



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – November 20, 2007

QUESTION OF THE WEEK

Is anyone using Ferrlecit or Venofer for the treatment of severe iron deficiency anemia in patients refractory or intolerant to oral or IM iron? If not, is anyone using IV Dextran or providing another treatment for these patients?

Please send info to FLASCO Executive Director: Dorothy.green@cancer.org or fax: 813.254.5857

FCSO UPDATES:

Mandatory Reporting of the National Provider Identifier on All Part B Claims

Effective March 1, 2008, your Medicare fee-for-service claims must include a national provider identifier (NPI) in the primary provider fields on the claim (i.e., the billing, pay-to provider, and rendering provider fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI. The secondary provider fields (i.e., referring, ordering and supervising) may continue to include only your legacy number, if you choose.

Failure to submit an NPI in the primary provider fields will result in your claim being rejected, beginning March 1, 2008.

In addition, if you already bill using the NPI/legacy pair in the primary provider fields and your claims are processing correctly, now is a good time to submit to your contractor a small number of claims containing only the NPI in the primary provider fields. This test will serve to assure your claims will successfully process when only the NPI is mandated on all claims.

2008 PQRI Provisions Announced in the Medicare Physician Fee Schedule Final Rule

The 2008 Medicare physician fee schedule (MPFS) final rule, effective for services on or after January 1, 2008, is on display in the *Federal Register* and will be published on November 27, 2007. The rule identifies 119 measures the Centers for Medicare & Medicaid Services has selected for eligible professionals to use to report quality-of-care information under the 2008 Physician Quality Reporting Initiative (PQRI). The rule may be found at: <http://www.cms.hhs.gov/center/physician.asp>. The PQRI provisions begin on page 653. A summary of these provisions is available at: http://www.cms.hhs.gov/PQRI/35_2008PQRIInformation.asp, in the 2008 PQRI information section of the PQRI Web page. Click on the “PQRI Provisions of the 2008 Physician Fee Schedule Proposed Rule” file in the Downloads section to view the summary.

ASCO UPDATES:

CMS Issues Final Medicare Physician Payment Rule for 2008

Please note: An ASCO Summary of the provision of greatest importance to oncologists is included with this Fax Blast (5) pages

On November 1, the Centers for Medicare & Medicaid Services (CMS) issued a notice on the Medicare physician fee schedule for 2008. The provisions of the most importance to oncologists include:

Conversion Factor Update. The physician conversion factor will be reduced by 10.1 percent, from \$37.8975 to \$34.0682, unless Congress acts to avert the cut.

Drug Compendia. CMS will establish a new annual process for review of drug compendia that could be referenced for off-label coverage determinations.

IVIG. CMS will continue to provide a pre-administration payment of approximately \$71 for IVIG.

ASP Calculation – Bundling. CMS is at this time not finalizing any changes to ASP reporting for bundled drugs.

Physician Quality Reporting Initiative. CMS has announced the continuation of the PQRI program into 2008. The 2007 oncology measures will be used again in 2008, in addition to several new measures.

Reporting of Hemoglobin/Hematocrit Levels. CMS will implement the statutory requirement for reporting of hemoglobin/hematocrit levels on claims for anti-anemia drugs. CMS will issue separate carrier instructions with details of the reporting requirements.

Physician Self-Referral Issues. CMS has not finalized the proposed changes to the Stark self-referral regulations.

A summary of the regulations is available [online](#).

<http://www.asco.org/ASCO/Downloads/Cancer%20Policy%20and%20Clinical%20Affairs/MMA%20Regulations%20and%20Resources/11807%20Medicare%20Physician%20Fee%20Schedule%20for%202008.pdf>

CMS Issues Medicare Hospital Outpatient Payment Rule for 2008

On November 1, CMS issued its interim final rule with comment period for the Hospital Outpatient Prospective Payment System (HOPPS) payment policies for 2008. Overall Payment Update. HOPPS payments are expected to increase by 3.8 percent in 2008.

Packaging Policies. CMS will update the packaging threshold for separately paid drugs and biologicals to go from \$55 to \$60. CMS is interested in expanding its packaging policies and will look at packaging for anti-emetics and other drugs in the future.

Payment for Specified Covered Outpatient Drugs and Other Separately Payable Drugs. CMS will reduce the payment rate for all non-pass through separately paid drugs and biologicals to ASP plus 5 percent.

Pass-Through Payment Policies. Drugs with pass-through status will be paid at ASP plus 6%, or the CAP payment rate, whichever is lower.

Drug Administration Payments. CMS will recognize all active CPT codes for drug administration in the hospital outpatient department.

Radiopharmaceuticals. CMS will package payment for diagnostic radiopharmaceuticals into payments for diagnostic nuclear medicine. Therapeutic radiopharmaceuticals will continue to be paid separately.

IVIG. CMS will continue pre-administration payments for IVIG in the hospital outpatient department, but will reduce payments from \$75 to approximately \$37.

A summary of the regulations are available on the [ASCO Website](#).

<http://www.asco.org/ASCO/Downloads/Cancer%20Policy%20and%20Clinical%20Affairs/MMA%20Regulations%20and%20Resources/Summary%20of%202008%20Hospital%20Outpatient%20Prospective%20Payment.pdf>

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

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FLASCO EVENTS:

March 7-8, 2008 – FLASCO Spring Meeting – Tampa Airport Marriott Hotel

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

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