

The POHMS newsletter



Issue 78 JULY '20

ACTIVE LEADERSHIP AND UNITY FOR ALL MEMBERS TO THRIVE IN THE EVOLVING HEMATOLOGY ONCOLOGY COMMUNITY

TABLE OF CONTENTS

POHMS News [PAGE 3](#)
National News [PAGE 5](#)
Novitas Solutions, Inc. [PAGE 8](#)
CMS Medicare [PAGE 11](#)
Other Payer Updates [PAGE 17](#)
Other News [PAGE 24](#)
FAQs [PAGE 27](#)
Corporate Allies [PAGE 30](#)
POHMS Pages [PAGE 31](#)

Save The Date!!

**POHMS Annual
Fall Conference**

The Hotel Hershey
Hershey, PA
November 5-6, 2020

Editor: Michelle Weiss, Weiss Oncology Consulting - Michelle@WeissConsulting.org

This newsletter is intended for informational purposes only. Information is provided for reference only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently and should be verified by the user. Please consult your legal counsel or reimbursement specialist for any reimbursement or billing questions.

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Please MARK YOUR CALENDAR
for these important programs.
You don't want to
miss either one.

POHMS Special Program

LOCATION: Hershey Country Club

DATE: September 30, 2020

TIME: 8 am to 5 pm



Part I - Morning Session

Human Resources

George Hlavac, Esq.
Hoffman Hlavac & Easterly

- Sexual Harassment Training for Supervisors
- Employee retention



Times and speakers subject to change.

Part II – Afternoon Session

HIPAA Update Package

Helen Oscislowski
Attorneys at Oscislowski LLC

- Overview of HIPAA changes
- Enforcement Actions
- Ransomware Attacks
- Data Breach
- 21st Century Cures Act and the Information Blocking Rules
- Updated HIPAA documents (electronic)
- And so much more!!

Attention POHMS Members

In addition to this Newsletter, be sure to regularly check the *Members Only Section* of the POHMS.com website for News, Drug Updates, and Billing & Coding.



POHMS Board of Directors Vacancy

Anyone interested in being a part of the POHMS Board of Directors please contact Fran at 908-442-7156 or fran@pohms.com



REMINDER: POHMS Member Educational Reimbursement Policy



Requirements:

- Letter of Request, must indicate use and have practice physician signature
- Due to limited funds, the Letter of Request must be submitted a minimum of 30 days prior to the event
- POHMS Executive Committee will review your request within one week upon receipt to POHMS
- Practice will then be notified of approval or denial via email
- POHMS will reimburse up to \$500 per practice/ per year of acceptable expenses. (Acceptable expenses include: registration fees, hotel and travel costs, and meals)
- Proof of attendance and original receipts must be submitted for reimbursement along with a completed expense report.

This program is available ONLY to paid POHMS Members.

HHS will Renew Public Health Emergency



HHS spokesman Michael Caputo on Monday tweeted that HHS intends to extend the COVID-19 public health emergency that is set to expire July 25. The extension would prolong the emergency designation by 90 days. Several payment policies and regulatory adjustments are attached to the public health emergency, so the extension is welcome news for healthcare providers. [READ MORE](#)

CMS Should Continue Covering Audio-Only E&M Services Beyond Pandemic

ASCO recently submitted [comments](#) to the Centers for Medicare & Medicaid Services (CMS) regarding the Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program (CMS-5531-IFC) interim final rule. [READ MORE](#)

States Fight for Medicaid Coverage of Routine Care Costs for Clinical Trials

ASCO continues to advocate for federal and state legislative action to guarantee Medicaid coverage of routine care costs (like laboratory tests and physician visits) for clinical trial participants. [READ ARTICLE](#)

Next COVID-19 Relief Package Should Protect Health Care Professionals During Pandemic

June 18, 2020 - ASCO joined more than 100 other health organizations in sending a letter to congressional leadership urging them to include the targeted and limited liability protections in the bipartisan "Coronavirus Provider Protection Act" (H.R. 7059) in the next COVID-19 relief package. [READ ARTICLE](#)

The U.S. District Court for the District of Columbia on June 23rd upheld a Trump administration policy requiring hospitals and health insurers to publish their negotiated rates for health services. The policy, which aims to increase transparency in U.S. healthcare system, is scheduled to go into effect on January 1, 2021. [READ MORE](#)

TRICARE Coverage Change Will Help Protect Vulnerable Populations During COVID-19 Pandemic

The Association for Clinical Oncology (ASCO) recently submitted [comments](#) to the Department of Defense (DoD) in response to the *TRICARE Coverage and Payment for Certain Services in Response to the COVID-19 Pandemic* interim final rule. The rule allows TRICARE to reimburse providers for audio-only services during the COVID-19 Public Health Emergency (PHE). [READ MORE](#)

Open Payments Program Year 2019 Data Available Now

ASCO - CMS recently published the Open Payments Program Year 2019 data, along with newly submitted and updated payment records from previous program years. [READ MORE](#)

New Program Offers Cancer Patients Financial Assistance With Household Expenses

(COA) June 15, 2020 - A new program offers qualified patients with cancer and in active treatment a \$500 grant to help with the financial strain and disruption of services caused by the COVID-19 (novel coronavirus) pandemic. [READ PRESS RELEASE](#)

June 4, 2020 - The Centers for Medicare & Medicaid Services Innovation Center (CMMI) announced [new flexibilities and adjustments](#) to its current and future alternative payment models in response to the COVID-19 Public Health Emergency (PHE).

Of note for the cancer community, CMMI made the following changes to the [Oncology Care Model](#):

- Payment Methodology

- Option for OCM practices to elect to forgo upside and downside risk for performance periods affected by the PHE
- For OCM practices that remain in one- or two-sided risk for the performance periods affected by the PHE, remove COVID-19 episodes from reconciliation for those performance periods

- Quality Reporting

- Make the following optional for the affected performance periods:
 - Aggregate-level reporting of quality measures
 - Beneficiary-level reporting of clinical and staging data
- Remove the requirement for cost and resource utilization reporting and practice transformation plan reporting in July/August 2020

- Timeline

- Extend model for 1 year through June 2022

ASCO's CancerLinQ Launches the SmartLinQ™ QOPI® Certification Pathway, an Automated Solution for Quality Reporting for QOPI Certified Practices

On June 10 ASCO's CancerLinQ® launched the SmartLinQ™ QOPI® Certification Pathway, an application that empowers oncology practices to automate quality measure tracking and reporting for participation in ASCO's Quality Oncology Practice Initiative (QOPI) Certification Program, a three-year certification recognizing practices' commitment to high-quality care for outpatient oncology practices. [READ MORE](#)

New updates have been made to the existing article. Please ensure that you prevent claim rejections by following the guidance outlined in the article. [CLICK HERE](#)

Medical Policy Oncology Related Updates

The following local coverage determinations (LCDs) and related billing and coding articles have been revised:

- [Biomarkers for Oncology \(L35396\)](#)
 - [Billing and Coding: Biomarkers for Oncology \(A52986\)](#)
- [Biomarkers Overview \(L35062\)](#)
 - [Billing and Coding: Biomarkers Overview \(A56541\)](#)

May 2020 top claim submission errors

The May 2020 Part B top claim submission errors and resolutions for Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania are now available. Please take time to review these errors and avoid them on future claims.

[CLICK HERE](#)

May 2020 top inquiries FAQs

The May 2020 Part B top inquiries FAQs, received by our Provider Contact Center, have been reviewed. Please take time to review these FAQs for answers to your questions. [CLICK HERE](#)





Novitas
Self-Service Tools:
[View all Self-Service Tools](#)



**Listed are Novitas training events
an oncology practice should consider!**



Wednesday, July 15, 2020

- Navigating the Basics of Medicare
- The Path to Proper Part B Modifier Reporting
- Discover Care Management Services: Medicare Regulations, Documentation and Billing Requirements
- Navigating Part B Billing
- Prevent Part B Claim Denials and Rejections
- Navigating the Provider Enrollment Process
- Navigating Through the National Correct Coding Initiative (NCCI) and Medically Unlikely Edit (MUE) Requirements
- Navigation of the Part B Appeals and Claim Reopening Process
- Navigating the Medicare Enrollment Process: I&A, System, NPPES and PECOS

Thursday, July 16, 2020

- Introduction to Evaluation and Management Services and the Scoring Process
- Understanding Medicare Secondary Payer Basics
- Reporting the Correct Place of Service
- Explore Physician Emergency Department and Observation Care Evaluation and Management Services
- Mastering Medicare Part B Secondary Payer Billing
- Understanding the Billing of Part B Drugs
- A Guide to Understanding Medicare Coverage Policies
- Journey Through the Novitas and CMS Websites
- Explore Telehealth Service Expansion During the Coronavirus Public Health Emergency
- Integrity Matters

**To sign up and register for these newly posted opportunities
and to view more...[CLICK HERE](#)**





Part B Newsletter

Current Edition Available...[CLICK HERE](#)

Medicare Part B

HOT LINKS!

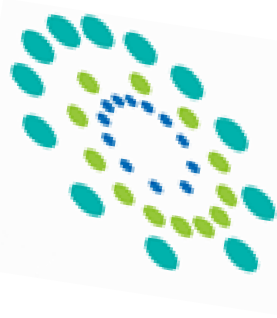
[Medicare JL Part B Fee Schedule](#)
[Current Active Part B LCD Policies](#)
[Current Average Sales Price \(ASP\) Files](#)
[Quarterly Update to CCI Edits](#)

2020 Proposed Rules

[Physician Fee Schedule & QPP](#)
[Physician Fee Schedule Fact Sheet](#)
[HOPPS](#)
[HOPPS Fact Sheet](#)
[QPP Fact Sheet](#)
[E/M Estimated Level Impact Chart](#)

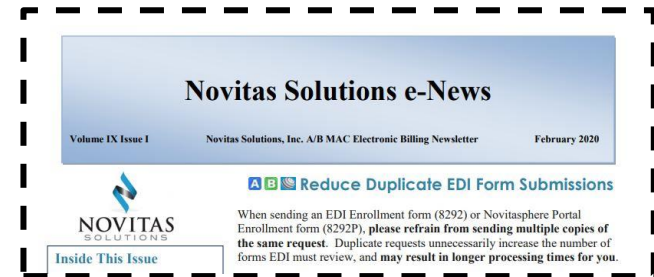
2020 Final Rules

[Physician Fee Schedule Press Release](#)
[Physician Fee Schedule and QPP Final Rule](#)
[Physician Fee Schedule Fact Sheet](#)
[Quality Payment Program Fact Sheet](#)
[HOPPS Final Rule](#)
[HOPPS Fact Sheet](#)



Novitas Solutions e-News Electronic Billing Qtly Newsletter

Current Qtly Issue Available...[CLICK HERE](#)



On-Demand Education

- [Weekly Audio Podcasts](#)
- [Training Modules](#)
- [Acronyms & Abbreviations](#)
- [Frequently Asked Questions](#)
- [Evaluation & Management \(E/M\) Center](#)
- [Comprehensive Error Rate Testing \(CERT\) Center](#)

CMS Education

- [Open Payments \(Physician Payments Sunshine Act\) *](#)
- [Medicare Learning Network *](#)
- [National Provider Training Program *](#)
- [Internet-Only Manual *](#)
- [Provider Specialty Links](#)
- [Safeguarding Your Medical Identity *](#)



MOST RECENT RAC ISSUE BEING INVESTIGATED THAT MAY BE IMPORTANT TO AN ONCOLOGY PRACTICE:

Name	Description	Number	Provider Type	Review Type	Date Approved	Posted On	Region 4 States	Region 4 MACs	Dates of Service
Erythropoiesis Stimulating Agents for Cancer Patients: Medical Necessity and Documentation Requirements	Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood transfusion in patients with specific clinical indications. Medical records will be reviewed to determine if the use of ESA in cancer and related neoplastic conditions meets Medicare coverage criteria.	0171	Outpatient Hospital	Complex	12/12/2019	12/16/2019	All Region 4 States	AB MACs	"Claim paid date" which is less than 3 years prior to the Demand Letter date



Coronavirus Creates Cornucopia of Fraud

The COVID-19 crisis in the United States has opened vast opportunities for fraud of every type. The scale and scope of COVID-related criminal activity is so vast, we need to take an Aristotelian approach and separate it into categories. [READ MORE](#)

Medicare Prior Authorization Program – Ten Things to Know

Today is the first day that prior authorization is required for Medicare beneficiaries to undergo specific surgeries. Here are the 10 things you may want to know about the program. [READ ARTICLE](#)

During a recent Monitor Mondays broadcast, a listener, Rebecca, sent a question asking about the anticipated July 24 expiration of the federal public health emergency (PHE); specifically, she wanted to know about how much to worry about it. [READ MORE](#)

Flexibilities Announced for Quality Payment Program Participants Impacted by COVID-19

June 30, 2020 - The Centers for Medicare & Medicaid Services (CMS) recently announced flexibilities for clinicians participating in the 2020 Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) who have been impacted by the COVID-19 Public Health Emergency (PHE). [READ ARTICLE](#)

Quarterly Provider Update

The Centers for Medicare & Medicaid Services (CMS) publishes the Quarterly Provider Update on the first business day of each quarter. CMS publishes this comprehensive resource to make it easier for providers, suppliers, and the general public to understand proposed and implemented changes.

CMS publishes this update to inform the public about the following:

- Regulations and major policies completed or cancelled
- New/Revised manual instructions

You can access the [Quarterly Provider Update](#) on the CMS website.

We encourage you to bookmark this web page and visit it often for this valuable information. To receive notification when CMS adds regulations and program instructions throughout the quarter, sign up for the [Quarterly Provider Update Listserv](#).

ABN Form Renewal

The Office of Management and Budget approved the Advance Beneficiary Notice of Noncoverage (ABN) ([Form CMS-R-131](#)) and [instructions](#) for renewal. You must use the renewed form with the expiration date of June 30, 2023, beginning August 31. There are no other changes to the form. Visit the [ABN](#) webpage for more information.

Physician Compare Preview Period Open through August 20

The Physician Compare preview period is open through August 20 at 8 pm ET. Preview your 2018 Quality Payment Program performance information before it appears on the [Physician Compare](#) website profile pages and in the Downloadable Database. Access the secured preview through the [Quality Payment Program](#) website.

For More Information:

- [Preview Period User Guide](#)
- Performance Year 2018 preview period information for [clinicians](#) and [groups](#)
- [Physician Compare Initiative](#) website
- For questions about Physician Compare, public reporting, or the 60-day preview period, which is extended from 30 days, contact PhysicianCompare-Helpdesk@AcumenLLC.com
- For assistance accessing the Quality Payment Program website or obtaining your Enterprise Identity Management (EIDM) system user role, contact QPP@cms.hhs.gov

COVID-19 Diagnostic Laboratory Tests: Billing for Clinician Services

Physicians and Non-Physician Practitioners (NPPs): Here are several reminders related to billing for COVID-19 symptom and exposure assessment and specimen collection performed on and after March 1, 2020:

- Use CPT code 99211 to bill for assessment and collection provided by clinical staff (such as pharmacists) incident to your services, unless you are reporting another Evaluation and Management (E/M) code for concurrent services. This applies to all patients, not just established patients.
- Submit the CS modifier with 99211 (or other E/M code for assessment and collection) to waive cost sharing.
- Contact your Medicare Administrative Contractor if you did not include the CS modifier when you submitted 99211 so they can reopen and reprocess the claim.
- We will automatically reprocess claims billed for 99211 that we denied due to place of service editing.

Now Available: Fact Sheet for State and Local Governments – CMS Programs & Payment for Care in Hospital Alternate Care Sites

In response to the COVID-19 public health emergency, state and local governments, hospitals, and others are developing alternate care sites to expand capacity and provide needed care to patients. This newly published fact sheet provides state and local governments developing alternate care sites with information on how to seek payments through CMS programs – Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) – for acute inpatient and outpatient care furnished at the site.

[Fact Sheet](#)

CLIA Program and Medicare Laboratory Services — Revised

A revised [CLIA Program and Medicare Laboratory Services](#) Medicare Learning Network Fact Sheet is available. Learn about:

- Enrollment
- Types of laboratory certificates
- Test method categorization

New COVID-19 FAQs on Medicare Fee-for-Service Billing

CMS released additional [Frequently Asked Questions \(FAQs\)](#) on our recent COVID-19-related waivers to help providers, including physicians, hospitals, and rural health clinics. Find more answers to questions on:

- Outpatient therapy
- Telehealth and appropriate coding
- Federally qualified health centers

Medicare Secondary Payer — Revised

A revised [Medicare Secondary Payer](#) Medicare Learning Network Booklet is available. Learn about:

- When Medicare pays first
- Exceptions
- How to gather accurate data from the beneficiary
- What happens if you fail to file correct and accurate claims

Telephone Evaluation and Management Visits

The March 30 [Interim Final Rule with Comment Period](#) added coverage during the Public Health Emergency for audio-only telephone evaluation and management visits (CPT codes 99441, 99442, and 99443) retroactive to March 1. On April 30, a new Physician Fee Schedule was implemented increasing the payment rate for these codes. Medicare Administrative Contractors (MACs) will reprocess claims for those services that they previously denied and/or paid at the lower rate.

There are also a number of add on services (CPT codes 90785, 90833, 90836, 90838, 96160, 96161, 99354, 99355, and G0506) which Medicare may have denied during this Public Health Emergency.

MACs will reprocess those claims for dates of service on or after March 1. You do not need to do anything.

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Recent LearnResource & MedLearn Matters Articles

- [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes - July 2020 Update](#)
- [October 2020 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#)
- [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
- [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – July 2020 Update – Revised](#)
- [July 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)



CMS posted new Quality Payment Program (QPP) resources to help you understand how to participate in the 2020 performance period:

Merit-based Incentive Payment System (MIPS) Quick Start Guides:

- [Overview](#)
- [Eligibility and Participation](#)
- [Part B Claims Reporting](#)
- [Quality Performance Category](#)
- [Promoting Interoperability Performance Category](#)
- [Improvement Activities Performance Category](#)
- [Cost Performance Category](#)

Measure Specifications and Lists:

- [Quality Measures List](#)
- [Medicare Part B Claims Measure Specifications and Supporting Documents](#)
- [Clinical Quality Measure Specifications and Supporting Documents](#)
- [CMS Web Interface Measure Specifications and Supporting Documents](#)
- [Qualified Clinical Data Registry Measure Specifications](#)
- [Improvement Activities Inventory](#)
- [Promoting Interoperability Measure Specifications](#)
- [Cost Measure Information Forms](#)
- [Cost Measure Code Lists](#)
- [Summary of Cost Measures](#)

Other resources:

- [MIPS Data Validation Criteria](#)
- [Quality Benchmarks](#)
- [Shared Savings Program and QPP Interactions Guide](#)
- [Scores for MIPS Alternative Payment Models \(APMs\) Improvement Activities](#)
- [Comprehensive List of APMs](#)
- [Qualified Registries Qualified Posting](#)
- [Qualified Clinical Data Registries Qualified Posting](#)



For More Information:

- [Resource Library](#) webpage
- Contact gpp@cms.hhs.gov or 866-288-8292 (Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant)

Now in effect: Preferred products for select oncology biosimilars

Posted July 9, 2020 - As of May 15, 2020, Independence has been giving preference to the below biosimilars and has been enforcing these changes on all new starts to treatment since July 1, 2020

[READ MORE](#)

COVID-19 (Coronavirus): Telemedicine services for Independence members

This article was revised on June 24, 2020, to update the effective date range.

Independence is committed to providing our members with access to the care they need. As COVID-19 has escalated into a pandemic, we are working to make sure that our members can receive appropriate testing and treatment for the virus causing COVID-19 if needed.

[READ MORE](#)

COVID-19 (Coronavirus): CRNP and PA direct supervision requirements

This article was revised on June 30, 2020, to update the effective timeline.

Temporary "direct supervision" definition change

Effective March 6, 2020, through July 31, 2020, Independence's definition of "direct supervision" of a Certified Registered Nurse Practitioner (CRNP) or Physician Assistant (PA) in accordance with the applicable policy identified below has been modified to include direct supervision by a physician's virtual presence. This temporary change is subject to re-evaluation during the public health emergency.

[READ MORE](#)

COVID-19 (Coronavirus)

Independence is committed to serving people who rely on us, especially when a significant health risk may be present. We are closely monitoring the outbreak of COVID-19 and will publish resources to assist you in providing care to our members, your patients.

- COVID-19 webpage
 - [Providers](#)
- Claim adjustments
 - [Telemedicine](#)

7/1/2020 CPT & HCPCS Quarterly Code Update Coverage Determinations for Medicare Advantage Products

The intent of this news article is to communicate Medicare Advantage product coverage determinations for services identified through the Quarterly Code Update process. The procedure codes that represent these services will become effective on 7/1/2020.

[REVIEW THE LIST OF UPDATED HCPCS CODES](#)

Standards for medical record documentation: Medical record review

Independence's standards for medical record documentation are in addition to state and federal laws, including the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Standards focus on documentation, confidentiality, storage, and organization. They are summarized below.

[READ MORE](#)



HIGHMARK SEEKING NEW MEMBERS FOR THE MEDICAL REVIEW COMMITTEE

Highmark is seeking new members to serve on its Medical Review Committee for the next two-year term of 2021-2022.

[READ MORE](#)

UPDATES TO HIGHMARK'S REIMBURSEMENT OF TELEMEDICINE SERVICES

In continued support of the provider community and to ensure access to needed services for our members, Highmark is eliminating the previous 15% reduction in reimbursement applied to some of the telemedicine codes in its professional commercial fee schedule in Pennsylvania beginning with dates of service July 1, 2020.

[READ MORE](#)

PRIOR AUTHORIZATION LIST TO BE UPDATED ON SEPTEMBER 1, 2020

Review the changes [CLICK HERE](#)

June 30, 2020 - REMINDER: CERTAIN DRUGS/PROCEDURE CODES TO BE REVIEWED BY HIGHMARK

Previously certain procedure codes/drugs (listed below under List of Drugs and Procedure Codes) were submitted to AllianceRx Walgreens Prime for prior authorization review. These drugs/procedure codes are now reviewed by Highmark instead of AllianceRx Walgreens Prime. Any prior authorization requests for the codes listed below must be submitted to Highmark for review.

[READ MORE](#)



PROVIDER NEWS
Most Recent Issue ...
[CLICK HERE](#)



HIGHMARK MEDICAL POLICY UPDATE

Published Monthly ... [CLICK HERE](#)

Be sure to review the recently released June edition that includes information on:

- Facility Added for Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults
- Facility Added for Cryosurgical Ablation and Radiofrequency Ablation of Renal Tumors
- Coverage Guidelines Revised for Fulvestrant (Faslodex)
- Coverage Guidelines Revised for Obinutuzumab (Gazyva)

UnitedHealthcare COVID-19 End Date and Billing Guidance

Stay informed about COVID-19

Although the national public health emergency period currently has an end date of July 24, 2020, we know your work is far from over. The following resources will help you quickly reference the effective dates for UnitedHealthcare's temporary benefit, program and procedure changes related to COVID-19, as well as billing guidelines for services such as COVID-19 testing, treatment and telehealth.

Program Date Summary

Our [Summary of COVID-19 Dates by Program](#) outlines the beginning and end dates of program, process or procedure changes that UnitedHealthcare implemented as a result of COVID-19. Full details of these changes, including applicable benefit plans and service information, can be found [online](#). Please be aware of the following key dates:

- June 1 – All currently effective prior authorization requirements and site of service reviews resume.
- June 30 – Claims with a date of service on or after Jan. 1, 2020 will not be denied for timely filing if submitted by June 30, 2020.
- July 24 – COVID-19 telehealth service coverage and related cost-share waivers for Individual and fully insured Group Market health plan members are extended through July 24, 2020. We'll adhere to state regulations for Medicaid plans.
- Sept. 30 – [Cost share is waived for Medicare Advantage members](#) for both primary and specialty office care visits, including telehealth, through Sept. 30, 2020.

Billing Guidance

To help you understand how UnitedHealthcare will reimburse services during the national public health emergency period, please download the [COVID-19 Provider Billing Guidance](#). It outlines billing codes and modifiers. Because guidance may change, please check regularly for updates.

Continued on next page...

UnitedHealthcare COVID-19 End Date and Billing Guidance Continued from previous page

Other Key Reminders

- Mental Health Resources for Health Care Professionals: [Resources and support](#) are available to help you focus on, manage and understand your mental and physical well-being during this challenging time.
- [HouseCalls and Optum at Home Visits](#): These visits resumed in some markets on May 22, 2020. We are continuing virtual visits in other markets and will continue to evaluate and resume in-person visits where possible.
- Antibody Test Registration: We're asking all laboratories and health care professionals who perform COVID-19 antibody tests to register the tests they use. The [registration](#) takes only a few minutes to complete.

We're Here to Help

As we have throughout the national public health emergency, we're working to update the information that you need as quickly as possible. We continue to update UHCprovider.com/covid19, so please check back frequently for the latest information for health care professionals. Thank you.



Medicaid Best Price' Changes Aimed At Value-based Gene Therapy Contracts: U.S. Agency

(Reuters) June 17, 2020 - Proposed changes to requirements that state-run Medicaid programs are given the best drug prices would clear the way for commercial health insurers to enter into "value-based" payment schemes, the U.S. Centers for Medicare & Medicaid Services said on Wednesday. [READ ARTICLE](#)

NEW!



A Few Articles You Won't Want to Miss:

Front & Center

- EPCS Requirement Status Change
- Cancer Therapy Pathways Program Opportunities
- Prior Authorization and Notification Requirement Updates

UnitedHealthcare Commercial Plan

- Requirement Expansion for Certain Medications

Pharmacy Update

- This pharmacy bulletin outlines upcoming new or revised clinical programs and implementation dates. It is available at UHCprovider.com/pharmacy for UnitedHealthcare commercial and UnitedHealth Oxford commercial plans.

Specialty Medical Injectable Drug Program Updates

- You can access [The Specialty Medical Injectable Drug Program Bulletin](#) for the latest updates on drugs added to review at launch, program requirements and policies. Click through for complete details or visit UHCprovider.com.

And Much More...JULY Monthly Issue Available [HERE](#)

NEW!



Oncology Related Articles You Won't Want to Miss:

Take Note

- Quarterly CPT® And HCPCS Code Updates

Medical Benefit Drug Policy Updates

Revised:

- White Blood Cell Colony Stimulating Factors

JULY Monthly Issue Available [HERE](#)



RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- Food and Drug Administration approved an oral combination of decitabine and cedazuridine (INQOVI, Astex Pharmaceuticals, Inc.) for adult patients with myelodysplastic syndromes (MDS) including the following: [More Information](#). July 7, 2020
- Food and Drug Administration approved avelumab (BAVENCIO, EMD Serono, Inc.) for maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) that has not progressed with first-line platinum-containing chemotherapy. [More Information](#). June 30, 2020
- Food and Drug Administration approved pembrolizumab (KEYTRUDA, Merck & Co.) for the first-line treatment of patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer. [More Information](#). June 29, 2020
- Food and Drug Administration approved a new fixed-dose combination of pertuzumab, trastuzumab, and hyaluronidase-zzxf (PHESGO, Genentech, Inc.) [More Information](#). June 29, 2020.
- Food and Drug Administration approved pembrolizumab (KEYTRUDA, Merck & Co., Inc.) for patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) that is not curable by surgery or radiation [More Information](#). June 24, 2020
- Food and Drug Administration granted accelerated approval to selinexor (XPOVIO, Karyopharm Therapeutics) for adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after at least 2 lines of systemic therapy. [More Information](#). June 22, 2020
- Food and Drug Administration granted accelerated approval to tazemetostat (TAZVERIK, Epizyme, Inc.), an EZH2 inhibitor, for adult patients with relapsed or refractory (R/R) follicular lymphoma (FL) whose tumors are positive for an EZH2 mutation as detected by an FDA-approved test and who have received at least 2 prior systemic therapies, and for adult patients with R/R FL who have no satisfactory alternative treatment options. [More Information](#). June 18, 2020

Continued on next page...

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- Food and Drug Administration granted accelerated approval to pembrolizumab (KEYTRUDA, Merck & Co., Inc.) for the treatment of adult and pediatric patients with unresectable or metastatic tumor mutational burden-high (TMB H) [≥ 10 mutations/megabase (mut/Mb)] solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options. [More Information](#). June 16, 2020
- Food and Drug Administration extended the indication of gemtuzumab ozogamicin (MYLOTARG, Wyeth Pharmaceuticals LLC) for newly-diagnosed CD33-positive acute myeloid leukemia (AML) to include pediatric patients 1 month and older. [More Information](#). June 16, 2020
- Food and Drug Administration granted accelerated approval to lurbinectedin (ZEPZELCA, Pharma Mar S.A.) for adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy. [More Information](#). June 15, 2020
- Food and Drug Administration approved nivolumab (OPDIVO, Bristol-Myers Squibb Co.) for patients with unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma (ESCC) after prior fluoropyrimidine- and platinum-based chemotherapy. [More Information](#). June 10, 2020

Telehealth can be Life-Saving Amid COVID-19, yet as Virus Rages, Insurance Companies Look to Scale Back

Cynthia Peeters' stomach started hurting in mid-February as COVID-19 began dominating the news. By April, the pain was overwhelming, but she was too anxious about the virus to go to the doctor. Her gastroenterologist did a cellphone video visit with her and suggested a diet change. When it got worse last month, Dr. Christopher Ramos did another video call and told Peeters to come in for a colonoscopy. The diagnosis: Colon cancer, caught just in time. [READ MORE](#)

COA - Cancer Education = Advocacy Power

We are proud to be hosting the Community Oncology Advocacy Summit: Cancer Care in a COVID-19 World, taking place on July 15. [READ ARTICLE](#)

Is There an NCCI Edit for Those Codes?

Medicare revises its National Correct Coding Initiative (NCCI) edits on a quarterly basis. As a medical coder, not only must you keep up with these updates to ensure correct coding, but you need to know how to read the edit files. Here are a few tips that will help you stay on top of practitioner procedure-to-procedure (PTP) edits. [Learn More »](#)

Congress Should Act Swiftly to Make Telehealth Expansion Permanent

It took a public health emergency to temporarily lift the regulatory barriers that have stifled the growth of telehealth in this country. Now, Congress must act and take the next step. [READ MORE](#)

FDA Debuts Website For Patient-Reported Cancer Outcomes

The U.S. Food and Drug Administration (FDA) has unveiled Project Patient Voice, a new pilot program for communicating patient-reported outcomes from cancer clinical trials. [READ ARTICLE](#)

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Reimbursement Questions & Answers



If you have reimbursement questions you need answers to, please submit them to the Editor at Michelle@WeissConsulting.org

Question: I heard the PHE is ending on July 24th and we can no longer bill for the telehealth with Medicare. Is this true?

Answer: The PHE was first put in place on Jan. 27. It was renewed on April 26 for another 90 days. It is scheduled to end on July 25th and, if it is not extended, then it is true that the 1135 waiver that allows the billing of telehealth in a patient's home and other waivers would be discontinued. However, CMS spokesman Michael Caputo announced on July 6th that CMS/HHS intends to extend the COVID-19 Public Health Emergency. Therefore, it is likely it will be extended through September.

Question: I see that Medicare is paying at the facility rate when billing for telehealth using the POS 2 as it was stated to do in the beginning. Do you know if they are going to go back and reprocess all the claims that have been processed and paid wrong, or should I go and do redeterminations on all of my claims?

Answer: Well, I was not able to find any information about Medicare reprocessing the claims automatically. Therefore, for your claims billed with position 02 instead of "where the service would have occurred", I would recommend completing a clerical error reopening to get the correct payment.



Continued on next page...

Question: I hear there are a ton of new J and Q codes released effective July 1st. Do you have a list? Also, do we need to use them right away or can we continue to bill with our NOC (not otherwise classified) code? We are getting paid on the NOC and are worried the payers won't have the new codes loaded. Also, I assume we need to get new pre-auths for the new codes?

Answer: Below you will find a list of the HCPCS codes from the July 1st release. According to HIPAA, we are to utilize the HCPCS codes on their effective date. The payers do receive the file a quarter before the release to give them time to load them into their system. YES, I highly recommend checking all of your authorizations to be sure the new code is approved!

Below you will find some HCPCS Level II codes that may be relevant to an oncology office:

C9059 Injection, meloxicam, 1 mg
 C9061 Injection, teprotumumab-trbw, 10 mg
 C9063 Injection, eptinezumab-jjmr, 1 mg
 J0223 Injection, givosiran, 0.5 mg
 J0591 Injection, deoxycholic acid, 1 mg
 J0691 Injection, lefamulin, 1 mg
 J0742 Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
 J0791 Injection, crizanlizumab-tmca, 5 mg
 J0896 Injection, luspatercept-aamt, 0.25 mg
 J1201 Injection, cetirizine hydrochloride, 0.5 mg
 J1429 Injection, golodirsen, 10 mg
 J1558 Injection, immune globulin (xembify), 100 mg
 J3399 Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes
 J9177 Injection, enfortumab vedotin-ejfv, 0.25 mg
 J9198 Injection, gemcitabine hydrochloride, (infugem), 100 mg
 J9246 Injection, melphalan (evomela), 1 mg
 J9358 Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
 Q5119 Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
 Q5120 Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg
 Q5121 Injection, infliximab-axxq, biosimilar, (avsola), 10 mg



ANSWER

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ANSWER

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C9041 Injection, coagulation factor xa (recombinant), inactivated (andexxa), 10 mg
C9053 Injection, crizanlizumab-tmca, 1 mg
C9054 Injection, lefamulin (xenleta), 1 mg
C9056 Injection, givosiran, 0.5 mg
C9057 Injection, cetirizine hydrochloride, 1 mg
C9058 Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo) 0.5 mg

Changed

J9245 Long Description Change. Injection, melphalan hydrochloride, not otherwise specified, 50 mg

[CLICK HERE](#) and download the July 2020 Alpha-Numeric HCPCS File for the full list.

Question: We have a new physician in our practice. He saw a patient who has never been seen in our office, but he saw before in his old practice. Can we bill this as a new patient? We did have to make up a new chart and everything.

Answer: If the patient has had a face to face visit with the same provider in the last 3 year, they are established no matter where the patient is seen.



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Our Mission

POHMS provides education and operational best practices to Hematology Oncology members through professional development and networking. The organization empowers members by creating an environment of support, collaboration and continuous learning.

Vision Statement

Active leadership and unity for all POHMS members to thrive in the evolving Hematology Oncology community.

Values Statement

At POHMS, we are committed to the highest standards of ethics and integrity and strongly believe that we are responsible to our members, stakeholders, and to the communities we serve. As a part of our responsibility, we strive to create an environment of continuous learning and improvement in the oncology hematology industry.

We are passionate about the success of our members. Our driving innovation and commitment to personal and professional development makes an invaluable resource. Educational programs and professional meetings help foster a network of growth, support, and collaboration. The sharing of ideas and trends enable POHMS to continue to build upon our tradition of innovation.

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