ANCO FAX News

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INTRODUCTION

The ANCO FAX News focuses on ANCO's core activities—advocacy, clinical and professional

education, membership benefits, and *Association* news. While membership mailings, FAX broadcasts, and ListServ postings continue, the *ANCO FAX News* summarizes this information in a regular forum of important news to members. Contact the ANCO office for additional information regarding any item published in the *ANCO FAX News* or to contribute items.

There is information in the ANCO FAX News for every member of your practice or organization. Pass it along!

Physician Members

□ Nurse & Office Managers

Office Staff

Colleagues & Representatives

ADVOCACY

[Editor's Note: ANCO meets regularly with national, regional, and statewide organizations to discuss issues of importance to oncology practices and people with cancer.

We continually seek input from members on agenda items for these meetings. Send your issues to the ANCO office.]

ACCC, ASCO, and National Legislative & Regulatory Issues

[Editor's Note: ANCO is a member of the Association of Community Cancer Centers (ACCC) and a state/regional affiliate of the American Society of Clinical Oncology (ASCO). We regularly participate with these organizations on matters of

national importance to oncology practices.]

ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community. Here is the latest with regard to the *Medicare Prescription Drug, Improvement, and Modernization Act of* 2003 (MMA):

• CMS published Medicare coding guidelines for drug administration and cancer care demonstration project G-

The Association of Northern California Oncologists (ANCO) is an association of medical oncologists and hematologists dedicated to promoting high professional standards of oncology by providing a forum for the exchange of ideas, data, and knowledge. The material contained in the ANCO FAX News is intended as general information for ANCO members. Because diagnostic, treatment, contracting, coding, and billing decisions should be made on a case-by-case basis, any such information contained in the ANCO FAX News may not apply in any given situation. Members are encouraged to contact their own consultants or advisors to obtain specific advice on matters relating to contracting, coding, and billing. The information contained in the ANCO FAX News should not be used as a substitute for such advice.

This is the final ANCO FAX News for 2004.

HAPPY HOLIDAYS & NEW YEAR TO ALL!

codes at the following websites:

--www.cms.hhs.gov/manuals/ pm_trans/R129OTN.pdf (on drug administration) --www.cms.hhs.gov/manuals/ pm_trans/R12DEMO.pdf (on demonstration project)

• CMS published the Medicare payment rates for drugs effective January 1st, 2005 at the following website:

—www.cms.hhs.gov/providers/ drugs/asp.asp

ASCO has developed an *ASP Spreadsheet Tool & Guide* (available at www.ancoonline.org/mma.html) with which you can analyze the impact of the 1Q05 Medicare drug allowables on your practice as well as report your actual prices to ASCO at aspspreadsheet@asco.org.

• An ASCO audio conference was held on Thursday, December 16th. Materials from the ASCO audio conference entitled *Adapting to Medicare Changes* are available at www.anco-online.org/ mma.html. They include:

—Adapting to Medicare Changes —ASCO FAQs (Updated 12/17/04) on Revised Medicare Drug Administration Codes and Cancer Care Demonstration Project

—ASCO Summary of Coding & Payment Changes for Medicare Drug Administration Codes

—Comparison of 2004 (based on 85% of AWP) and 1Q05 (based on 106% of ASP) Medicare Allowables.

(Please Note: Local California payment rates for the 2005 G-codes are available at www.medicarenhic.com/cal_prov/ fee_sched.shtml.)

Topics covered during the audio conference included:

—new ASPs for drugs will be updated quarterly with a two-quarter lag (i.e., 1Q05 allowables based on 3Q04 ASPs);

---new drug administration G-codes in three categories (hydration, non--

chemotherapy/diagnostic drug administration, and chemotherapy drug administration) identified, related to previous CPT codes (if available), or introduced (if new);

—definition of terms (e.g., push; concurrent, initial, and subsequent infusions; add-on codes);

-port flushes;

—some drug administration codes not changing in 2005;

-comparison of coding/payments for clinical examples from 2003 through 2005;

—billing for severe drug reaction management using existing CPT codes (e.g., higher level E&M, prolonged service, and critical care service codes);

—bone marrow aspiration and biopsy add-on codes;

—new cancer care demonstration project G-codes (what they are, where they must be billed, and how much to bill for); and,

—a "to do" list for all medical oncology practices (e.g., translating current CPTbased coding regimens to new G-code system).

Coding/billing examples were provided (and are included in the *Adapting to Medicare Changes* document).

Private payers are not required to adopt these Medicare changes. Contact your private payers to determine their plans for 2005.

Another ASCO audio conference will be held on January 6th. RSVP at ascoaudioconference@asco.org.

• ASCO is developing an addendum to *Practical Tips for the Practicing Oncologist* focusing on the 2005 coding and billing changes that will be available in the near future.

ANCO recently surveyed its members on their anticipated impact of MMA starting January 1st. The survey was distributed via FAX on November 24th. Responses received through December 17th are summarized below: • 28 total practice **responses** (of a possible 100 practices)

• Demographics—

Respondents reported 1.57 locations with 3.17 FTE MDs/PAs/NPs, 0.37 Pharm Techs, and 3.42 FTE RNs per practice (w/ essentially 0 teaching-only RNs and 3+ triage-only RNs reported in the entire sample); 5.89 infusions per day per nurse reported.

• Medicare Patient Population—

96.6% of practices responding accept Medicare patients. Of those that accept Medicare patients, 3% have less than 20% of their patient population covered by Medicare; 80% have 20-60% of their patient population covered by Medicare; and, 17% have more than 60% of their patient population covered by Medicare.

• MMA—

96.6% of the practices responding were familiar with MMA with 76.7% very concerned with MMA and 23.3% somewhat concerned with MMA.

• Practice Plans for 2005—

Given the implications of MMA, how likely is your practice to...

... stop conducting clinical trials?

- 10 Very unlikely
- 2 Somewhat unlikely
- 3 Somewhat likely
- 6 Very likely
- 8 Not application/no opinion

...send chemotherapy patients to a hospital for treatment instead of treating in-office?

- 1 Very unlikely
- 6 Somewhat unlikely
- 12 Somewhat likely
- 10 Very likely
- 0 Not application/no opinion

... reduce the number of office personnel?

- 12 Very unlikely
- 6 Somewhat unlikely
- 8 Somewhat likely
- 4 Very likely
- 0 Not application/no opinion

... reduce the number of nurses?

- 13 Very unlikely
- 5 Somewhat unlikely

- 7 Somewhat likely
- 2 Very likely
- 3 Not application/no opinion

...place a limit on the number of Medicare patients your practice treats?

16 Very unlikely

- 4 Somewhat unlikely
- 6 Somewhat likely
- 4 Very likely
- 0 Not application/no opinion

... stop treating Medicare patients entirely?

- 23 Very unlikely
- 4 Somewhat unlikely
- 3 Somewhat likely
- 0 Very likely
- 0 Not application/no opinion

... stop treating all patients entirely?

- 27 Very unlikely
- 2 Somewhat unlikely
- 0 Somewhat likely
- 1 Very likely
- 0 Not application/no opinion

Will MMA cause any of your FTE physicians to retire from practicing medicine earlier than they had originally planned?

- 7 Yes
- 13 No
- 10 Don't know

Visit www.asco.org/mma, www.ancoonline.org/mma.html, or call/e-mail ASCO's billing and coding hotline at (703) 299-1054/practice@asco.org for up-to-date information on changes in coding for drug administration services, as well as billing and payments for drugs.

NHIC/Medicare & DHS/MediCal

[Editor's Note: ANCO meets with National Heritage Insurance Company (NHIC) that administers Medicare in California and the Department of Health Services (DHS) that administers MediCal in California.]

The *Medicare B Resource* (December 2004) is available online at www.medicarenhic.com/ providers/news/mbr_dec04.pdf. Among the items most relevant to oncology are:

• 2005 Calendar Year (CY) Update to Medicare Deductible, Coinsurance, and Premium Rates Page 4 of 8

• 2005 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

• 3rd Update to the 2004 Medicare Physician Fee Schedule Database

• CCI Quarterly Updates to Correct Coding Initiative Edits (Versions 10.3, 11.0)

• Elimination of 90-day Grace Period for HCPCS Codes

- "Incident to" Services
- Invalid Diagnosis Code Editing

• MMA Drug Pricing Updates(J9045, carboplatin; J9310, rituximab)

• MMA January 2005 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File

• MMA Medicare Replacement Drug Demonstration

• Remittance Advice Remark Code and Claim Adjustment Reason Code Update

• Skilled Nursing Facility Consolidated Billing

• Notice of New Interest Rate for Medicare Overpayments and Underpayments

• 2005 Pricing Equivalency for Automated Tests

• Item 11 of CMS-1500 Claim Form Required for Claim Submission

• Place of Service Coding for Physician Services

• 2005 Clinical Laboratory

Visit www.medicarenhic.com/whats_new/ whats_new.shtml to learn **the latest information** (updated weekly) **from NHIC/Medicare**. Weekly updates are posted on ANCO's WebLog (at www.anco-online.org/news/index.html; under California News).

ANCO, MOASC, and NHIC/Medicare met and teleconferenced on Friday, December 17th. Among the issues discussed and agreed to were the following:

• NHIC/Medicare will implement the Gcodes for drug administration and the cancer care demonstration project on January 3rd, 2005.

• Cancer care demonstration project Gcodes must appear on the same claim as the initial chemotherapy treatment code.

• Drug J-codes must appear on the same claim as their initial and sequential chemotherapy administration codes.

•NHIC/Medicare will issue guidance on how/where to report initial and sequential chemotherapy treatments given the limited number of procedure code lines.

• Cancer care demonstration project codes will only be paid for Medicare feefor-service beneficiaries; they will not be paid for Medicare HMO beneficiaries.

• G0363 reporting maintenance of a venous access device cannot be combined with CPT 36550 (declotting). NHIC/Medicare will clarify if CPT 36550 can be used with chemotherapy administration G-codes, however.

• Prolonged and critical care services are payable in the office setting. However, providers should review the CPT descriptors for prolonged and critical care services if they intend to use these to report severe drug reaction treatment.

• NHIC/Medicare is considering an LCD to cover Oncotype DX.

The most recent *NHIC/Medicare Medicare Advisory Forum* (MAF) teleconference took place on December 7th. Among the items most relevant to oncology were:

• 2005 drug allowances will be posted on the NHIC/Medicare website as soon as they are received from CMS.

• basic coverage information for the new drug administration and cancer care demonstration project G-codes is available from CMS. ANCO thanks

Aventis Oncology, Berlex Oncology,

Genentech BioOncology, Genonic Health,

International Oncology Network, Lilly Oncology,

National Oncology Alliance, Novartis Oncology,

Oncology Supply,

Oncology Therapeutics Network,

Pfizer Oncology, & US Oncology

for supporting clinical and professional education.

EDUCATION

[Editor's Note: ANCO regularly organizes clinical and professional education meetings throughout the year and throughout Northern California.]

Meeting MMA's Challenges in 2005: Comprehensive Practice Management & Clinical Treatment Strategies

On Wednesday and Thursday afternoons, December 8th and 9th, in Sacramento and San Francisco, respectively, speakers from National Oncology Alliance presented three talks on how to meet MMA's challenges in 2005. These talks focused on treatment guidelines and how clinical tools can help practices assess the clinical and economic implications of treatment decisions; on purchasing strategies to maximize pharmaceutical purchasing power; and, on how to comply with HIPAA's final security rule. These programs took

place at the Hyatt Regency, Sacramento, and Hvatt Fisherman's Wharf, San Francisco. National Oncology Alliance and **Oncology** Therapeutics *Network* sponsored these meetings. Copies of the PowerPoint presentations may be downloaded from www.anco-online.org.

M.D., will moderate this meeting that will take place at the Hotel Nikko, San Francisco. ASCO has accredited this meeting for 3 CEUs. Sponsors and exhibitors for this meeting include Aventis Oncology, Berlex Oncology, Genentech BioOncology, Genonic Health, International Oncology Network/Oncology Supply, Lilly Oncology, Novartis Oncology, Pfizer Oncology, and US Oncology as of this date. Meeting announcements were mailed in early December.

month's meeting in San Antonio. Hope S. Rugo,

ASH Highlights 2004—Mark Your Calendar!

On Wednesday, February 9th, faculty from Stanford University (Steven E. Coutre, M.D., and Jason R. Gotlib, M.D.), UC Davis (Joseph M. Tuscano, M.D., and Theodore Wun, M.D.), and UC San Francisco (Thomas G. Martin, III, M.D.) will review the most clinically relevant studies

presented at this month's meeting in San Diego. This meeting will take place at a location to be announced in late-December.

ASSOCIATION NEWS

Annual Election

Four seats on the ANCO Board of Directors are up for election in 2004. This year's election is being conducted via mail ballot in December. Annual election ballots were mailed in early December along with membership renewal notices and will be accepted through December 31st.

Board of Directors

The ANCO Board of Directors meets regularly by teleconference and occasionally in person to discuss issues affecting the Association, clinical and professional education, and ways to better serve the membership. Board meetings are open to the membership. The next regularly scheduled ANCO Board of Directors meeting will take place in January. Please call José Luis González,

ASCO Audio Conference on Drug Administration & Cancer Care Demonstration Project G-codes

ASCO is planning another audio conference on the use of the new drug administration and cancer care demonstration project G-codes on Thursday, January 6th at 1PM PST. Details on how to access this audio conference are attached to this edition of the ANCO FAX News.

San Antonio Breast Cancer Symposium Highlights 2004

On Wednesday, January 26th, faculty from UC San Francisco (Laura J. Esserman, M.D., M.B.A., Catherine C. Park, M.D., Michelle E. Melisko, M.D., and John W. Park, M.D.) will review the most clinically relevant studies presented at this

ANCO Executive Director, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

The ANCO Directory of Members & Membership

Information 2004 was published and mailed to all physician members; nurse and office manager contacts; and, Corporate Member representatives last June. Additional copies are available from the ANCO office upon request.

The following update(s) to the *Directory* should be inserted in the appropriate location(s):

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DRUG REIMBURSEMENT ASSISTANCE PROGRAMS

biogenIDEC

Zevalin Concierge Program (866) 298-8433; FAX (877) 264-8483; zevalin.concierge@biogenidec.com 8:30AM-8:00PM Eastern Time Zevalin Insurance coverage, coding, and reimbursement assistance; product assistance; patient assistance.

Corporate Member News

ANCO thanks the following **Corporate Members** for their generous support that enables ANCO to grow and expand its services for the oncology community in Northern California, and to provide its members and their patients with substantial benefits in the areas of advocacy, education, and information dissemination:

AMGEN • APP/Abraxis Oncology AstraZeneca • Aventis • Bayer Biologicals Berlex Laboratories • biogenIDEC Bristol-Myers Squibb Oncology Cell Therapeutics • Chiron Corporation Genentech BioOncology Genitope Corporation • Genomic Health Genta • GlaxoSmithKline International Oncology Network Lash Group Healthcare Consultants *Ligand Pharmaceuticals* • *Lilly Oncology* Matrix Oncology • MedImmune Oncology MGI Pharma • Millennium National Oncology Alliance Novartis Oncology • Oncology Supply **Oncology** Therapeutics Network Oncotech • Ortho Biotech

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OSI Pharmaceuticals • Pfizer Oncology Roche Oncology • Sanofi-Synthelabo Schering-Plough Oncology • SuperGen US Oncology • Wyeth Oncology

We especially wish to thank and welcome Genitope Corporation, Genomic Health, Genta, Lash Group Healthcare Consultants, Matrix Oncology, OSI Pharmaceuticals, and Schering-Plough Oncology as new Corporate Members in 2004 and 2005. IMPATH is no longer an ANCO Corporate Member as of 2004.

MGI Pharma recently informed ANCO that

Aloxi has been assigned J2469 (25mcg) effective January 1st, 2005.

Institutional Member News

ANCO thanks the following **Institutional Members** for their support:

- Stanford University Medical Oncology
- University of California, Davis, Cancer Center
- University of California, San Francisco

For information on continuing medical education meetings being organized by our Institutional Members, please visit:

- med.stanford.edu/seminars/cmeall.jsp?qcme=on
- •www.ucdmc.ucdavis.edu/cme/ Confrnce/Confrnce.htm • www.cme.ucsf.edu/cme/ index.aspx?Display=Date

UCSF's *4th Annual Clinical Cancer Update* takes place in Lake Tahoe on January 14-16th, 2005. The course chairs are David M. Jablons, M.D., and Alan P. Venook, M.D. Visit cme.ucsf.edu/calendar/CourseDetail.asp? CourseNumber=MSU05005 for more information.

The 8th Annual Northern California Tumor Board at Silverado will be presented by the Stanford University School of Medicine from March 11-13th, 2005. Tumor boards on breast, gastrointestinal, genitourinary, head and neck, and thoracic cancers; hematological malignancies and lymphoma; melanoma/sarcoma; and, supportive and palliative care will be presented by faculty from *Stanford*, *UC Davis*, and *UC San Francisco*, and the community. Registration and case submission materials can be obtained from ANCO or from Beverly Kelly at beverlyk@stanford.edu.

Publications, Services, & Surveys

Members may still enroll in ANCO's *MMA Practice Preparedness Survey*, consisting of the hands-on help of two expert reimbursement and practice management consultants via a one-day practice site visit designed to assess and improve the financial health of your practice. Member practices and ANCO share the cost of the site visit. Contact the ANCO office for additional information. A preliminary report of the *MMA Practice Preparedness Survey* and an updated model practice statement to patients regarding MMA are available at www.asco.org/mma.html.

Membership Dues for 2005

Membership renewal notices for 2005, a membership benefits guide, and 2004 Annual Report are being mailed to all members in early December. Please renew your membership for 2005 as soon as possible. Be sure to take advantage of dues discounts and provide ANCO with the name(s) of an office and nurse manager contact(s). Those not renewing their membership by June 1st will be deleted from the Directory of Members, will no longer be eligible for participation in ANCO's discounted pharmaceutical pricing programs, or receive any other ANCO benefits. Contact the ANCO office if you do not receive or misplace your membership dues renewal notice.

ANCO seeks new members. All members of a practice should join ANCO. Provide the ANCO office with the names and addresses of colleagues you would like invited to join ANCO.

A larger ANCO is a stronger ANCO!