than \$14 billion, is that ICD-10 is more precise in terms of reporting actual, detailed diagnostic information. In looking at the latest release of ICD-10, a 5-digit alpha-numeric system, that is not necessarily true in cancer--except that secondary cancers are much more specific. **The change for physician practices will only involve diagnosis coding. CPT will stay on as our procedural coding system.** ICD-10-PCS will be the procedural coding system for hospital inpatients. Developed by 3M Corporation, it is a procedural coding system that is most amenable to computerization.

Developed almost 30 years ago, ICD-9 is now widely viewed as outdated because of its limited ability to accommodate new procedures and diagnoses. ICD-9 was never meant to be used as a payment system and is running out of space. ICD-9 contains only 17,000 codes and is expected to start running out of available codes next year. By contrast, the ICD-10 code sets contain more than 155,000 codes and accommodate a host of new diagnoses and procedures.

Comments on the ICD-10 code sets proposed rule are due by 5:00pm Eastern time on October 21, 2008.

Comments on the updated transaction standards proposed are due by 5:00pm Eastern time on October 21, 2008.

Both regulations may be viewed at

http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage

To read the HHS press release issued please click here: <http://www.hhs.gov/news/press/2008pres/2008.html>

Fact sheets describing both proposed rules will be forthcoming at http://www.cms.hhs.gov/apps/media/fact_sheets.asp.

Mo' MIPPA

I put out a previous newsletter on MIPPA ("Medicare Improvements to Patients and Providers Act"), the regulations that supported the fee schedule stability for the rest of the year. However, as information has become available, we are finding out more about this Act and there is definitely more that you need to know to prepare for next year.

- **PQRI is funded to provide a 2% bonus on fee schedule services without a mysterious CAP to physician practices.** Oncology folks out there are getting their 2007 dollars back from PQRI and, believe me, it is a pittance. Part of that is because 2007 was 1.5% for six months and the other part is the mysterious, unintelligible cap on monies for low reporting measures. 2009 (and, 2010) is sure to be better because it is a higher rate with no cap for one year. There are also going to be more Oncology measures-including melanoma and more staging. Medicare will post on its web site the names of those providers that successfully report. They probably will not say how much they pay--that would be embarrassing.

- **E-prescribing will get you another 2%, if you adopt it.** While we do not know much about how this works yet, CMS put out a recent press release that explained how information will be disseminated about the program. The Centers for Medicare & Medicaid Services (CMS) will host conference to educate physicians and other stakeholders (whoever that may be) about a newly enacted federal program of incentive payments to encourage the use of electronic prescribing. CMS is requesting interested public and private sector organizations to join the agency as co-sponsors of the conference, which will be held Oct. 6-7, 2008, in Boston (since they do not want to spend money doing this). The upcoming conference will serve to educate affected constituencies on the MIPPA program and CMS' plans for implementation. The notice about this meeting may be viewed at <http://federalregister.gov/page2.aspx>. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a five-year program of incentive payments to eligible professionals who are "successful electronic prescribers." "Successful" prescribers are those who either report applicable electronic prescribing measures established under the Physician Quality Reporting Initiative (PQRI) or who electronically submit prescriptions under Medicare Part D at a level determined by CMS (which, according to *Part B News*, is close to 100%--but we shall see). The incentive payment program begins on Jan.1, 2009. By the way, E-prescribing does not include faxes. It is true on-line prescribing.
- **For those of you with imaging, MIPPA states that you will need to be accredited by 2012 to bill Medicare for "advanced imaging services"**. Selection of accreditation groups will be made by the end of 2009. The law requires accreditation for those who provide diagnostic resonance imaging; computer-aided tomography; nuclear medicine; and other diagnostic imaging. The General Accounting Office ("GAO") found that spending increased for imaging services \$14.1 billion in 2006.

For more MIPPA information, see the bill at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h6331enr.txt.pdf.

ESA Errors Excessive

According to the RemitDATA Electronic Remittance Advice Database (over 2500 Oncologists), denials for Second Quarter 2008 are over 39% for both products. Details are outlined below.

- **Medicare denial rates for darbepoetin were 39% and for epoetin alfa, the rate was 48%.** This evidences poor understanding of the new rules or system problems with clearinghouses and Carrier software.
- **The biggest problem is with the use modifiers. CO-16 was the biggest error, occurring in 42% of darbepoetin denials and in 54% of epoetin alfa denials.** I think many folks do not understand that you must use -EC with all NON-chemotherapeutic or non-radiation-related anemias, unless they are kidney failure patients on dialysis.
- **The next biggest problem was "medical necessity"**. This accounted for 21% and 16% of the errors for darbepoetin and epoetin alfa respectively. To me, this might mean that there is not uniform understanding of the hemoglobin (or hematocrit) requirements for chemotherapeutic-induced anemia. Or, there are no laboratory results on other ESA claims for other diagnoses.

Please be sure that you understand the ESA requirements for all claims that you submit. We will be having calls on these in September and more information will be sent to my mailing list in the near future.

For more information on RemtDATA, please go to www.remitdata.com.

E/M Bathroom Break

The "dog days" of summer are an ideal time for physicians to re-review Evaluation and Management Guidelines. Plus, this year it is really important to do so as CMS rules have changed for many services this year including hospital admissions, hospital discharges, Prolonged Services, and others. So, whip out the lattes and/or cocktails and check out the new CMS guide. What we mean is that the July 2008 version of the Evaluation & Management Services Guide is now available for your viewing pleasure in the bathroom, airplane, or beach of your choice.

This handy dandy document provides evaluation and management services information about medical

record documentation, International Classification of Diseases and Current Procedural Terminology codes, and key elements of service. Get your copy now on the Centers for Medicare & Medicaid Services Medicare Learning Network at http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf.

Quick Links

- To get a whiff of ICD-10, go to www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm
- For a great summary of MIPPA, go to http://www.medicareadvocacy.org/Reform_08_07.10.HR6331.htm
- For more information on the latest cancer bill, <http://www.oncbiz.com/daily-oncology.php?q=H.R.+6725>
- For more information on the E/M Guide, go to http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf.
- For more about our sponsor, RemitDATA, see <http://www.remitdata.com/>

Disclaimer:

This newsletter is an abbreviated update. It is not coding or legal advice. Code choices and payment information should be verified for every payer. This document is valid for the date of e-mail only (August 19, 2008). Please read the document sources listed herein to gain a full understanding of material.

NOTE:

Bobbi Buell is on the agenda for the October 10th—OMF Meeting in St. Petersburg, Florida.