



WVOS Fall Membership Meeting/Dinner Program
Euro-Suites Morgantown, WV
Thursday, October 8, 2009

AND

WVU Fall Cancer Conference
in cooperation with WVOS
Erickson Alumni Center
Morgantown, WV
Friday, October 9, 2009

Visit wvos.info for details!

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H1N1 Vaccine and Administration – What Codes Do We Use??

The AMA, working with the US Department of Health & Human Services (HHS), has expedited the publication of new health care codes specific to the H1N1 vaccine product. The new Category 1 Current Procedural Terminology (CPT) codes issued by the AMA will streamline the reporting and reimbursement procedure for physicians and health care providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the United States. The codes will also help in reporting and tracking immunization and counseling services related to the H1N1 vaccine throughout the health care system.

In consultation with HHS, the AMA CPT Editorial Panel are utilizing two codes for H1N1:

- Code 90470 to report H1N1 immunization administration and counseling;
- Code 90663 was revised by the CPT Editorial Panel to refer specifically to the H1N1 vaccine product.

Both revised code 90663 and 90470 are effective immediately. For more H1N1 information, see <http://www.ama-assn.org/go/h1n1>.

In addition, CMS has developed two new codes for H1N1 immunizations for the Medicare program:

To read the rest of this article [CLICK HERE](#)

CERT Signature Denial Messages

Source - Palmetto GBA

Palmetto GBA has implemented a specific denial message for Medicare Part B claim adjustments due to the high number of signature errors assessed by the CERT Review Contractor. You must send a written request for a redetermination. Do not resubmit claims for payment consideration. When you notify Palmetto GBA, by submitting a request for redetermination, any recoupment is stopped in a timely manner while your appeal is being processed.

Applies to:
Part B - Ohio / West Virginia//General - Part B

To read the rest of this article [CLICK HERE](#)

WEST VIRGINIA HEALTH PLANS

The most frequently visited plans are listed below. Click on the links to access the websites.

AETNA

[Home](#) [Provider](#)

CARELINK HEALTH PLANS

[Home](#) [Provider](#)

CIGNA

[Home](#) [Provider](#)

HEALTH PLAN OF OHIO

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OPTIMUM CHOICE

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PALMETTO GBA

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UMWA HEALTH & RETIREMENT

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FDA Approves Bevacizumab for Metastatic Renal Cell Carcinoma

Source – National Cancer Institute

On July 31, 2009, the FDA granted approval for the use of Bevacizumab (Avastin®, made by Genentech, Inc.) in combination with interferon alfa for the treatment of patients with metastatic renal cell carcinoma. The approval was based on results from the BO17705 trial, which demonstrated a 5-month improvement in median progression-free survival (PFS) in patients treated with bevacizumab.

To read the rest of this article [CLICK HERE](#)

FDA Grants Accelerated Approval for Pralatrexate Injection (FOLOTYNT) for Relapsed or Refractory PTCL

Source – ASCO

On September 24, 2009, the Office of Oncology Drug Products granted accelerated approval to pralatrexate injection (FOLOTYN™, Allos Therapeutics, Inc.) for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL). This approval was based on an overall objective response rate observed in a single-arm trial. As a condition of the accelerated approval, randomized, controlled trials are required post-approval to verify and describe the clinical benefit of pralatrexate in PTCL.

To read the rest of this article [CLICK HERE](#)



Just For Laughs

Things You Don't Want to Hear During Surgery:
Darn, there go the lights again...

October 2009 Average Sales Price (ASP) Files

Source – CMS

The Centers for Medicare & Medicaid Services (CMS) has made available the October 2009 update to the ASP files. These files contain the payment amounts that will be used to pay for Part B covered drugs for the fourth quarter of 2009.

To read the rest of this article [CLICK HERE](#)

MEDICARE RECOVERY AUDIT CONTRACTORS

Don't be left in the dark. Prepare by having knowledge of who the RAC's are and what to expect should you find yourself in a RAC Audit situation. Get answers to questions like:

- Whose claims can be reviewed by the RAC?
- What criteria will be used by the RACs in determining the medical necessity of services related to a claim?
- Will Providers be informed about the issues RACs intend to review?

Get answers to these and many more questions by reviewing the [To read the rest of this article CLICK HERE.](#)

Additional information is available on the [WVOS website.](#)

WVOS

Mission Statement

To engender and promote improvements in patient care, education, clinical trial accrual and pertinent economic and legislative issues as they affect all elements of oncology in the State of West Virginia.

ICD-9 Update: Take Your Oncology Coding Specificity Up a Notch With 7 2010 Changes

Source – Oncology & Hematology Coding Alert

Tumor lysis syndrome is getting its own code – will you know where to look?

CMS has revealed the 2010 ICD-9 code updates, and the main lesson is that using your ICD-9 index may prove more important than ever.

Here's why: Most of the new codes will offer additional specificity to existing diseases (unique Merkel cell carcinoma codes, for example), which can help you code more accurately. And getting new diagnosis codes that provide additional specificity can certainly be a plus, says **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, of MJH Consulting in Denver.

But the revised code list doesn't just add specificity to your options. You may find that not all the new codes are located where you expect (don't make any assumptions about where you'll find Merkel cell for unknown primary site).

Get the full picture: CMS's proposed Inpatient Prospective Payment System (IPPS) rule includes a list of the expected changes to ICD-9 2010 (<http://edocket.access.gpo.gov/2009/pdf/E9-10458.pdf>, page 409). You'll find the proposed rule published in the May 22 Federal Register, as well.

To read the rest of this article [CLICK HERE](#)

"Don't forget to take time to review your new 2010 ICD-9 Code book for specific changes related to Oncology."



PQRI and E-prescribing Tools

Source – Centers for Medicare & Medicaid Services

CMS has developed a number of tools surrounding Physician Quality Reporting Initiative and E-prescribing. The agency announced recently that it has created a web-based training course on the two programs. The course provides information on the completion, submission and maintenance of the documentation that is required to successfully participate in the PQRI and E-prescribing programs. The training course also offers continuing medical education.

The course can be accessed by going to <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website and scrolling down to the "Related Links Inside CMS" section and then selecting Web Based Training (WBT) Modules. Once on the web-based training module page, select the Physician Quality Reporting Initiative and Electronic Prescribing Incentive Program WBT from the list provided. Check out some of the other PQRI tools below that CMS has made available:

- PQRI Help Desk (866-288-8912)
- [PQRI Feedback Report User Guide](#)
- [PQRI Portal User Guide](#)
- Individuals Authorized Access to CMS Computer Services (IACS) Registration Assistance Help Line (866-484-8049)

Results - CMS Hosts National Call on PQRI

Source – CMS

On Thursday, September 17th, CMS hosted a national call on the Physician Quality Reporting Initiative (PQRI). CMS staff provided an update on the 2007 re-run of PQRI data/claims and the 2008 program. Staff on the call mentioned that the reports being re-run for 2007 and the reports for 2008 will both be available near the end of October. Staff clarified that professionals who are found eligible for an incentive payment with the re-run of the 2007 data should expect their incentives in November. Incentive payments for the 2008 program should be made available in October. The September 17th call materials are available for review or download on the [CMS website](#)

Certified Hematology and Oncology Coder (CHOC™) Credential

Source – American Academy of Professional Coders

While most cancer practices are employing certified coders, the struggle in acquiring that certification continues. In many cases those attempting to acquire the credentials needed to become certified spend valuable time learning things outside the cancer practice area.

We are pleased to share that the American Academy of Procedural Coders has developed the certification class we've been anxiously awaiting. For more detailed information and to register please visit the link below.

[Certified Hematology-Oncology Coder \("CHOC"\)](#)

New information on ICD-10-CM Diagnosis Codes



Revised ICD-10-CM/PCS Bookmark

The revised ICD-10-CM/PCS Bookmark (August 2009), which provides information about the ICD-10-Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) including the benefits of adopting the coding system, recommended steps to be taken in order to plan and prepare for implementation of the coding system, and where additional information about the coding system can be found, is now available. Visit the Centers for Medicare & Medicaid Services Medicare Learning Network, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page".

<http://www.cms.hhs.gov/MLNGenInfo/>

CMS issues new ICD-10 fact sheet

The Centers for Medicare and Medicaid Services (CMS) issued a new [fact sheet](#) on the ICD-10 coding classification system. All hospitals and physician offices will be required to use ICD-10 by Oct. 1, 2013. According to CMS, ICD-10, which is used for classifying disease and for billing, will provide greater detail and the ability to expand to capture additional advancements in clinical medicine. ICD-10-CM/PCS consists of two parts: the ICD-10-CM, the diagnosis classification developed by the Centers for Disease Control and Prevention for use in all U.S. healthcare treatment settings; and the ICD-10-PCS, the procedure classification system developed by CMS for use in the U.S. for inpatient hospital settings only. The fact sheet explains that diagnosis coding under the ICD-10-CM system will use three to seven alpha and numeric digits and full code titles, but the format is similar to ICD-9-CM. The new procedure coding system will use seven alpha or numeric digits while the ICD-9-CM coding system uses three or four numeric digits. ICD-10-CM/PCS will not affect physicians, outpatient facilities, and hospital outpatient departments' use of Current Procedural Terminology (CPT) codes on Medicare fee-for-service claims as CPT will continue to be used.

"The fact sheet explains that diagnosis coding under the ICD-10-CM system will use three to seven alpha and numeric digits and full code titles, . . ."

Patient Assistance Programs Taking Some of the Burden Off Oncology Nurses, Physicians

Source – Oncology Nursing News

The development and marketing of popular but very expensive cancer medications has led to an increased need for assistance programs for patients who are prescribed these drugs. This is because many patients are ill-equipped to find the money for the multithousand-dollar monthly price tags of some of the agents.



To read the article [CLICK HERE](#)

Additional Patient Assistance Resources

For information and website addresses on various national programs including Patient Assistance Foundation, HealthWell, Leukemia and Lymphoma Foundation and others as well as information about their own foundation, CancerCare Assist. You will also find useful resources not only for financial assistance but also assistance with babysitting, travel to doctor's office, counseling, support groups, and community programs to name a few. [cancercare.org](http://www.cancercare.org) is a wonderful website for both the patient as well as the office staff.

www.cancercare.org/get_help
<http://www.cancerfac.org/>



Another excellent website is www.needymeds.com. On this site you can find support information for in office medications as well as prescription drugs. This is an excellent site to locate information, searching by product name - either brand or generic to find the manufacturer financial support program, requirements and forms.



WVOS Reimbursement Q & A

Question: Are we still supposed to use a modifier and HCT or HGB level when we bill for these meds after Oct 1 2009. I was reading your article in Sept 23 issue regarding the changes with diagnosis but it did not mention if we are to continue with the modifier and HCT or HGB level. Please let me know.
Signed: Confused in Clarksburg

Answer: Dear Confused, You are still required to use the HCT or HGB level as well as the modifiers; Effective January 1, 2008, all non-ESRD claims billing HCPCS J0881 and J0885 must also begin reporting one of the following modifiers:

Modifier EA: ESA, anemia, chemo-induced
 Modifier EB: ESA, anemia, radio-induced
 Modifier EC: ESA, anemia, non-chemo/radio

The changes to the diagnosis codes did not affect this policy.

Question: When Medicare updated the forth-quarter average sales price (ASP) files, adjustments were made to some of the third-quarter prices. Will Medicare automatically adjust our paid claims?
Signed: Worried in White Sulphur Springs

Answer: Dear Worried, CMS updates and publishes the ASP files on a quarterly basis. In addition, CMS may intermittently publish a price adjustment that affects the previous quarter's data or the current quarter's data. Previously paid claims must be resubmitted to your local carrier for adjustment. Carriers sometimes allow the price correction through a telephone review but may require the claims to be resubmitted.

Medicare's ASP pricing files and frequently asked questions relating to ASP can be found on the CMS Web site at <http://www.cms.hhs.gov/providers/drugs/asp.asp>.

WVOS Reimbursement Q & A

Question: Has anyone heard of Medicare issuing a new rule that we cannot bill for a service after 30 days of that service? Where can I find information?

Signed: *Praying in Pleasant Valley*

Answer: Dear Praying, Timely Filing of Claims

To be eligible for Medicare reimbursement, claims must be filed within a qualifying time limit. Claims must be filed with Medicare by the end of the calendar year following the Fiscal Year, which runs from October to September, in which the services were provided, **or the claim will be denied.** To summarize, at least 15 months from the date of service are allowed for filing claims.

Service Dates	Claim Must Be Filed By
10-01-2005 through 09-30-2006	12-31-2007
10-01-2006 through 09-30-2007	12-31-2008
10-01-2007 through 09-30-2008	12-31-2009
10-01-2008 through 09-30-2009	12-31-2010

***Note:** If a claim is filed more than one year from the date of service, payment to the physician or supplier will be reduced for that service by 10%. The provider cannot bill the patient for this reduction. The patient may only be charged 20% of the amount that Medicare would have approved for the service.

REIMBURSEMENT QUESTIONS?

reimbursement@wvos.info

WVOS Newsletter Disclaimer

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Please feel free to submit articles, announcements, and other information for publication in the WVOS Oncology Review to Michelle Weiss, Associate Director, at admin@wvos.info

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