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PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

The POHMS newsletter

Issue 87 APRIL '21

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

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POHMS and NJSOM Virtual Spring Conference

Friday, April 30, 2021

Our Spring Conference will be virtual and we will once again join with NJSOM to hold this event!

REGISTER TODAY...CLICK HERE

No charge for POHMS Active and Associate members whose due are paid for 2021!

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!

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Senate Passes Bill to Extend Medicare Sequester Fix Through 2021

The Senate overwhelmingly passed legislation Thursday to extend a pause on Medicare payment cuts through 2021, a major demand from providers still struggling financially during the pandemic.

The legislation passed the Senate by a 90-2 margin and now heads to the House for final passage. The House passed a similar bill earlier this month that extended the moratorium on the cuts, which were installed under the sequester, for nine months.

However, the House is unlikely to take up the legislation until next month as the chamber is in recess until the middle of April. READ MORE

MLN Connects Special Edition – Tuesday, March 30, 2021

Temporary Claims Hold Pending Congressional Action to Extend 2% Sequester Reduction Suspension

In anticipation of possible Congressional action to extend the 2% sequester reduction suspension, we instructed the Medicare Administrative Contractors (MACs) to hold all claims with dates of service on or after April 1, 2021, for a short period without affecting providers' cash flow. This will minimize the volume of claims the MACs must reprocess if Congress extends the suspension; the MACs will automatically reprocess any claims paid with the reduction applied if necessary.

Senate Bill Seeks to Limit Use of Step Therapy in Employer Health Plans

The bipartisan bill spells out 5 step therapy exemptions for patients by amending the Employee Retirement Income Security Act of 1974.

Bipartisan legislation introduced earlier this month in the Senate would create 5 situations where a patient would be exempted from step therapy in employer-sponsored health plans, sometimes assailed as "fail first" policies by patients and providers.

Step therapy, along with prior authorization and formulary lists, are some of the tools used by payers in an effort to control skyrocketing drug costs. Patient groups and providers counter that they can delay care prescribed by a physician. READ MORE

Step Therapy: Inside the Fight Against Insurance Companies and 'Fail First' Medicine

Every day Melissa Fulton, RN, MSN, FNP, APRN-C, shows up to work, she's ready for another fight. An advanced practice nurse who specializes in multiple sclerosis care, Fulton says she typically spends more than a third of her time battling it out with insurance companies over drugs she knows her patients need but that insurers don't want to cover. Instead, they want the patient to first receive less expensive and often less efficacious drugs, even if that goes against recommendations and, in some cases, against the patient's medical history. READ MORE

Learn About CMS' Amended Repayment Process for Accelerated and Advance Repayments

Under the expanded Accelerated and Advance Payments (AAP) Program, the Centers for Medicare & Medicaid Services (CMS) issued payments to providers and suppliers to help ease financial strain due to a disruption in claims submission and/or claims processing related to the COVID-19 Public Health Emergency. READ MORE

February 2021 Top Claim Submission Errors

The February 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

February 2021 top inquiries FAQs

The February 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

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.

Appropriate use of not otherwise classified codes when billing drugs and biologicals

New information has been added to the article. Please be sure you are in compliance by reviewing the article.

READ MORE

Medical Policy

The following billing and coding articles have been revised:

- Billing and Coding: Hydration Therapy (A56634)

The following local coverage article, which was revised and posted on February 18, 2021, is now effective:

- Self-Administered Drug Exclusion List (A53127)

Listed are Novitas training events an oncology practice should consider!

WEBINAR

HOME

Novitas Self-Service Tools:

View all Self-Service Tools

To sign up and register for these newly posted opportunities and to view more…

CLICK HERE

Date	Starts	Ends	Event Details	CEUs	Media Type
Tuesday, April 13, 2021	9:00 a.m.	10:00 a.m.	***#StayConnected Workshop Series: Introduction to National Coverage Determinations (NCDs)*** Stay connected with Medicare coverage updates and requirements by attending the Medicare Coverage Workshop series. This course is designed to provide an overview of the National Coverage Determinations (NCDs). This includes a review of the NCD process and locating NCDs. This course also includes touring key areas of the Novitas Solutions website and the Center for Medicare and Medicare Services website. We will conclude with a question and answer session.	1.0	Webinar
Tuesday, April 13, 2021	1:00 p.m.	2:00 p.m.	***#StayConnected Workshop Series: Introduction to Local Coverage Determinations (LCDs)*** Stay connected with Medicare coverage updates and requirements by attending the Medicare Coverage Workshop series. This course is designed to provide an overview of the Local Coverage Determinations (LCDs). This includes the development, reconsideration and retirement of LCD's. This course also includes touring key areas of the Novitas Solutions website and the Center for Medicare and Medicare Services website. We will conclude with a question and answer session.	1.0	Webinar

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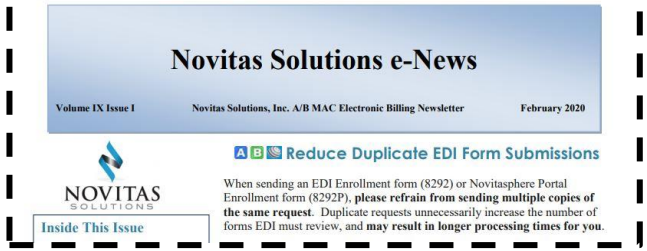
Novitas Solutions e-News
Electronic Billing
Qtly Newsletter

*Current Qtly Issue Available...*CLICK HERE

Part B Newsletter

*Current Edition Available...*CLICK HERE



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

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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

Are you with the FBI, or the F-I-B?

Scammers targeted a local medical board in the name of the FBI. Here's a story you need to share with your licensed professionals. Last week a physician called me in a panic. A member of the local medical board had called him, and then patched in an FBI agent. READ MORE

The Physician Advisor as a Quarterback in Managing Silos

The reality is that silos are everywhere, and they are not necessarily bad, but need to be managed. There are silos in all aspects of life, but most of the time we associate them with farming, as with the classic images of grain silos. READ MORE

Washington Week in Review: The Public Option, Sequester, and a New HHS Secretary

Last week was a busy week for healthcare policy in Washington. About half the Democrats in the House co-sponsored and introduced a Medicare-for-all bill, bringing that policy proposal back into the headlines. While it has significant support, it is highly improbable the bill will get out of the House. READ MORE

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.

Repayment of COVID-19 Accelerated and Advance Payments Began on March 30, 2021

CMS issued information about repayment of COVID-19 accelerated and advance payments. If you requested these payments, learn how and when we'll recoup them:

- Identify payments we recovered
- Prepare your billing staff

More Information:

- COVID-19 Accelerated and Advance Payments webpage
- MLN Matters Article

Update to the Manual for Telephone Services, Physician Assistant (PA) Supervision, and Medical Record Documentation for Part B Services

CMS issued a new MLN Matters Article MM11862 on Update to the Manual for Telephone Services, Physician Assistant (PA) Supervision, and Medical Record Documentation for Part B Services. Learn how CMS clarified the manual to bring it in line with payment policy.

Average Sales Price Files: April 2021

CMS posted the April 2021 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the 2021 ASP Drug Pricing Files webpage.

Non-Physician Outpatient Services Provided Before or During Inpatient Stays: Bill Correctly

An Office of Inspector General report found that Medicare improperly paid for non-physician outpatient services provided shortly before or during inpatient stays. Review the FAQs on the 3-Day Payment Window for Services Provided to Outpatients Who Later Are Admitted as Inpatients MLN Matters Article to help you bill correctly for these services.

Additional resources:

- Medicare Benefit Policy Manual, Chapter 6, Section 20.4
- Medicare Claims Processing Manual, Chapter 12, Sections 90.7, 90.7.1
- CY 2012 Medicare Physician Fee Schedule Final Rule
- Medicare Does Not Pay Acute-Care Hospitals for Outpatient Services They Provide to Beneficiaries in a Covered Part A Inpatient Stay at Other Facilities MLN Matters Article

Intravenous Immune Globulin Demonstration

CMS released a Medicare Learning Network fact sheet, Intravenous Immune Globulin Demonstration. Learn about:

- Supplier eligibility and participation
- Patient eligibility and participation
- Billing and coding requirements

Some of the changes;

HCPC	ACTION CD	SHORT DESCRIPTION	LONG DESCRIPTION
C9074	ADD	Injection, lumasiran	Injection, lumasiran, 0.5 mg
J1427	ADD	Inj. viltolarsen	Injection, viltolarsen, 10 mg
J1554	ADD	Inj. asceniv	Injection, immune globulin (asceniv), 500 mg
J7402	ADD	Mometasone sinus sinuva	Mometasone furoate sinus implant, (sinuva), 10 micrograms
J9037	ADD	Inj belantamab mafodont blmf	Injection, belantamab mafodontin-blmf, 0.5 mg
J9349	ADD	Inj., tafasitamab-cxix	Injection, tafasitamab-cxix, 2 mg
M0245	ADD	Bamlan and etesev infusion	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
Q0245	ADD	Bamlanivimab and etesevima	Injection, bamlanivimab and etesevimab, 2100 mg
Q2053	ADD	Brexucabtagene car pos t	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9068	Discontinue	Copper cu-64, dotatate, dx	Copper cu-64, dotatate, diagnostic, 1 millicurie
C9069	Discontinue	Belantamab mafodontin-blmf	Injection, belantamab mafodontin-blmf, 0.5 mg
C9070	Discontinue	Injection, tafasitamab-cxix	Injection, tafasitamab-cxix, 2 mg
C9071	Discontinue	Injection, viltolarsen	Injection, viltolarsen, 10 mg
C9072	Discontinue	Inj, imm glob asceniv	Injection, immune globulin (asceniv), 500 mg
C9073	Discontinue	Brexucabtagene autoleucel ca	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

CLICK HERE to view the entire list!

Note: Choose the file called "HCPC2021_APR_TRANS_Alpha.xlsx" to view the Excel file that separates the changes.

Recent LearnResource & MedLearn Matters Articles

- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2021
- Common Working File (CWF) Edits for Medicare Telehealth Services and Manual Update
- Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2021 Update
- Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) & PC Print Update

Independence | PROVIDER News Center

Changes to the Direct Ship Drug Program

Effective April 15, 2021, there will be changes to the availability of certain drugs through our Direct Ship Drug Program. We have expanded the program to include several enzyme replacement therapies, antineoplastic drugs, alpha-1 proteinase inhibitors, and immunological agents, as well as a variety of miscellaneous infusible therapeutics. READ MORE and VIEW THE LIST

Now in effect:
Preferred products for long- and short-acting colony-stimulating factors

Independence is constantly evaluating our policies and industry trends to identify opportunities to make specialty drugs more affordable without limiting members' access to life-saving medications. As a result, Independence has changed how we manage the colony-stimulating factors (CSFs) drug class.

SEE THE LIST

What the Consolidated Appropriations Act means to Independence providers

In December 2020, Congress passed legislation designed to protect patients – the Consolidated Appropriations Act (CAA) H.R.133 and No Surprises Act H.R.3630. Effective December 27,2020, Independence must comply with certain requirements of the Acts, including increased transparency of health care costs to enrollees.

READ MORE

Independence | PROVIDER News Center

Be compliant when you refer members for lab services

An Independence participating provider should refer members only to participating providers for covered services. This includes, but is not limited to, ancillary services such as laboratory and radiology, unless the provider has obtained preapproval from Independence for the use of a non-participating laboratory.

READ MORE

Telemedicine services for Independence members

This article was revised on March 30, 2021, to update the coverage position and the effective dates.

To encourage social distancing and increase access to care, Independence continues to expand its telemedicine services for our members. This chart provides details of the expanded coverage.

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

eviCore healthcare

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UPDATED March 25, 2021: "INCIDENT TO" FREQUENTLY ASKED QUESTIONS

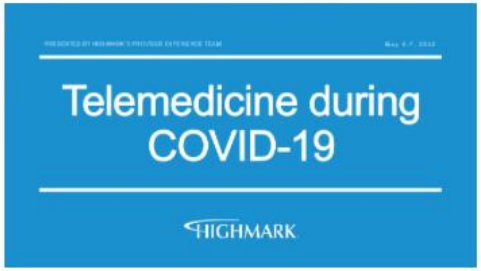
Click Here to view this important update!

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

OTHER PAYER UPDATES



View the Webinar: Telemedicine during Covid-19

CLICK HERE TO VIEW

PROVIDER NEWS
Most Recent Issue …

CLICK HERE

ADVANCED PRACTICE PROVIDERS: BILLING AS AN ENUMERATED PROVIDER

All APPs must be enumerated by July 1, 2021. Once an APP has been enumerated within Highmark's systems, they will receive a letter stating that they have the ability to bill as a rendering provider. (Sample letter below.) Once they receive this letter, they may begin billing as the rendering provider. All APPs must be enumerated by July 1, 2021.

READ ARTICLE

HIGHMARK MEDICAL POLICY UPDATE

Published Monthly … CLICK HERE

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

- Injectable Drugs Added to Site of Care

Anthem Expanding Site of Care Restrictions Beginning June 1st

Anthem Blue Cross and Blue Shield (Anthem) is committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better healthcare experience for consumers.

Effective with dates of service on or after **June 1, 2021**, medical necessity review of the site of care is required for the following long-acting colony-stimulating factors for oncology indications for Anthem Commercial plan members:

- *Neulasta® & Neulasta Onpro® (pegfilgrastim)*
- *Fulphila® (pegfilgrastim-jmdb)*
- *Udenyca® (pegfilgrastim-cbqv)*
- *Ziextenzo® (pegfilgrastim-bmez)*
- *Nyvepria™ (pegfilgrastim-apgf)*

Read the complete article CLICK 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

OTHER PAYER UPDATES

aetna

Current Issue Available... CLICK HERE

NEW!

United Healthcare

Network Bulletin
Oncology Related Featured Topics

- Quick Connect
  - Medical policy updates: April 2021
  - Pharmacy updates
  - Prior authorization and notification requirement updates
  - Reimbursement policy updates: April 2021
  - Specialty Medical Injectable Drug program updates: April 2021
- National updates
  - New codes added to the prior authorization list
- Pharmacy
  - Prior authorization for anti-emetics
  - Specialty Pharmacy Drug List update

And Much More...APRIL Updates Available HERE

United Healthcare

NEW!

Medical Policy Update Bulletins: April 2021

- UnitedHealthcare Commercial & Affiliates
- UnitedHealthcare Exchange Plans
- UnitedHealthcare Community Plan
- UnitedHealthcare Medicare Advantage

Monthly Issue Available HERE

United Healthcare

NEW!

Reimbursement Policy Update Bulletins: April 2021

- UnitedHealthcare Commercial Plan
- UnitedHealthcare Community Plan
- UnitedHealthcare Individual Exchange
- UnitedHealthcare Medicare Advantage

Monthly Issue Available HERE

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RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- FDA granted regular approval to sacituzumab govitecan (Trodelvy, Immunomedics Inc.) for patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease. More Information. April 7, 2021
- FDA approved a new dosage regimen of 500 mg/m2 as a 120-minute intravenous infusion every two weeks (Q2W) for cetuximab (Erbitux, ImClone LLC) for patients with K-Ras wild-type, EGFR-expressing colorectal cancer (mCRC) or squamous cell carcinoma of the head and neck (SCCHN). More Information. April 6, 2021
- FDA approved isatuximab-irfc (Sarclisa, sanofi-aventis U.S. LLC) in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy. More Information. March 31, 2021
- FDA approved idecabtagene vicleucel (Abecma, Bristol Myers Squibb) for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody. This is the first FDA-approved cell-based gene therapy for multiple myeloma. More Information. March 26, 2021
- FDA approved pembrolizumab (Keytruda, Merck Sharp & Dohme Corp.) in combination with platinum and fluoropyrimidine-based chemotherapy for patients with metastatic or locally advanced esophageal or gastroesophageal (GEJ) (tumors with epicenter 1 to 5 centimeters above the gastroesophageal junction) carcinoma who are not candidates for surgical resection or definitive chemoradiation. More Information. March 22, 2021.
- FDA approved tivozanib (Fotivda, AVEO Pharmaceuticals, Inc.), a kinase inhibitor, for adult patients with relapsed or refractory advanced renal cell carcinoma (RCC) following two or more prior systemic therapies. More Information. March 10, 2021
- FDA granted accelerated approval to axicabtagene ciloleucel (Yescarta, Kite Pharma, Inc.) for adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. More Information. March 5, 2021
- FDA granted regular approval to lorlatinib (Lorbrena, Pfizer Inc.) for patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive, detected by an FDA-approved test. More Information. March 3, 2021

AHA, ASHP Seek Meeting with FDA to Address Insurer 'White Bagging' Policies

Hospitals and health system pharmacists are urging the Biden administration to review insurer "white bagging" policies. The American Hospital Association (AHA) and the American Society of Health-System Pharmacists (ASHP) sent a joint letter to the Food and Drug Administration (FDA) Wednesday requesting an opportunity to meet with FDA officials to discuss the practice. READ MORE

Growth of the 340B Program Accelerates in 2020

In August 2020, IQVIA published results of an analysis1 of the size and growth of the 340B Drug Discount Program ("340B Program"), showing it had grown 17.1% year-on-year in 2019 and accounted for $67.4B of pharma sales (dollarized using WAC pricing). READ MORE

Reimbursement Questions & Answers

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

Question: I have a question about the new procedure code 99417. Our claims have rejected as "not a covered benefit". When we called BC we were told that the code is not loaded into the system. What do we do?

Answer: It is important to remember that while the AMA released the new prolonged service add on code, 99417, CMS and many other payers did not choose to adopt the code because of the AMA description/guideline. CMS created the G2212 code with it's own description/guideline to be used INSTEAD of 99417.

> *99417 – Prolonged office or other outpatient evaluation and management service(s) beyond the total time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes*
>
> *G2212 – Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)*

From what I have seen, MANY BC plans have aligned with CMS and the G2212 instead of the 99417. Interestingly, Anthem has published that they recognize either code.

If you receive any rejections related to the 99417, I recommend checking with the plan to see if they allow the G2212. Keep in mind, if you use the G2212, you also have to follow the established Medicare policy related to the timing. CLICK HERE to read a good article on the difference between the two.

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Continued on next page...

Question: We have a question about billing for women with breast cancer on anti-estrogen in the adjuvant setting. Should be billing the active cancer code vs "personal history of breast cancer".

Answer: In most every case, women with breast cancer on anti-estrogen therapy should be coded as "active" cancer and use the cancer diagnosis code, not the history of code. With that said, coders look at the note and say, no active cancer, you MUST use the history of code because ICD-10 states;

"When a primary malignancy has been excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy."

So, we look at the medical record and focus on the following;

Active - In Remission: The National Cancer Institute defines in remission as: "A decrease in or disappearance of signs or symptoms of cancer. Partial remission, some but not all signs and symptoms of cancer have disappeared. Complete remission, all signs and symptoms of cancer have disappeared, although cancer still may be in the body." Some providers say that aromatase inhibitors and tamoxifen therapy are applied during complete remission of invasive breast cancer to prevent the invasive cancer from recurring or distant metastasis. The cancer still may be in the body.
In remission generally is coded as current, as long as there is no contradictory information elsewhere in the record.

VS

History of Cancer: The record describes cancer as historical or "history of" and/or the record states the current status of cancer is "cancer free," "no evidence of disease," "NED," or any other language that indicates cancer is not current.
According to the National Cancer Institute, for breast cancer, the five-year survival rate for non-metastatic cancer is 80 percent. The thought is, if after five years the cancer isn't back, the patient is "cancer free" (although cancer can reoccur after five years, it's less likely).

Answer continued on next page...

Answer continued from previous page...

Then we also have to address active treatment or preventative care.

Adjuvant means, "in addition to" and refers to medicine administered after surgery for treatment of cancer. Adjuvant therapy may be chemotherapy, radiation therapy or hormonal therapy. Adjuvant treatment is given after primary treatment has been completed to either destroy remaining cancer cells that may be undetectable or to lower the risk that the cancer will come back.

So, to me, that is the argument why we keep a patient as "active" cancer during the time they receive the hormonal therapy. We also know that in most cases, if coded as "history of" the payers do not reimburse.

I also have MANY providers that say they refuse to code any patient "history of" until they pass the 5 year mark and have good arguments as to why.

This can be argued and argued but to me, in the end, we also look at the payer guidelines and if we can argue that we are following the guidelines, both the FDA/NCCN and ICD10, then code for what works for the patient to receive this benefit. Documentation in the medical record is also key.

****

Question: Our office ran and billed for a CBC. Can I count this in the Medical Decision Making (MDM) as either an order or as independent interpretation of a test when I am ordering and billing the service?

Answer: Based on the March 9th clarification by the AMA, since labs do not have a work RVU, you are now allowed to count CBCs even if you bill for them.

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Continued on next page...

Question: My question is related to chemo teaches. We have an outside billing company telling us we are unable to bill for chemo teaches which are being done by our PA on a separate day in follow up from the initial visit where the MD tells the patient about their cancer and what treatment is best for them. They choose to have the patient return for the other information because he/she feels that it is too much for the patient to handle at one visit. We are trying to bill under face to face time based counseling for the follow up visit. My director and I agree we can bill. This company is saying no, who is correct?

Answer: In my opinion the confusion is in the wording of the visit. I'm not sure calling the visit a "chemo teach" is appropriate. To me "chemo teach" sounds like you are training to give a patient an injection.

IN MY OPINION, a follow-up visit before chemo would be allowed as a follow up E & M visit for an established patient when provided by a MD or NPP (not an RN). "Counseling and coordinating care" is allowed to be billed as long as the visit is medically necessary. If the physician feels that it is medically necessary to counsel the patient to make sure they clearly understand the risks of the treatment, side effects of the medications, timing of the treatment protocol, etc., then, IN MY OPINION, that would qualify and fall within the E & M guidelines for counseling and coordinating care and can be billed as an E & M visit based on the time spent.

The only additional recommendation I would make would be that I would be very careful with the documentation in the medical record so an auditor can clearly understand what is being done; explain that the MD saw the patient at the initial visit and developed the chemo treatment plan. Document that the MD wants the patient to return to the office and meet with the PA to review the plan, counsel them on the side effects of the medications, answer any additional questions the patient may have, and when to return to the office for emergency situations, etc. (the key here is that your record should reflect that they are "counseling" the patient).

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CORPORATE ALLIES

DIAMOND LEVEL

BeiGene

CHOC Community Hematology Oncology Consortium

Daiichi-Sankyo

Foundation Medicine

G1 Therapeutics

Genentech
A Member of the Roche Group

Incyte

McKesson

Merck

oncopeptides

Takeda Oncology

GOLD LEVEL

abbvie

astellas

Janssen
Pharmaceutical Companies of Johnson & Johnson

Lilly

Novartis

pharmacyclics

Taiho Oncology

SILVER LEVEL

Alexion

Amgen Oncology

Ipsen
Innovation for patient care

Oncology Supply
AmerisourceBergen Specialty Group

Sanofi

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Premier Oncology Hematology Management Society

POHMS Committees

By-Laws
CHAIR: Diane Carter

Finance Committee
CHAIR: Diane Carter

Marketing/Membership Development
CHAIR: Ellen Bauer

Programs Committee
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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