



The POHMS newsletter



Issue 86 MARCH '21

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

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ATTENTION CORPORATE SPONSORS ADVERTISING OPPORTUNITY

We are looking for supporters of the POHMS Newsletter. Interested parties contact Fran Spine, Administrative Director.

Email: fran@pohms.com

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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POHMS and NJSOM Virtual Spring Conference

Friday, April 30, 2021

Mark your calendars. Our Spring Conference will be virtual and we will once again join with NJSOM to hold this event! Registration opening soon. No charge for POHMS Active and Associate members!



IN-PERSON HIPAA UPDATE TRAINING SESSION FOR POHMS MEMBERS

HIPAA Update Training Session
Hershey Lodge, Hershey, PA
September 24, 2021,
9:00 am – 1:00 pm

SPECIAL PROGRAM NOTE:

As a reminder POHMS has arranged HIPAA Update resources for all of its members through Attorneys at Oscislawski LLC AT NO COST TO YOU!

[READ MORE](#) about this exciting program and how to submit your HIPAA questions!

COA Asks Congress to Extend Suspension of Medicare Sequester Critical to Helping Community Oncology Practices Survive Pandemic

Earlier this month, COA sent a letter to Congress asking that the temporary suspension of Medicare sequestration be extended through the end of 2021. This will help independent, community oncology practices keep their doors open and treat patients with cancer during these unprecedented times.

Stopping the burden of sequestration has been an important source of financial relief to community oncology practices during these difficult times as practices are under extreme pressure to keep their doors open to treat patients with cancer.

The COVID-19 pandemic will continue to pose a danger well into 2021. As such, it is critically important to the stability of our nation's cancer care system that the Congress stop the application of sequestration to Medicare reimbursement through the end of the year.

- [Read the full letter on the COA website.](#)

How 'White Bagging' Affects Patients and Physicians

Having specialty pharmacies fill prescriptions may lower costs, but critics of the practice see safety issues and other drawbacks.

In healthcare, one action often begets another. A patient is treated for cancer, resulting in nausea, and then is treated for nausea. Changes in payer policies also can trigger a cascade of events affecting patients, providers and payers in unanticipated ways. [READ MORE](#)

HHS's 340B Advisory Opinion: Helpful or Harmful?

A recent advisory opinion released by the Department of Health and Human Services (HHS) left many 340B advocates hungry for answers and pharmaceutical manufacturers frustrated. [READ MORE](#)

Medical Policy

The following LCDs have been revised:

- [Intensity Modulated Radiation Therapy \(IMRT\) \(L36711\)](#)

The following articles have been revised to reflect the 2021 Annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2021:

- [Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services \(A52985\)](#)
- [Billing and Coding: Biomarkers for Oncology \(A52986\)](#)
- [Billing and Coding: Hemophilia Factor Products \(A56433\)](#)
- [Billing and Coding: Multiple Imaging in Oncology \(A56848\)](#)

Anatomical Modifiers

An update was made to the article relating to bilateral procedures. Please review the article to ensure you are billing these services correctly. [READ MORE](#)

Evaluation and Management FAQs

Please review our consolidated FAQs on evaluation and management services. They are listed by category and can be easily navigated by clicking the category at the top of the page.

[READ MORE](#)

January 2021 Top Inquiries FAQs

The January 2021 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.

[READ MORE](#)

Medicare Secondary Payer (MSP) Educational Series

The questions and answers have been updated from the educational series. Please carefully review the information.

[READ MORE](#)





Subscribe to Our New YouTube Channel

Novitas Solutions is excited to share the launch of our new YouTube channel. We understand how busy providers are caring for patients. We've created multiple videos outlining critical instructions and resources that are most important to you regarding billing, provider enrollment, website features and tutorials, and our Novitasphere provider portal. Access to videos can be found on our [Training videos page](#).

Please subscribe to our [channel](#) today. By subscribing, you will be automatically notified when additional videos become available.



January 2021 top claim submission errors

The January 2021 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. [READ MORE](#)

Novitas Solutions is launching our newest self-service tool: The Claims Denial/Rejection Tool

Located under Self-Service Tools on the left-hand side our website, this tool provides guidance on how to address claim denials and rejections.

Searching in the tool is quick and easy:

- Locate your claim adjustment reason code (CARC) or remittance advice remark code (RARC) on the remittance advice.
- Enter your CARC, RARC, or a keyword.
- Reasons for the denial and/or rejection will appear with the resolution as well as valuable references to learn more regarding the claim denial or rejection reason.

Click [Here](#) to start using it today!



Listed are Novitas training events
an oncology practice should consider!



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



| Date | Starts | Ends | Event Details | CEUs | Media Type |
|---------------------------|------------|------------|--|------|------------|
| Tuesday, March 9, 2021 | 1:00 p.m. | 2:30 p.m. | <p>Region 4 Recovery Audit Process Overview and Program Updates</p> <p>HMS Federal will provide an overview of the Recovery Audit Process, Region 4 COVID-19 updates, and what to do if your claim gets selected for RAC review. We will discuss the next steps available to the provider.</p> | 1.5 | Webinar |
| Wednesday, March 10, 2021 | 10:00 a.m. | 11:30 a.m. | <p>How to Avoid Top Claim Errors</p> <p>This course will assist you with recognizing the current top claim errors and will provide suggestions on how to avoid them. Topics will focus on an overview of Top Claims Errors, Denials vs Rejections, Claim Filing Reminders and suggestions on improving the accuracy of your billing.</p> | 1.5 | Webinar |
| Tuesday, March 23, 2021 | 10:00 a.m. | 11:30 a.m. | <p>Let's Talk Appeals</p> <p>This course was created to cover the topics published in our monthly Part A Appeals Corner Newsletter. The newsletter was created to promote the Qualified Independent Contractor (QIC) Part A East Telephone Discussion Demonstration as well as review current trends seen as part of the demonstration. We will also do a basic review of the appeal process as well as explore tips on avoiding both claim denials and unfavorable appeal decisions. We will conclude with touring key areas of the Novitas Solutions website.</p> | 1.5 | Webinar |

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



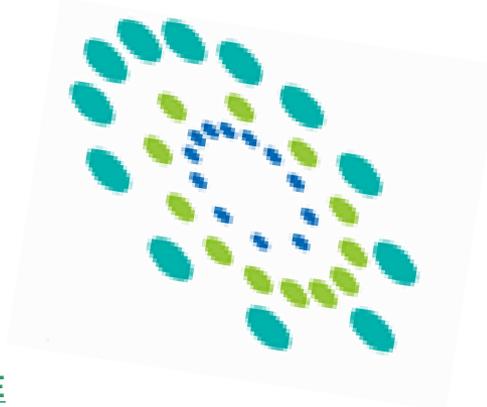


Novitas Solutions e-News Electronic Billing Qtly Newsletter



Part B Newsletter

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



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

Novitas Solutions e-News

Volume IX Issue I Novitas Solutions, Inc. A/B MAC Electronic Billing Newsletter February 2020

Reduce Duplicate EDI Form Submissions

When sending an EDI Enrollment form (8292) or Novitasphere Portal Enrollment form (8292P), **please refrain from sending multiple copies of the same request.** Duplicate requests unnecessarily increase the number of forms EDI must review, and may result in longer processing times for you.

Inside This Issue

2021 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](#)

On-Demand Education

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

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](#)





HMS welcomes you to RAC-Info!
To visit the website [CLICK HERE](#)



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

No new Oncology related issues since December 2019



No Surprise. It's the Law

The law goes into effect Jan. 1, 2022.

Congress passed a surprise billing prohibition titled, unsurprisingly, the “No Surprises Act,” amending the Public Health Service Act. The law goes into effect Jan. 1, 2022. The entire provision is extremely long, and I’m not confident that I understand every angle yet, but some key points are clear. It applies in few contexts: emergency care, air ambulance services, and services provided in ambulatory surgical centers (ASCs) and hospitals (if the patient goes to an ASC or hospital) in their insurance plans. [READ MORE](#)

Kickbacks in the Medicare Advantage Program: \$12.5 million Settlement in Whistleblower Case

The first of its kind FCA case involves Roche and Medicare Advantage insurer Humana. The recent settlement of a whistleblower case involving the government’s Medicare Advantage program might be a sign of things to come for litigation filed under the False Claims Act (FCA), including those initiated by whistleblowers. [READ MORE](#)



Flu & Pneumococcal Shots: Protect Your Patients

You can give flu and pneumococcal shots during the same office visit. Your patients pay nothing if you accept assignment. Medicare Part B covers:

- 1 flu shot per flu season and additional flu shots if medically necessary.
- 2 different pneumococcal shots. Read the CDC's [Pneumococcal Vaccine Timing for Adults](#).
- Check eligibility for pneumococcal shots. If your patient has:
- Medicare Fee-for-Service: [check Medicare eligibility](#)
- Medicare Advantage (MA): ask them if they got a shot while enrolled in an MA plan, or check with the plan

More Information:

- [Medicare Preventive Services](#) educational tool
- [CMS Preventive Services](#) webpage
- CDC [Flu](#) and [Pneumococcal Vaccination](#) webpages
- Information for your patients on [flu shots](#) and [pneumococcal shots](#)

Improving Accuracy of Medicare Payments

The U.S. Bureau of Labor Statistics (BLS) conducts numerous surveys of hospitals and health care providers that are used by the government to make economic decisions that affect the entire medical care system. Key users include CMS, the Federal Reserve Bank, and the U.S. Congress. CMS uses these surveys to adjust Medicare Fee-for-Service payments each year, affecting approximately \$300 billion in payments.

If you're contacted by BLS, please participate in the survey to help ensure the data are as accurate as possible. Recently, many health care providers didn't complete the survey, which can reduce the representativeness of the data and increase volatility in estimates. Your participation in these surveys helps address these issues and increase the validity of the data. Participation is voluntary, confidential, and the data are only used for statistical purposes.

More Information:

- [BLS Survey Respondents](#) webpage
- [BLS Confidentiality Pledge and Laws](#) webpage
- [CMS Market Basket Data](#) webpage
- [BLS Geographic Information](#) webpage: Contact a BLS expert or get information on surveys, data, and reports

Open Payments Data

CMS [updated the Open Payments dataset](#) to reflect changes to the data that took place since the last publication in June 2020. We refresh this data at least once annually to include updates from disputes and other data corrections made since the initial publication of the data.

Visit the [Open Payments](#) webpage for more information.

Payment for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments

By July 1, 2021, CMS will begin reprocessing claims for outpatient clinic visit services provided at excepted off-campus Provider-Based Departments (PBDs) so they are paid at the same rate as non-excepted off-campus PBDs for those services under the Physician Fee Schedule (PFS). This affects claims with dates of service between January 1 and December 31, 2019. You do not need to do anything.

Background:

- November 21, 2018: The [CY 2019 Outpatient Prospective Payment System \(OPPS\) Rule](#) finalized payment for certain outpatient clinic visit services provided at excepted off-campus PBDs at the same rate that we pay non-excepted off-campus PBDs for those services under the PFS. Previously, CMS and Medicare patients often paid more for the same type of clinic visit in the hospital outpatient setting than in the physician office setting.
- In 2019: We reduced payment to 70% of the full OPPS rate in off-campus PBDs. In 2020, this rate changed to 40%.
- September 17, 2019: The U.S. District Court for the District of Columbia declared invalid the CY 2019 payment rule that provided for the reduction for clinic visits provided at excepted off-campus PBDs.
- January 1 – July 2020: We reprocessed CY 2019 claims paid at the reduced payment rate of 70% to restore the 100% payment rate in accordance with the district court decision.
- July 17, 2020: The U.S. Court of Appeals for the D.C. Circuit [reversed](#) the district court ruling, upholding our volume control site-neutrality payment policy for off-campus outpatient hospital clinic visits.



Care Compare: 2019 Preview Period Open through March 25

Biden to Nominate Chiquita Brooks-LaSure to Lead CMS: Reports

Chiquita Brooks-LaSure was a top official at the Centers for Medicare and Medicaid Services during the Obama administration and has served as a health advisor during the Biden transition. If confirmed, she would be the first Black woman to be CMS administrator.

[READ MORE](#)

The Doctors and Clinicians Preview Period is open through March 25 at 8 pm ET. Preview your 2019 Quality Payment Program (QPP) performance information before it appears on the [Medicare Care Compare](#) website and in the [Provider Data Catalog](#).

Access the preview through the [QPP](#) website. Accountable Care Organizations (ACOs) can preview performance information through their 2019 Merit-based Incentive Payment System Performance Feedback Reports.

For More Information:

- [Care Compare: Doctors and Clinicians Initiative](#) webpage
- [Preview Period: Performance Information for Doctors and Clinicians](#) presentation
- [Doctors and Clinicians Preview Period](#) user guide
- [ACO Performance Information on Care Compare](#) fact sheet
- Contact QPP@cms.hhs.gov



Recent LearnResource & MedLearn Matters Articles

- [Billing for Services when Medicare is a Secondary Payer](#)
- [April 2021 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#)
- [Healthcare Common Procedure Coding System \(HCPCS\) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments \(CLIA\) Edits](#)



Enhanced Claim Editor Program: Identifying Automated Edits versus Coding Validator reviews and choosing the correct dispute process

The Enhanced Claim Editor Program is a prepayment claims editing program to ensure compliance with Independence's claim payment policies and industry standard coding principles and guidelines. As of February 1, 2021, Independence's Enhanced Claim Editor Program includes coding validation reviews as well as automated edits. [READ ALL ABOUT HOW TO USE THIS NEW PROGRAM](#)

NaviNet Open and EDI: eBusiness hotline will be discontinued on March 15, 2021

Effective March 15, 2021, the eBusiness hotline (215-640-7410) will be discontinued. Providers should use the online [Provider eBusiness Inquiry Form](#) for NaviNet® web portal (NaviNet Open) and electronic data interchange (EDI) related issues and questions, or Trading Partner Registration escalations.

Oncology Biosimilars: Frequently Asked Questions

These frequently asked questions (FAQs) were developed to answer questions about the upcoming changes to how Independence Blue Cross (Independence) will manage U.S. Food & Drug Administration (FDA)-approved biosimilars for three specific reference products. [READ MORE](#)

Independence Administrators to delegate some precertification to eviCore

This article was revised on January 28, 2021, to update the program's policy information.

Beginning April 1, 2021, Independence Administrators will delegate precertification for certain services to eviCore healthcare (eviCore), an independent specialty benefit management company.

Providers should seek precertification from eviCore for:

- Certain genetic/genomic tests (i.e., nucleic acid testing) and certain molecular analyses;
- radiation therapy.



[READ MORE](#)

Billing guidelines for leuprolide acetate (Fensolvi®)

Effective March 8, 2021, Fensolvi will only be covered for non-oncologic diagnoses based on the medical necessity criteria outlined in our medical policies.

[READ MORE](#)



HIGHMARK EXTENDS TEMPORARY PAYMENT INCREASE RELATED TO MEDICARE SEQUESTRATION

Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in part to assist providers with any operational and business challenges by providing emergency funding. Included in the CARES Act is the temporary suspension of Medicare sequestration reductions. Recently, **Congress approved extending the suspension of Medicare sequestration reductions through March 31, 2021.**

[READ MORE](#)



HIGHMARK MEDICAL POLICY UPDATE

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

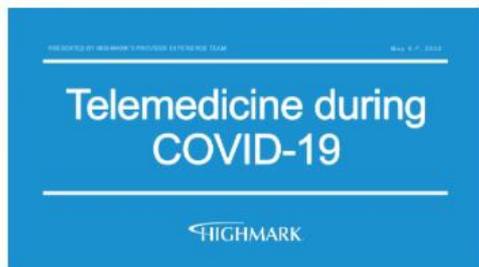
Be sure to review the recently released February edition that includes information on:

- Coverage Guidelines Established for Rituximab-arrx (Riabni)

FEE SCHEDULE CHANGES COMING IN APRIL – INCLUDING HEMATOLOGY & MEDICAL ONCOLOGY

As stated in the January eBulletin published on October 30, 2020, Highmark is making several changes to our fee schedules. Most of these changes went live on January 1, 2021 as planned, but a few were not showing appropriately in NaviNet. If you are hematology/medical oncology you may have been underpaid for certain claims submitted since January 1, 2021. Highmark will be sending corrected payments soon for underpaid claims.

[READ MORE](#)



View the Webinar: Telemicine during Covid-19

[CLICK HERE TO VIEW](#)



PROVIDER NEWS
Most Recent Issue ...

[CLICK HERE](#)

HIGHMARK AND HEALTHNOW NEW YORK AFFILIATION NOW EFFECTIVE

Today, March 1, 2021, Highmark Health and HealthNow New York announced their affiliation approval and that it is effective. Highmark Health is now the primary licensee for the Blue Cross and Blue Shield brands in eight western New York counties and the Blue Shield brand in 13 northeastern New York counties. [READ MORE](#)

ACA ENROLLMENT OPPORTUNITY FOR 2021 HEALTH INSURANCE COVERAGE

President Biden has issued an Executive Order granting a limited, one-time enrollment period which allows your patients to enroll in an individual or family plan outside of the typical enrollment timeframes. [READ MORE](#)



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



Network Bulletin Oncology Related Featured Topics

- Medical policy update bulletins
- Pharmacy updates
- Prior authorization and notification requirement updates
- Reimbursement policy updates
- Specialty Medical Injectable Drug program updates

And Much More...MARCH Updates Available [HERE](#)



Oncology Related Medical Policy Updates You Won't Want to Miss:

Commercial Medical Benefit Drug Policy Updates

Revised:

- Benlysta® (Belimumab)
- Complement Inhibitors (Soliris® & Ultomiris®)
- Maximum Dosage and Frequency
- Rituximab (Raibni™, Rituxan®, Ruxience® , & Truxima®)

MARCH Monthly Issue Available [HERE](#)



Oncology Supportive Care Medication Sourcing Requirement

Starting with dates of service on June 7, 2021, outpatient hospitals must obtain certain oncology supportive care medications from the participating specialty pharmacies we indicate, except as otherwise authorized by us.

[READ MORE](#)



RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- Food and Drug Administration granted accelerated approval to melphalan flufenamide (Pepaxto, Oncopeptides AB) in combination with dexamethasone for adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one CD-38 directed monoclonal antibody. Efficacy was evaluated in HORIZON (NCT02963493), a multicenter, single-arm trial. Eligible patients were required to have relapsed refractory multiple myeloma. Patients received melphalan flufenamide 40 mg intravenously on day 1 and dexamethasone 40 mg orally (20 mg for patients ≥ 75 years of age) on day 1, 8, 15 and 22 of each 28-day cycle until disease progression or unacceptable toxicity. [More Information](#). February 26, 2021
- Food and Drug Administration approved cemiplimab-rwlc (Libtayo, Regeneron Pharmaceuticals, Inc.) for the first-line treatment of patients with advanced non-small cell lung cancer (NSCLC) (locally advanced who are not candidates for surgical resection or definitive chemoradiation or metastatic) whose tumors have high PD-L1 expression (Tumor Proportion Score [TPS] > 50%) as determined by an FDA-approved test, with no EGFR, ALK or ROS1 aberrations. [More Information](#). February 22, 2021
- Food and Drug Administration approved cemiplimab-rwlc for locally advanced and metastatic basal cell carcinoma. [More Information](#) February 9, 2021
- Food and Drug Administration approved lisocabtagene maraleucel (Breyanzi, Juno Therapeutics, Inc.) for the treatment of adult patients with relapsed or refractory (R/R) large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B. [More Information](#) February 5, 2021
- Food and Drug Administration granted accelerated approval to umbralisib (Ukoniq, TG Therapeutics), a kinase inhibitor including PI3K-delta and casein kinase CK1-epsilon, for the following indications:
 - Adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based regimen;
 - Adult patients with relapsed or refractory follicular lymphoma (FL) who have received at least three prior lines of systemic therapy. [More Information](#) February 5, 2021
- Food and Drug Administration granted accelerated approval to tepotinib (Tepmetko, EMD Serono Inc.) for adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations. [More Information](#). February 3, 2021

MFN Drug Price Plan Frozen By U.S. Courts

Court injunctions have put the nail in the coffin of the Trump administration's "Most Favored Nation" interim final rule aimed at lowering prescription drug prices, but experts say this probably isn't the last we'll see of international drug reference pricing.

The rule, which was set to take effect Jan. 1, proposed to restrict costs for the top 50 physician-administered Medicare Part B drugs—which account for almost 80% of Part B spending—to no more than the lowest price that drug manufacturers receive in other similar countries (bit.ly/3oMqISv). Specifically, it would have replaced the existing average sales price plus 6% formula with a new one based on international pricing information from an index of 22 different countries.

[READ MORE](#)

Pfizer Lawsuit Tests Crackdown on Drugmakers Picking Up Copays

A Pfizer Inc. challenge to an enforcement push against drug company and charity collaborations is testing the bounds of the government's crackdown against illegal kickbacks and showcases the complexity of helping patients pay for high-cost medications.

[READ MORE](#)

ASCO and Friends of Cancer Research Recommend Expanding Patient Access to Cancer Clinical Trials by Further Broadening Eligibility Criteria

The American Society of Clinical Oncology (ASCO) and Friends of Cancer Research (Friends) jointly issued new recommendations to further efforts to broaden eligibility criteria in cancer clinical trials with the goal of making clinical trials more accessible to patients.

[Read Press Release](#)

Oncology Care Model: A Herculean Effort With Fixable Fatal Flaws

Let us first state emphatically that the care transformations ushered in and encouraged by the Oncology Care Model (OCM) have improved cancer care for patients, and we believe that those transformations will ultimately lead to cost savings as the data mature over time.

[READ MORE](#)



Reimbursement Questions & Answers



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

Multiple Questions Related to the 2021 E & M Guidelines for Outpatient Visits

Question: If I document time and the time only meets a level 3 visit, however, the medical decision-making meets a level 4 visit, do I have to rely on the time since it was not enough to reach the level 4?

Answer: No, you may choose time or MDM. CPT is very clear that you will choose one or the other, not the “lower of the 2 levels.” It is understood you would choose the level most advantageous, so long as either time or the MDM support that level and there is medical necessity.

Question: Can you give me an example of Social Determinants of Health?

Answer: Homelessness, food insecurity, lack of access to clean water, unable to afford medications.

Question: Our office ran and billed for a CBC. I ordered the test and reviewed the results to determine the plan of care for the patient. Can I count this in the MDM as either an order or as independent interpretation of a test when I am ordering and billing the service?

Answer: No, do not count tests in MDM that you are performing or interpreting and to bill for. Physicians cannot receive credit under data for any test that they perform and interpret.

Continued on next page...

Question: If I order a CAT Scan at a visit and review it with the patient at a follow-up visit, do I count the order when determining the level for the first visit and then review on the follow-up visit? I didn't bill for the CAT or the interpretation.

Answer: No, count it once, at the order. CPT states:

"Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter."

Additionally, from the CPT Assistant, (AMA publication) November 2020, page 5: "It is assumed that the physician or other QHP would review the results of the test ordered; therefore, the physician or other QHP would not receive dual credit toward MDM for service-level selection for both ordering and reviewing the test."

The AMA is consistent in this instruction. If you order a diagnostic test, like a CBC at a patient visit, reviewing the results that day, or, a day later, or at the subsequent visit, **is part of the order**. When the patient returns to the office two weeks later, you do not get credit for reviewing the CBC results that you ordered. Count the data for the test once, at the encounter when it was ordered.

Question: I was away on vacation and another physician in my group practice saw one of my patients and ordered labs. I saw the patient the next week and D the results. Can I credit the review?

Answer: If you are in the same specialty, you are considered a single physician. If of a different specialty, yes. (This answer is based on a response from an AMA sponsored webinar).



Continued on next page...



Question: Can time spent at tumor board discussing my patient be considered as discussion with other health care professionals when I choose the level based on time?

Answer: Yes, discussion with tumor boards to assist with direct patient care may be counted, HOWEVER, you can only count time on the date of encounter and it is rare that the tumor board is on the same day you see the patient.

Question: Are we allowed to count the time pre-charting the day before?

Answer: No. Only face-to-face and non-face-to-face time spent on the date of service (calendar date of the encounter) may be counted in total time. Additionally, time spent by staff cannot be used when choosing the level of service based on time.



DIAMOND LEVEL



GOLD LEVEL



SILVER LEVEL



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Finance Committee

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CHAIR: Fran Spine

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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