



*We at POHMS wish everyone a  
Happy Holiday season and a  
joyous, healthy New Year!*

# The POHMS newsletter



Issue 95 DECEMBER '21

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***SAVE THE DATE!***

**Annual  
Spring Conference**

***LIVE IN-PERSON PROGRAM***

**April 21-22, 2022  
at The Hershey Lodge**

***Please watch for  
further details***

Editor: Michelle Weiss, Weiss Oncology Consulting - [Michelle@WeissConsulting.org](mailto: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 JOIN US!!! WE NEED YOU!!!

## 9 OPEN POSITIONS FOR THE POHMS BOARD OF DIRECTORS

Two-year term Jan, 2022 - Dec, 2023

Become part of a great team that makes a difference for cancer patients! Sign up for a Board position! Fill out the POHMS Board of Directors Member Profile and submit to Fran Spine TODAY@ [fran@pohms.com](mailto:fran@pohms.com)

The form can be found on the Members Only Section of the website. [CLICK HERE](#)

TOGETHER  
We make a difference  
and help to protect  
cancer patient's access  
to quality care!



## GOOD NEWS POHMS MEMBERS

Congress Heard Our Plea and PASSED Legislation Preventing the Cuts to Medicare Payments Slated to Begin January 1, 2022!

Late Thursday, December 9, 2021, the Senate passed legislation that will stop the Medicare cuts to hospitals, physicians and other providers from going into effect on January 1, 2022! This Bill has also passed the House and is expected to be signed by President Biden shortly.

The Bill extends the moratorium on the 2% Medicare sequester cuts until April 1, 2022. It also reduces the cut from 2% to 1% from April 1 through June 30. This is to be paid for by increasing the sequester in 2030.

The Bill prevents the 4% statutory Pay-As-You-Go cut.

The Bill mitigates the 3.75% cut in the Physician Fee Schedule, instead, CMS will be implementing a 3% increase in the conversion factor. Bottom line will be a .5% reduction in the conversion factor for 2022.

The Bill also DELAYS implementation of the Radiation Oncology Model for another year now slated to begin on January 1, 2023.

The Bill also delays the payment cuts under the Clinical Laboratory Fee Schedule for one year.

To review this Legislation, [CLICK HERE](#)

*POHMS Members: Articles addressing the cuts are prior to this Legislation which passed late on Thursday but are kept within the Newsletter as a reference!*

## AMA House of Delegates Approves ASCO-Backed Resolution Opposing Medicare Sequestration Cuts



The American Medical Association's House of Delegates recently approved a resolution committing the AMA to strongly advocate against the application of sequestration to Medicare services, including to drugs administered under Medicare Part B, which would result in significant reimbursement cuts for Medicare providers. ASCO strongly advocated for the AMA HOD to pass this resolution. [READ MORE](#)



### ASCO Calls on Congress to Prevent Steep Medicare Cuts Before End of Year

"Without congressional intervention, oncology care providers are facing a nearly 10% cut to Medicare reimbursement in 2022 due to the expiration of sequestration and pandemic relief, as well as the implementation of budget neutrality mandates. [READ ARTICLE](#)

### Congress Must Protect Patient Access to Radiation Oncology

The Association for Clinical Oncology (ASCO), Community Oncology Alliance (COA) along with nearly 30 other stakeholder groups, sent a [letter](#) to congressional leadership urging lawmakers in both chambers to protect patient access to potentially life-saving cancer care by passing legislation to prevent massive cuts to Medicare reimbursement for radiation oncology. [READ ARTICLE](#)

### MIPS Automatic Extreme and Uncontrollable Circumstances Policy will Apply to Individuals for 2021 Performance Year

The Centers for Medicare & Medicaid Services (CMS) is applying the [Merit-based Incentive Payment System \(MIPS\) automatic extreme and uncontrollable circumstances \(EUC\) policy](#) to all individually eligible MIPS clinicians for the 2021 performance year (PY) due to COVID-19. [READ MORE](#)





## New Analysis Shows Build Back Better Act will Result in 42.9% Payment Cuts to Cancer Providers

COA - A new analysis shows that language in the Build Back Better (BBB) Act will cause a 42.9% cut in Medicare payments to independent community oncology practices. Oncologists are warning that these latest payment cuts will do the same thing they have always done – cause practices to close, push more cancer care into more expensive hospitals and, ironically, cause patients' costs to increase. [READ MORE](#)



## Build Back Better (BBB) Act Passes in the House, Moves to Senate

ASCO in Action - On November 19, 2021, the [Build Back Better Act](#) passed the U.S. House of Representatives with a vote of 220-213. The legislation contains significant health care provisions, some of which are Drug Pricing, Affordable Care Act, Pharmacy Benefit Managers, Medicaid, Healthcare Workforce, Public Health Infrastructure. [READ ARTICLE](#)

## PASSED! Mandatory Medicaid Coverage of Routine Patient Costs for Qualifying Clinical Trials

Recently released mandate to all State Medicaid Directors, effective January 1, 2022. Read announcement [HERE!](#)



## With No Replacement for OCM on Horizon, Oncology Practices Ask: What Now?

If oncology practices expected an explanation from CMS on next steps following the imminent end of the Oncology Care Model (OCM) during CMS Innovation Center's (CMMI's) announcement of a "strategic refresh" earlier this year, they may have been disappointed. [READ MORE](#)

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### Association of Participation in the Oncology Care Model With Medicare Payments, Utilization, Care Delivery, and Quality Outcomes

#### KEY POINTS

**Question** Was the Centers for Medicare & Medicaid Services Oncology Care Model (OCM), an alternative payment model for cancer patients undergoing chemotherapy, associated with differences in Medicare spending, utilization, quality, and patient experience over the model's first 3 years?

**Findings** In this exploratory difference-in-differences study of Medicare fee-for-service beneficiaries with cancer undergoing chemotherapy (483 310 beneficiaries with 987 332 episodes treated at 201 OCM participating practices and 557 354 beneficiaries with 1 122 597 episodes treated at 534 comparison practices), OCM was associated with a statistically significant relative decrease in total episode payments of \$297 that was not sufficient to cover the costs of care coordination or performance-based payments. There were no statistically significant differences in most measures of utilization, quality, or patient experiences.

[READ MORE](#)

## New Novitasphere Feature Coming Soon!

Starting mid December 2021, Novitasphere users will be able to obtain real time financial data from the Medicare accounting system, HIGLAS, directly from our portal. This new feature will allow Novitasphere users to review current account receivable balances, details and associated transactions related to Medicare debts. Stay tuned for upcoming education on how to access this data in Novitasphere.

If you don't have access to Novitasphere yet, now is the time to register! Please refer to the [Novitasphere Enrollment eGuide](#) for the enrollment instructions. Novitasphere is a free, secure internet portal for providers, billing services, and clearinghouses with [many useful features](#) to ease your Medicare billing process.

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### Timely Filing Requirement

New information has been added regarding narrative reporting requirements.

[CLICK HERE](#)



### October 2021 Top Inquiries FAQs

The October 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.

[CLICK HERE](#)



Listed are Novitas training events  
an oncology practice should consider!



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

Fee Schedule Lookup ->



LCD / Policy Search ->



Enrollment Status ->



Learning Center ->



Date	Starts	Ends	Event Details	CEUs	Media Type
Monday, December 13, 2021	10:00 a.m.	11:30 a.m.	<p><b>#StayConnected Workshop Series: Mastering the Basics of the Provider Enrollment Process</b></p> <p>Stay connected by attending the Provider Enrollment Workshop Series. New to Medicare? This presentation will review the basic information needed to enroll with Medicare. We will examine the different submission methods you can utilize to submit your Provider Enrollment applications. The presentation will conclude by highlighting the revalidation process that is required for all providers/suppliers who are enrolled with Medicare.</p>	1.5	Webinar
Monday, December 13, 2021	1:00 p.m.	2:30 p.m.	<p><b>#StayConnected Workshop Series: Understanding the Provider Enrollment Applications</b></p> <p>Stay connected by attending the Provider Enrollment Workshop Series. Deciding what provider enrollment application is required can be difficult. Join this presentation to review the different provider enrollment applications and when each application is required. We will also highlight important information needed for the applications.</p>	1.5	Webinar
Tuesday, December 14, 2021	10:00 a.m.	11:30 a.m.	<p><b>#StayConnected Workshop Series: Reviewing the Identity and Access (I&amp;A) System, National Plan &amp; Provider Enumeration System (NPPES), and Provider Enrollment, Chain, and Ownership System (PECOS)</b></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

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

### 2022 Final Rules

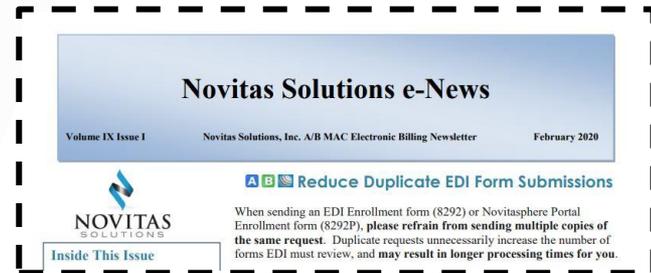
[Physician Fee Schedule and QPP Final Rule](#)

[Physician Fee Schedule Fact Sheet](#)

[Quality Payment Program Fact Sheet](#)

[HOPPS Final Rule](#)

[HOPPS Fact Sheet](#)



### 2022 Proposed Rules

[Proposed Physician Fee Schedule Press Release](#)

[Proposed Physician Fee Schedule and QPP Rule](#)

[Proposed Physician Fee Schedule Fact Sheet](#)

[Proposed Quality Payment Program Fact Sheet](#)

[HOPPS Proposed Rule](#)

[HOPPS Proposed Fact Sheet](#)

### On-Demand Education

- [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](#)

# Q1 2022 HCPCS Changes

## NEW UPDATES - Oncology Related HCPCS Codes Effective Q1 2022 (List not all inclusive)

HCPC	ACTION CD	Short Description	Long Description
C9085	ADD	Inj avalglucosid alfa-ngpt	Injection, avalglucosidase alfa-ngpt, 4 mg
C9086	ADD	Inj, anifrolumab-fnia	Injection, anifrolumab-fnia, 1 mg
C9087	ADD	Inj cyclophosphamd auromedic	Injection, cyclophosphamide, (auromedics), 10 mg
C9088	ADD	Instill, bupivac and meloxic	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg
C9089	ADD	Bupivacaine implant, 1 mg	Bupivacaine, collagen-matrix implant, 1 mg
J0172	ADD	Inj, aducanumab-avwa, 2 mg	Injection, aducanumab-avwa, 2 mg
J1952	ADD	Leuprolide inj, camcevi, 1mg	Leuprolide injectable, camcevi, 1 mg
J2506	ADD	Inj pegfilgrast ex bio 0.5mg	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J9021	ADD	Inj, aspara, rylaze, 0.1 mg	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
J9061	ADD	Inj, amivantamab-vmjw	Injection, amivantamab-vmjw, 2 mg
J9272	ADD	Inj, dostarlimab-gxly, 10 mg	Injection, dostarlimab-gxly, 10 mg
Q2055	ADD	Idecabtagene vicleucel car	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

# Q1 2022 HCPCS Changes, cont.,

HCPC	ACTION CD	Short Description	Long Description
C9081	Discontinue	Idecabtagene car pos t	Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9082	Discontinue	Inj dostarlimab-gxly, 100 mg	Injection, dostarlimab-gxly, 100 mg
C9083	Discontinue	Inj, amivantamab-vmjw, 10 mg	Injection, <u>amivantamab-vmjw</u> , 10 mg
<b>J2505</b>	<b>Discontinue</b>	<b>Injection, pegfilgrastim 6mg</b>	<b>Injection, <u>pegfilgrastim</u>, 6 mg</b>
FQ	ADD	Audio-only service	communication technology
FS	ADD	Split or shared e/m visit	Split (or shared) evaluation and management visit
FT	ADD	Separate, unrelated e/m	Unrelated evaluation and management (e/m) visit <b>during a postoperative period</b> , or on the same day as a procedure or another e/m visit. (report when an e/m visit is furnished <b>within the global period</b> but is unrelated, or when one or more additional e/m visits furnished on the same day are unrelated

Visit the CMS website for the entire HCPCS changes lists - [CLICK HERE](#)  
 Choose: Alpha-Numeric HCPCS ZIP File: HCPC2022\_JAN\_TRANS\_ALPHA.xlsx



COVTIVITI 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:

Name	Description	Number	Provider Type	Review Type	Date Approved	Posted On	Region 4 States	Region 4 MACS	Dates of Service
Add-on Codes Paid without Primary Code and/or Denied Primary Code	CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed.	0050	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	Automated Review	01/07/2021	05/20/2021	All Region 4 States	AB MACs	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date.



## What are the Costs and Benefits of Medicare Audits?

Since 2011, hospitals around the country have been facing audits by the Recovery Audit Contractors (RACs). [READ ARTICLE](#)



## Medicare Advantage Plans and the Two-Midnight Rule

So, what if we changed the question from “why don’t Medicare Advantage (MA) plans follow the two-midnight rule?” to “why does CMS (the Centers for Medicare & Medicaid Services) prohibit insurers from being more restrictive or providing less benefits than traditional Medicare?” [READ ARTICLE](#)



## No Surprises Act Features Some Unpleasant Surprises for Providers

The interim final rule (IFR) for the federal No Surprises Act was released on Sept. 30 by the Departments of Health and Human Services, Labor and the Treasury. Put simply, as presently drafted, the IFR is not good for out-of-network (OON) providers. The IFR focused on, among other topics:

- Good-faith estimates (for uninsured/self-pay patients); and
- The independent dispute resolution (IDR) process (between providers/facilities and plans/issuers).

Unfortunately, the IFR not only left many questions unanswered, but apparently was written in a manner favoring the plans/carriers, to the detriment of OON providers and facilities. [READ MORE](#)

## Impossible to Navigate Price Lists at Cancer Hospitals

In a report submitted by COA to CMS about the 2022 Medicare hospital outpatient rule, Gal and colleagues went further than simply assessing whether hospitals were compliant with the new transparency rule. They honed in on a question that many cancer patients likely will have regarding treatment — are they being prescribed a cheaper version of a cancer drug when there is one is available? [READ ARTICLE](#)

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### Checking Medicare Eligibility — Revised

[Learn about the 4 ways to check a patient's Medicare eligibility \(PDF\)](#), including considerations if your billing agency, clearinghouse or software vendor processes or stores your information outside the United States.

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#### Medicare Provider Compliance Tips

[Learn coverage and compliance tips for:](#)

- Ordering and billing for items and services
- Meeting medical necessity requirements

#### New/Modifications to the Place of Service (POS) Codes for Telehealth - Effective January 1, 2022

[Learn about telehealth code updates:](#)

- New POS code 10
- Modified description of code 02

## Quality Payment Program: 2020 Doctors & Clinicians Preview Period Open Until December 14

The Doctors and Clinicians Preview Period is open until December 14 at 8 pm ET. Preview your 2020 Quality Payment Program (QPP) performance information before it appears on [Medicare Care Compare](#) and in the [Provider Data Catalog](#).

Access the secured preview through the [QPP website](#). Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) and Next Generation Model ACOs can preview their performance information in their 2020 Merit-based Incentive Payment System Performance Feedback Reports. Shared Savings Program ACOs can also review quality performance information on their previously-provided 2020 Quality Performance Reports.

More Information:

- [Care Compare: Doctors and Clinicians Initiative](#) webpage
- [Preview Period: 2020 Performance Information for Doctors and Clinicians \(PDF\)](#) presentation
- [2020 Doctors and Clinicians Performance Information: Guide to the Preview Period \(PDF\)](#) user guide
- [ACO Performance Information on Care Compare \(PDF\)](#) fact sheet

Questions about public reporting? Email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), or call 866-288-8292 weekdays 8 am – 8 pm ET (non-peak hours are before 10 am and after 2 pm ET). If you're hearing impaired, dial 711 for a TRS Communications Assistant.

## January 2022 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files & Revisions to Prior Quarterly Pricing Files

[Learn about quarterly updates to the following pricing files](#) effective for dates of service:

- January 1–March 31, 2021: January 2021 ASP and ASP Not Otherwise Classified (NOC)
- April 1–June 30, 2021: April 2021 ASP and ASP NOC
- July 1–September 30, 2021: July 2021 ASP and ASP NOC
- October 1–December 31, 2021: October 2021 ASP and ASP NOC
- January 1–March 31, 2022: January 2022 ASP and ASP NOC



### Recent LearnResource & MedLearn Matters Articles

- [Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#)
- [Summary of Policies in the Calendar Year \(CY\) 2022 Medicare Physician Fee Schedule \(MPFS\) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List](#)
- [Claims Processing Instructions for the New Pneumococcal 20-valent Conjugate Vaccine Code 90677](#)
- [Learn about Clinical Laboratory Improvement Amendments \(CLIA\) requirements \(PDF\)](#)
- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) – April 2022 – [update 1 \(PDF\)](#) and [update 2 \(PDF\)](#)

## PEAR PM: Self-Service Tips – Claim Status

We continue to share tips to help providers and their administrative staff prepare for the upcoming [self-service requirements](#) that begin January 1, 2022.

Read this article to learn more about obtaining claim details. [CLICK HERE](#)

## Changes to the Most Cost-Effective Setting Program

Independence will make changes to the specialty medical benefit drugs in the Most Cost-Effective Setting Program, effective January 1, 2022. Review the update of drugs that cannot be administered in the outpatient facility, [CLICK HERE](#).

## Pegfilgrastim (Neulasta®) and Related Biosimilars Coverage Criteria Changes

Effective February 7, 2022, Independence will update coverage. [CLICK HERE](#) to read about these changes!

## Visit our Dedicated Bluecard® Page for Important Program Information

Find information about the BlueCard program in Partners in Health Update<sup>SM</sup>. To reference BlueCard rules and requirements, please visit our dedicated [BlueCard](#) page.

## Elzonris® and Trogarzo™ Policies to be Archived

Independence will archive four Medical Policies, effective January 3, 2022. [READ MORE](#)

## Professional Fee Schedule Updates – Effective March 1, 2022

Read about what is changing! [CLICK HERE](#)

## Important Changes to Pepaxto® Coverage

Now considered “experimental/investigational.”  
[READ MORE](#)

## What’s New for 2022 Medicare Advantage Plans

As it has for the past 80 years, Independence continues to offer a wide range of benefits to members enrolled in its Medicare Advantage and Medicare Supplement plans. Read ahead for a summary of what’s available in 2022. [CLICK HERE](#)

## Updates to the Medical Benefit Specialty Drug Cost-share List Effective January 1, 2022

Effective January 1, 2022, Independence will update its list of specialty drugs that require member cost-sharing (i.e., copayment, deductible, and coinsurance). Cost-sharing applies to select medical benefit specialty drugs for members who are enrolled in Commercial FLEX products and other select plans. The member’s cost-sharing amount is based on the terms of the member’s benefit contract. In accordance with your Provider Agreement, it is the provider’s responsibility to verify a member’s individual benefits and cost-share requirements.

The [2022 cost-share list](#) includes 207 drugs, with the following additions: [CLICK HERE](#)



## Attention Medicare Advantage Providers – 2022 Formulary Changes

Effective **January 1, 2022**, Highmark will be making changes to the medications covered on the formularies that may affect your Highmark Medicare Advantage (MA) members. [READ MORE](#)

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## Prolonged Services Reimbursement Policy Update for Medicare Advantage Market

Effective February 7, 2022 - This policy outlines the general billing of Prolonged Services with Direct Face-to-Face Member contact service and without Direct Face-to-Face Member Contact Service. [READ ARTICLE](#)

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## Highmark's ECCM Program to Replace Aspire Health by end Of 2021

Effective **December 31, 2021**, Highmark will end its contract with Aspire Health. Aspire Health has been providing Highmark with additional support for Highmark Medicare members with complex health conditions or facing a serious illness since 2015.

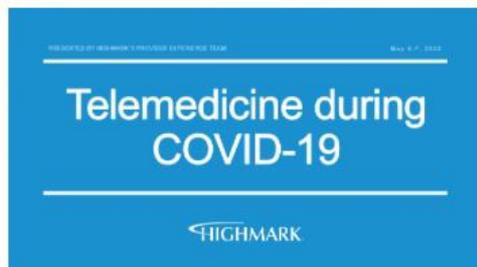
Part of Highmark's Living Health initiative is to build new internal capabilities and solutions and expand the existing ones to meet the needs of our members. One of these capabilities is Highmark's Enhanced Community Care Management (ECCM) system which was built in 2016 as a supportive palliative care solution. [READ MORE](#)



## NEW! Reimbursement Policy 072: Injection and Infusion Services

Reimbursement Policy 072: Injection and Infusion Services (RP-072) will take effect on **January 1, 2022**. RP-072 will provide direction on how to properly bill for injection and infusion services to help you avoid common billing mistakes that lead to adjustments and audit recoveries.

[READ MORE](#)



View the Webinar: Telemedicine during Covid-19

[CLICK HERE TO VIEW](#)



## HIGHMARK MEDICAL POLICY UPDATE

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

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

- Granulocyte Colony Stimulating Factors
- Obinutuzumab (Gazyva)
- Recommendations for Evidence Based Practice
- Oncology Imaging Guidelines
- Criteria Revision for Ipilimumab (Yervoy)
- Criteria Revised for Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Disease
- Policy Established for Amivantamab-vmjw (Rybrentav)



**PROVIDER NEWS**  
Most Recent Issue ...

[CLICK HERE](#)



## Network Bulletin Oncology Related Featured Topics

- Appendix Bulletins
  - Medical policy updates: December 2021
  - Pharmacy Updates
  - Prior authorization and notification requirement updates
    - 2021 Summary of Changes
  - Reimbursement policy updates: December 2021
  - Specialty Medical Injectable Drug program updates: December 2021

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



## Medical Policy Update Bulletins: DECEMBER 2021

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

Monthly Issue Available [HERE](#)



## Reimbursement Policy Update Bulletins: DECEMBER 2021

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

Monthly Issue Available [HERE](#)

## RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- [FDA approves pembrolizumab for adjuvant treatment of Stage IIB or IIC melanoma](#)
- [FDA approves rituximab plus chemotherapy for pediatric cancer indications](#)
- [FDA approves Darzalex Faspro, Kyprolis, and Dexamethasone for Multiple Myeloma](#)
- [FDA approves pafolacianine for identifying malignant ovarian cancer lesions](#)
- [FDA approves sirolimus protein-bound particles for malignant perivascular epithelioid cell tumor](#)
- [FDA approves pembrolizumab for adjuvant treatment of renal cell carcinoma](#)



### Oncologists Warn Congress Cancer Care is Held Hostage by Build Back Better Drug Pricing Provisions

The Community Oncology Alliance (COA), a national non-profit representing independent oncology practices and the patients they serve, is warning Congress that the way drug pricing provisions in the current draft of the Build Back Better (BBB) Act are implemented threatens the cancer care system and must be fixed. [READ MORE](#)

## 2021 Employer Health Benefits Survey

This annual survey of employers provides a detailed look at trends in employer-sponsored health coverage, including premiums, employee contributions, cost-sharing provisions, offer rates, wellness programs, and employer practices. [READ MORE](#)

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## Assessment of Out-of-Pocket Costs With Rebate Pass-through for Brand-name Cancer Drugs Under Medicare Part D

Payers receive confidential rebates from pharmaceutical manufacturers, which allow for lower premiums but are not typically reflected in drugs' list prices or patients' out-of-pocket costs. [READ MORE](#)

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## Prior Authorization and Regulations Hindering Delivery of Care, Say Providers

Federal regulations are straining healthcare providers' ability to offer quality care to patients.

That's what the majority of 420 medical group practices told the Medical Group Management Association for its 2021 Annual Regulatory Burden Report. And while 95% say that a reduction in regulatory burdens would allow them to reallocate resources better, 91% have only seen these regulations increase over the past 12 months. [READ MORE](#)



## Reimbursement Questions & Answers



If you have reimbursement questions you need answers to, please submit them to the Editor at [Michelle@WeissConsulting.org](mailto:Michelle@WeissConsulting.org)

**Question:** I heard that Neulasta is getting a different HCPCS code in 2022. Is this true? Can we still use the J2505?

**Answer:** This is correct, the Neulasta (pegfilgrastim) HCPCS code has been changed to J2506. **AND - BE CAREFUL WHEN CHOOSING THE BILLING QUANTITY** - the billing unit changed from 6mg to .5 mg!!! That means instead of billing 1 unit, you will now bill for 12!!! This is effective January 1, 2022, for all payers. You cannot continue to use the old code, J2505; it is being deleted effective January 1, 2022.

\*\*\*\*\*

**Question:** If our nurses are managing a patient over the phone periodically throughout a month and document their time, can we bill Principal Care Management codes?

**Answer:** Yes, consider the NEW CPT codes 99426 & 99427 - if you meet the guidelines established by AMA and CMS and you have patients' consent. Please review the AMA CPT for rules!



*Continued on next page...*

**Question:** Are the inpatient hospital E & M services changing in 2022 to reflect the changes in the outpatient hospital and our practices?

**Answer:** No. For 2022, you will still have two sets of rules to follow, the new regulations for outpatient E & M services and, for inpatient services, you will need to continue to follow the 95/97 Guidelines. This is slated to change in 2023.

\*\*\*\*\*

**Question:** I'm confused about all the cuts to Medicare in 2022. One place it says 3.7% cut, another 4%, another 2%, and another 10%! Which is accurate? Is drug reimbursement being cut too?

**Answer:** Sadly, they all are correct, unless Congress steps in.

3.7% is the cut to the physician fee schedule conversion factor. This includes the removal of the extra 3.5% we were "gifted" last year -which was an increase to last for ONLY one year.

4% is the Pay-As-You-Go Law that requires that bills reducing revenues be fully offset by cuts in federal programs or by revenue increases. This has a cap of 4% and, unless Congress acts, goes into effect on 1/1/22.

2% is the Sequestration which used to be withheld from ALL of our Medicare payments, but on hold last year. This is slated to go back into effect on 1/1/22, unless Congress steps in.

10% is what ASCO recently posted in an alert as their estimation of the total impact of these provisions if they come to fruition. Again, before the end of 2022, millions of providers are hoping that Congress steps in and prevents these cuts.

Drug Changes - No, drug reimbursement is slated to remain at Average Sales Price (ASP) +6%. 340B drugs without passthrough status remained at ASP -22.5%.



\*\*\*\*\*

DIAMOND LEVEL



GOLD LEVEL



SILVER LEVEL



## 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.

## POHMS Board of Directors

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