



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – February 15, 2007

SAFETY ALERT:

Medication Safety Alert on Heparin products from the manufacturer, Baxter.

According to Baxter, this important safety information concerns the potential for life threatening medication errors involving two **Heparin** products:

Heparin Sodium Injection 10,000 units/mL

HEP-LOCK U/P 10 units/ML

Please check your e-mail for additional information that was sent to all members today from the FLASCO Office.

FLASCO 2007 ANNUAL MEETING AND SPRING SESSION:

The 2007 FLASCO Annual Meeting and Spring Session will be held on March 2-3, 2007, at the Tampa Airport Marriott Hotel. This is an outstanding meeting – Dr. Joe Bailes from ASCO will provide a Legislative Update and **ASCO President, Dr. Gabriel Hortobagyi** will speak at the Saturday session. **PLEASE MAKE EVERY EFFORT TO ATTEND THIS MEETING AND MEET AND HEAR THE ASCO PRESIDENT!**

CLINICAL PRACTICE COMMITTEE UPDATES: Gerald Robbins, MD

The NCCN Guidelines have been updated recently – it is recommended that members review the updates.

QUESTION:

We are a three physician hematology and oncology group who are considering hiring an ARNP.

If a Medicare patient has a four hour chemo session and a physician is present for the first two hours but then goes to the hospital and leaves an ARNP in charge for the last two hours, would I have to split the billing under both of their provider numbers?

RESPONSE FROM FCSSO:

I think you may have been thinking about an article we published a while back on shared visits. However, the scenario you describe does not meet the criteria for shared visits, as the physician supervision requirement is not met if he leaves the office.

If a face-to-face E/M service is provided by one or the other of the providers in this scenario, that provider may bill the E/M service. Documentation must reflect that the service billed was performed by the provider who bills it. In addition, whoever performs the majority of the infusion service may bill that service. In this scenario provided, I would imagine that the physician would provide and document the E/M, and the ARNP would monitor/perform the chemo services and document as such. The infusion services and associated services could then be billed under the ARNP's PIN/NPI, and NOT incident to in the instance Where the physician physically leaves the office.

Bare in mind that 2 E/M services cannot be billed for the same patient on the same DOS by the same provider. If all the patient is getting is an E/M by the doctor and routine chemo infusion/injection services by the ARNP (or under their supervision), they should be billed that way.

QUESTION: Lupron

A member submitted a question about Lupron – below is the answer from FSCO:

As of January 1, 2007, J9202 is no longer the least costly drug out of the LCA group for short acting agents. J3315 is now the least costly and claims are automatically pricing to J3315 like they are supposed to be, unless the provider is submitting documentation supporting reimbursement at the higher amount. Our policy states that Medicare will reimburse at the lower amount of the least costly agent. Language from the policy is below in red.

There will be two LCA policies implemented for this LCD. The short acting LHRH agents (J1950, J3315, J9217 and J9202) will be grouped together in one LCA and the two 12-month LHRH implants (J9219 and J9225) will be grouped together in another LCA. For the approved indications, Medicare will pay for the dosage administered at the allowed amount of the lower-priced medication for each group.

So in summary, if providers bill J1950, J9217 or J9202 they will be reimbursed at the amount for J3315, which is \$178.139 and if they bill J9219 they will be reimbursed at the amount for J9225, which is \$1597.462. The providers would have to submit documentation following the instructions in the coding guideline if they wish to be reimbursed for the more costly drug.

FCSO (Florida Medicare)

Revised Medicare Physician Fee Schedule Fact Sheet now Available

The revised *Medicare Physician Fee Schedule Fact Sheet*, which provides general information about the Medicare physician fee schedule, is now available in downloadable format from the Centers for Medicare & Medicaid Services *Medicare Learning Network* at

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

NCCN GUIDELINES:

Newly published 2007 NCCN guidelines on Antiemesis.

MGI has asked that FLASCO members be notified on the new NCCN Guidelines on Antiemesis. Please visit the NCCN Guidelines website for additional information. www.nccn.org

BLUE CROSS/BLUE SHIELD UPDATE:

Two new documents have been added to the Tips section of the Blue Cross/Blue Shield Physicians & Providers

USP DI DRUG UPDATES:

Among the monographs recently updated by the United States Pharmacopeia Drug Information (USP DI) are:

- Abraxane® (paclitaxel protein-bound particles for injectable suspension) to include metastatic breast cancer as a monotherapy for first-line treatment. (Abraxis Oncology)
- Trisenox™ (arsenic trioxide) to include myelodysplastic syndrome, monotherapy in transfusion-dependent patients. (Cephalon Oncology)
- Evista® (raloxifene) to include breast cancer prophylaxis in high-risk, postmenopausal women. (Eli Lilly and Company)
- Campath. – Revised to include B-cell chronic lymphocytic leukemia, first-line monotherapy for progressive disease. (Mfg. Genzyme, Berlex Distributor)

FDA UPDATES:

Pfizer's Sutent receives US approval to update label for kidney cancer

Pfizer received FDA approval to update the label for Sutent (sunitinib), to include the first-line treatment of advanced renal cell carcinoma (RCC).

MLN MATTERS:

MLN Matters Number MM5208 – Use of nine digit Zip codes

Effective October 1, 2007, if you do not include the full nine-digit ZIP code on your claims for services paid by Medicare, your claim will be treated as unprocessable – Zip Codes affected in Florida are: 32948, 33920, 34141, 34972, 33440, 33955, 34142, 34974, 33917 and 33972.

Direct Billing and Payment for Non-Physician Practitioner (NPP) Services Furnished to Hospital Inpatients and Outpatients MLN Matters Number MM5221 – Effective April 26, 2007

As of April 26, 2007, the effective date of Change Request (CR) 5221, **NPs and CNSs** are authorized to bill Medicare carriers directly for their professional services when furnished to hospital patients, both inpatients and outpatients. The employer of a PA, rather than the hospital, must bill the carrier for their professional services when furnished to hospital patients. Hospitals should not bill for the professional services of a PA, unless the PA is employed by the hospital. Additional information may be found at:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5221.pdf>

2007 CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2007)

FLASCO Members extend a big thanks to the following companies who are 2007 Corporate Members/Sponsors:

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Genomic Health, Inc.
Talceris Biotherapeutics
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EVENTS:

March 2-3, 2007 – FLASCO Spring & Annual Meeting – Tampa Airport Marriott Hotel

March 16-18, 2007 – Fourth Annual Winter Lung Cancer Conference – The Eden Roc Renaissance Resort & Spa, Miami Beach, FL

Sept. 13-16, 2007 – Joint Cancer Conference – The Breakers, Palm Beach

November 9-10, 2007 – FLASCO Fall Meeting – Rosen Shingle Creek – Orlando

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