

NJSOM
MISSION STATEMENT

NJSOM is committed to keeping our members informed through quarterly educational conferences, networking, and continuous updates to our website. As part of our responsibility we strive to create an environment of constant learning and improvement in the Oncology/Hematology arena. NJSOM works hard to foster a network of growth, support and collaboration among our members.

NJSOM is committed to the highest standards of ethics and integrity and strongly believes that we are responsible to our members, stakeholders, and to the community we serve. We believe that through education and commitment, NJSOM can improve the practice of Oncology in the State of New Jersey and subsequently improve the lives of cancer patients and their families.

**This Newsletter is made possible
by support from:**



**New Jersey Society
of Oncology Managers**

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The New Jersey Society of Oncology Managers (NJSOM) is a non-profit corporation of community based Oncology practice administrators and their staff, along with corporate entities involved with the treatment and care of cancer patients and their families.



FDA approval brings first gene therapy to the United States

CAR T-cell therapy approved to treat certain children and young adults with B-cell acute lymphoblastic leukemia

FOR IMMEDIATE RELEASE - AUGUST 30, 2017

The U.S. Food and Drug Administration issued a historic action today making the first gene therapy available in the United States, ushering in a new approach to the treatment of cancer and other serious and life-threatening diseases. The FDA approved Kymriah (tisagenlecleucel) for certain pediatric and young adult patients with a form of acute lymphoblastic leukemia (ALL). [Read More](#)

It's Official: CMS Withdraws Medicare Part B Drug Demo

(ACCC) Aug 30, 2017 - The Centers for Medicare & Medicaid Services (CMS) has officially withdrawn its Part B Drug Demo proposed rule from the Office of Management and Budget (OMB), effective Aug. 1, 2017. [Read Article](#)

FRONT PAGE NEWS

FOR IMMEDIATE RELEASE - August 30, 2017

SAVE THE DATE

October 20, 2017

8:30AM-4:30PM

NJSOM Conference

Hyatt Regency Princeton



102 Carnegie Center
Princeton, New Jersey, USA, 08540
Tel: +1 609 987 1234

For more information...
[CLICK HERE](#)

CMS: Innovative treatments call for innovative payment models and arrangements

These arrangements may, for example, include outcome-based pricing for medicines in relation to clinical outcomes.

With today's U.S. Food and Drug Administration (FDA) approval of Kymriah (tisagenlecleucel) for certain pediatric and young adult patients with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse, the Centers for Medicare & Medicaid Services (CMS) is continuing to explore the development of payment models and arrangements for new and potentially life-saving treatments. [Read More](#)

Genentech Issues Voluntary Nationwide Recall of Three Lots of Activase® (Alteplase)-100 mg Due to Lack of Sterility Assurance of the Sterile Water for Injection

09/06/2017 09:47 PM EDT - Genentech, a member of the Roche Group (SIX: RO, ROG; OTCQX: RHHBY), is voluntarily recalling three lots of Activase® (alteplase) 100mg vials, that were co-packaged with Sterile Water for Injection, to the hospital level. The vials of Sterile Water for Injection, manufactured by Hospira Inc., a Pfizer company, and packaged with Activase 100 mg, may be cracked or chipped at the neck of the vial and leaking. [Read More](#)

BREAKING NEWS: 2018 ICD-10-CM Official Coding and Reporting Guidelines Released

By Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, AHIMA Approved ICD-10-CM/PCS Trainer

Just released on Thursday, Aug. 10, are the Official ICD-10-CM/PCS Coding and Reporting Guidelines for the 2018 fiscal year, totaling 117 pages. [Read the full story →](#)

NOVITAS SOLUTIONS, INC.**Update to July 2017 Non-935 Demand Letters**

In July 2017, Novitas issued Non-935 Demand Letters to certain providers that contained incorrect appeal language. On August 7, 2017, we issued correct appeal language with reference to the original demand letters. However, it has come to our attention that the demand amounts referenced in the notification letters may be incorrect. If you believe the demand amounts in your notification letter is incorrect, please refer to your original Non-935 Demand Letter. If you have any questions, feel free to call us at: 1-877-235-8073. We apologize for any inconvenience this matter may have caused.

Medical Policy

The following JL Local Coverage Article which was posted for notice on July 13, 2017 is now effective:

- [Self-Administered Drug Exclusion List \(A53127\)](#)

The following JL Local Coverage Determinations (LCDs) have been revised:

- [Services that Are Not Reasonable and Necessary \(L35094\)](#)
- [Biomarkers for Oncology \(L35396\)](#)
- [Intravenous Immune Globulin \(IVIG\) \(L35093\)](#)
- [Services That Are Not Reasonable and Necessary \(L35094\)](#)

CLAIMS

- **Accuracy Matters Top Modifiers of Concern**
 - Moving towards fall and into the end of the year, our next article for Accuracy Matters will focus on the five top modifiers of concern. Did you know the most requested claim correction is adding, changing, or deleting a modifier? Please review our article Accuracy Matters Top Modifiers of Concern for more information. [Read More](#)
- **Part B Top Claim Submission / Reason Code Errors**
 - The Top Claim Submission / Reason Code Errors and resolutions for July 2017 are now available. Please take time to review these errors and avoid them on future claims. [Read More](#)
- **Appropriate Drug Billing**
 - Please ensure that units of drugs or biologicals administered to patients are accurately reported in dosage/units specified in the Healthcare Common Procedure Coding System (HCPCS) code descriptor. For details, please read this article. [Read More](#)

NOVITAS SOLUTIONS, INC.

Listed are Novitas training events an oncology practice should consider!

For many more opportunities
and to register...

[CLICK HERE](#)



Date	Starts (EST)	Ends (EST)	Event Name	CEUs	Media Type
Thursday, September 7, 2017	2:00 PM	3:00 PM	Electronic Data Interchange (EDI) Enrollment This course will improve your understanding of how to locate and complete the EDI Enrollment form to become an electronic submitter.		Webinar
Wednesday, September 13, 2017	2:00 PM	3:00 PM	Novitas Provider Portal Enrollment Overview This course we will discuss the steps to enroll in Novitasphere, including the Enterprise Identity Management (EIDM) registration process.		Webinar
Friday, September 15, 2017	10:00 AM	11:30 AM	Meet HMS Federal Solutions Region 4 Recovery Audit Contractor HMS Federal Solutions is the Recovery Auditor for Region 4. Join us for a webinar where HMS Federal Solutions will explain the Part B Recovery Audit process. Novitas Solutions will review our role in the appeal process.		Webinar

Novitas Self-Service Tools

[View all Self-Service Tools](#)



NOVITAS SOLUTIONS, INC.

Medicare Part B HOT LINKS!

- [Medicare JL Part B Fee Schedule](#)
- [2017 Physician Fee Schedule Final Rule](#)
- [2017 Physician Fee Schedule Final Rule Fact Sheet](#)
- [Current Active Part B LCD Policies](#)
- [Current Average Sales Price \(ASP\) Files](#)
- [Quarterly Update to CCI Edits](#)

2018 Proposed Final Rule

- [Physician Fee Schedule](#)
- [Physician Fee Schedule Fact Sheet](#)
- [HOPPS](#)
- [HOPPS Fact Sheet](#)

On-Demand Education

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

CMS Education

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



Information for Providers:

- [Provider Resources](#)
- [Medicaid Managed Care Contract](#)
- [Dual Eligible Special Needs Plan Contract](#)
- [Accountable Care Organizations](#)
- [Public Notices](#)
- [New Jersey Medicaid State Plan](#)

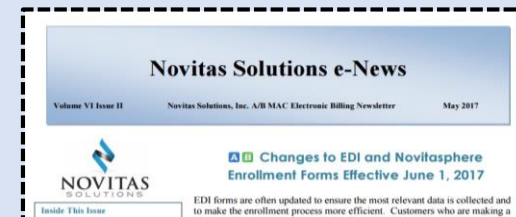
Novitas Solutions e-News Electronic Billing Qtly Newsletter

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

Part B Top Inquiries Frequently Asked Questions (FAQs)

Our Part B Top Inquiries FAQs have been reviewed for July 2017. Please take time to review these FAQs for answers to your questions.

[Read More](#)



CMS



To visit the website [CLICK HERE](#)

HMS Provider Portal Contact Customization

The HMS Provider Portal is available for all Region 4 Providers in the JL, JE and JF MAC Regions to customize their contact information. Provider Portal User Guides are available on the homepage, under Links and Resources, to assist Providers with establishing their user credentials and customizing their contact information. Providers may also contact HMS' Provider Relations Department for assistance.

HMS has received CMS approval to initiate review in the Novitas JL MAC Region



News Alert: Policy Contradiction Requires Physicians to Personally Supervise Therapeutic Pheresis

By Ronald Hirsch, MD, FACP, CHCQM - In another example of Medicare Administrative Contractors (MACs) contradicting the Centers for Medicare & Medicaid Services (CMS), National Government Services (NGS) on Friday issued a news and alert bulletin that was both controversial and confusing. In the alert, NGS stated that outpatient therapeutic pheresis procedures "must be performed by physicians.... [READ MORE](#)

Breaking: Future of Value-Based Payments in Doubt as CMS Cancels Major Episode Payment Rule

It has become evident over the last several years that the Centers for Medicare & Medicaid Services (CMS) has been changing the trajectory of the provision of medical care in the U.S. from a system based on increasing revenue by increasing volume to a system based on rewarding providers for improving quality. [READ MORE](#)

CMS**News Alert: Friday's Landmark Fraud Case
Highlights Need for Checks, Balances on Repayment Demands**

By Frank D. Cohen, MPA, MBB - In May 2016, a landmark healthcare fraud case resulted in a federal jury convicting Florida-based Dr. Ona Colasante of 162 counts of healthcare fraud. The government's claim was that she billed for services that were either unnecessary or not provided at all, and purchased drugs that, while identical to those.... [READ MORE](#)

CMS Unveils New Hospice Compare Website

By Chuck Buck - The Centers for Medicare & Medicaid Services (CMS) unveiled the new Hospice Compare website on Wednesday. According to CMS, the site displays information in a ready-to-use format and provides a snapshot of the quality of care each hospice facility offers to its patients. In its announcement Wednesday, CMS said the Hospice.... [READ MORE](#)

Breaking: CMS Adopts Targeted Probe and Educate Policy Nationwide

The Centers for Medicare & Medicaid Services (CMS) announced Monday that it would start a new national audit strategy titled Targeted Probe and Educate (TPE) after pilot programs with four Medicare Administrative Contractors (MACs) demonstrated success.

CMS described that success as "including an increase in the acceptance of provider education as well as a decrease in appealed claims decisions." [READ MORE](#)

UnitedHealthcare Eliminates Consult Codes as a Reimbursable Service

By Shannon Deconda, CPC, CPC-I, CEMC, CMSCS, CPMA® - UnitedHealthcare (UHC) is joining the ranks of those carriers that no longer cover consult codes (99241-99245 and 99251-99255), effective Oct. 1, 2017. This notification was released in UnitedHealth's June 2017 bulletin in which it noted its commitment to ensure that there will be multiple communications to clarify this change. UHC.... [READ MORE](#)

CMS**OIG Report Finds Savings if Rebates in Medicare Part B**

September 6, 2017- According to a new report from the Office of the Inspector General, an ASP-based rebate program for Medicare Part B drugs could have resulted in \$1.4 billion in inflation-indexed rebates in 2015 for 64 high-expenditure drugs. [Read the full report here.](#)

In Comments to CMS, ASCO Outlines Recommendations on Proposed QPP Rule

(ASCO in Action) Aug 22, 2017- ASCO submitted comments to the Centers for Medicare & Medicaid Services (CMS) on its proposed rule outlining changes to the Quality Payment Program (QPP) for 2018. [Read Article](#)

Medicare to Divulge When a Doc's Patient Is in an ACO

August 23, 2017 -The CMS is making a more concerted effort to make sure doctors know which patients they're responsible for in Medicare accountable care organizations. Read the full article on Modern Healthcare [HERE](#).

CMS Outpatient Advisory Panel Speaks Out Against Planned 340B Cuts

(COA) Aug 30, 2017- On August 21, 2017, a CMS advisory panel consisting of provider representatives recommended that CMS not finalize its proposed rule to reduce payments for outpatient drugs to hospitals under the 340B Drug Pricing Program. [Read Article](#)

PQRS: Feedback Reports and Informal Review Process for PY 2016 Results Call — September 26

Tuesday, September 26 from 1:30 to 3 pm ET
[Register](#) for Medicare Learning Network events.

ASCO Recommends Steps to Reduce Medicare Administrative Burdens

(ASCO in Action) Aug 29, 2017- ASCO recently submitted comments to the House Ways and Means Health Subcommittee regarding its "Medicare Red Tape Relief Project, which aims to alleviate the regulations and mandates in the Medicare program that impede innovation, increase costs, and prevent the delivery of better care to beneficiaries. [Read Article](#)

CMS

Billing For Stem Cell Transplants

In a February 2016 report, the Office of the Inspector General (OIG) determined that Medicare paid for many stem cell transplants incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient services. Use the following resources to bill correctly and avoid overpayment recoveries:

- [OIG Report Medicare did not Pay Selected Inpatient Claims for Bone Marrow and Stem Cell Transplant Procedures in Accordance with Medicare Requirements](#)
- [CMS Transmittal 1805](#)
- [MLN Matters® Article](#)

Reporting Hospice Quality Data: Tips for Compliance Call — September 20

Wednesday,
September 20
from 1:30 to 3 pm
ET

[Register](#) for Medicare Learning Network events.

Participate in Quality Payment Program Website Testing

CMS invites representatives from organizations of all sizes to assess current and future functionality of the [Quality Payment Program](#) website, as well as make recommendations for improvements. We are looking for:

- Medicare clinicians
- Practice managers
- Administrative staff
- Electronic Health Record and registry vendors

If interested, email Partnership@cms.hhs.gov to participate in a one-on-one feedback session.

Transitional Care Management Services Fact Sheet — Reminder

A [Transitional Care Management Services](#) Fact Sheet is available. Learn about:

- Who may furnish these services
- Supervision
- Services settings, components, and billing
- Frequently asked questions on billing

Physician Fee Schedule Fact Sheet — Reminder

A [Physician Fee Schedule](#) Fact Sheet is available. Learn about:

- Physician services
- Medicare Physician Fee Schedule payment rates
- Quality Payment Program

CMS



Medicare Costs at a Glance: 2017 Educational Tool — Reminder

A [Medicare Costs at a Glance: 2017](#) Educational Tool is available. Learn what beneficiaries pay for Medicare Parts A, B, C, and D in 2017.

In Case You Missed It: Watch ASCO's Entire 2017 QPP Webinar Series Now

(ASCO in Action) Aug 8, 2017 - Do you know what you need to do by October 2 to record enough relevant quality data and Improvement Activity (IA) and Advancing Care Information (ACI) participation to earn a small positive payment adjustment, instead of receiving a neutral adjustment for minimal reporting? [Read Article](#)



Medicare Parts A & B Appeals Process Booklet— Revised

A revised Medicare Parts A & B Appeals Process Booklet is available. Learn about:

- Original Medicare's (Part A and Part B) five levels of claim appeals
- New option for a level three on-the-record review
- Available forms and helpful tips for filing an appeal



Recent LearnResource & MedLearn Matters Articles

- [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - October 2017 Update \(MM 10222\)](#)
- [Revision to Publication 100.06, Chapter 3, Medicare Overpayment Manual, Section 200, Limitation on Recoupment \(MM 9815\)](#)
- [October 2017 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 18.3 \(MM 10230\)](#)
- [Claim Status Category and Claim Status Codes Update \(MM 10132\)](#)
- [Healthcare Provider Taxonomy Codes \(HPTCs\) October 2017 Code Set Update \(MM 10141\)](#)
- [Influenza Vaccine Payment Allowances - Annual Update for 2017-2018 Season \(MM 10224\)](#)
- [October 2017 Quarterly Average Sales Price \(ASP\) Medicare Part B Drug Pricing Files and Revisions To Prior Quarterly Pricing Files \(MM 10187\)](#)
- [Quarterly Update to the National Correct Coding Initiative \(NCCI\) Procedure to Procedure \(PTP\) Edits, Version 23.3, Effective October 1, 2017 \(MM 10183\)](#)
- [Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System \(Revised MM 9911\)](#)

OTHER PAYER UPDATES - HORIZON

Claim Editing Update: MUEs for Professional Medicare Advantage Claims

Effective **November 6, 2017**, Horizon Blue Cross Blue Shield of New Jersey will update the population of HCPCS/CPT codes for which we apply certain claim-editing rules when processing professional claims for services provided to members enrolled in Horizon BCBSNJ Medicare Advantage (MA) plans ("Members"). [READ MORE](#)

Medical Policy Revision: Gene Expression-Based Assays for Cancers of Unknown Primary

Effective October 30, 2017, Horizon Blue Cross Blue Shield of New Jersey will change the way we consider certain claims for gene expression profiling using the Pathwork® Tissue of Origin test. [READ MORE](#)

Quarterly Update to Injectable Medication Fee Schedule: Q4 2017

Horizon Blue Cross Blue Shield of New Jersey will update our fee schedule for injectable medications on **November 1, 2017**. We update our injectable medication fee schedule each quarter, usually reflecting industry-wide changes to the Average Sales Price (ASP) or the Average Wholesale Price (AWP) of an injectable medication. The table below identifies decreases in injectable medication fee amounts effective **November 1, 2017**. The listed rates **do not** reflect industry-wide changes in the ASP/AWP of the medications in question. To view the table [CLICK HERE](#)

Medical Policy Revision: Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

Effective **October 30, 2017**, Horizon Blue Cross Blue Shield of New Jersey will change the way we consider certain claims for the use of the 21-gene reverse transcriptase-polymerase chain reaction (RT-PCR) assay (i.e., Oncotype DX®) to determine recurrence risk for deciding whether or not to undergo adjuvant chemotherapy in women with primary, invasive breast cancer. [READ MORE](#)

OTHER PAYER UPDATES - AMERIHEALTH

Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2017

Effective October 1, 2017, updates will be made to our Professional Injectable and Vaccine Fee Schedule for all contracted providers. These updates are made quarterly and reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables as well as any modifications to the percentage premium. [READ MORE](#)

Clarification to the CRNP policies for services performed in a specialist's group

Posted August 31, 2017 - As previously communicated, effective August 1, 2017, Independence updated the following policies on reimbursing certified registered nurse practitioners (CRNP) to include services performed in a specialist's group: [READ MORE](#)

Reminder: Medically Unlikely Edits applied to professional and facility claims for AmeriHealth Pennsylvania members

As previously communicated, there was a change to the processing of claim service units for professional claims that went into effect November 1, 2013. As a result, Medically Unlikely Edits (MUE) are applied to both professional and facility claims.

An MUE is assigned to certain HCPCS/CPT® codes identifying the maximum units of service a provider performs on a patient on a given date of service. [READ MORE](#)

OTHER PAYER UPDATES - AMERIHEALTH

Reminder: Seven drugs to be added to Most Cost-Effective Setting Program

Posted August 17, 2017 - As previously communicated, **effective September 1, 2017**, the following drugs will be added to this program:

- Actemra® (tocilizumab)
- Entyvio® (vedolizumab)
- Inflectra® (infliximab-dyyb)
- Orencia® (abatacept)
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
- Simponi Aria® (golimumab)

[READ MORE](#)

ICD-10 in Action: Coding conventions and guidelines

Posted August 31, 2017 - The ICD-10-CM Manual contains official guidelines for coding and reporting, including coding conventions, general coding guidelines, and chapter-specific guidelines. These conventions and guidelines are rules and instructions that must be followed to classify and assign the most appropriate code. [READ MORE](#)

Notice NJSOM Members...

If there is a specific Payer you would like included in this newsletter, please email the editor, Michelle Weiss at Michelle@weissconsulting.org

OTHER PAYER UPDATES

NEW!



A Few Articles You Won't Want to Miss:

Front & Center

- Pharmacy Update – Notice of Changes to Prior Authorization Requirements and Coverage Criteria for UnitedHealthcare Commercial and Oxford
- Prolonged Services Policy Change for UnitedHealthcare Commercial Plan and UnitedHealthcare Community Plan
- Reminder: Colony-Stimulating Factors Will Require Prior Authorization

UnitedHealthcare Commercial

- On-Line Chemotherapy Prior Authorization System to Display Outcome Findings

And Much More...

SEPTEMBER
Monthly Issue Available [HERE](#)

NEW!



Oncology Related Articles You Won't Want to Miss:

Medical Policy Updates

New:

- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions- Effective 11-1-17
- Whole Exome and Whole Genome Sequencing-Effective 11-1-17

Revised:

- Apheresis - Effective 10-1-17
- Genetic Testing for Hereditary Cancer-Effective 11-1-17

Medical Benefit Drug Policy Updates

Updated:

- Immune Globulin (IVIG and SCIG)-Effective 10-1-17
- Sandostatin®/Sandostatin LAR® Depot (Octreotide Acetate)-Effective 10-1-17

Revised:

- Anemia Drugs: Darbepoetin Alfa, Epoetin Alfa, and Methoxy Polyethylene Glycol-Epoetin Beta-Effective 10-1-17
- Maximum Dosage - Effective 11-1-17
- Ocrevus™ (Ocrelizumab) - Effective 11-1-17

SEPTEMBER Monthly
Issue Available [HERE](#)

NEW!



A Few Articles You Won't Want to Miss:

- Updates to our Participating Provider Precertification List
- Clinical payment, coding and policy changes
- How to update data about your office
- Changes to commercial drug lists start on January 1, 2018

And Much More....

SEPTEMBER
Northeast Region
Qtly Issue
Available [HERE](#)

OTHER NEWS**DRUG SHORTAGES –**

If you are looking for a complete list of Drug Shortages from the FDA [CLICK HERE](#).

**RECENT FDA
ONCOLOGY RELATED APPROVALS/CHANGES**

- FDA approved gemtuzumab ozogamicin (Mylotarg, Pfizer Inc.) for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and for treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older. Gemtuzumab ozogamicin may be used in combination with daunorubicin and cytarabine for adults with newly-diagnosed AML, or as a stand-alone treatment for certain adult and pediatric patients. [More Information](#). September 1, 2017
- FDA granted regular approval to tisagenlecleucel (KYMRIA[®], Novartis Pharmaceuticals Corp.) for the treatment of patients up to age 25 years with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse. [More Information](#). August 30, 2017
- FDA approved Actemra[®] (tocilizumab) intravenous injection for the treatment of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome (CRS) in people two years of age and older. The Genentech press release including Important Safety Information is linked [HERE](#), and an FDA press release announcing the Actemra approval as part of its CAR T cell therapy approval is linked [HERE](#). August 30, 2017
- FDA granted regular approval to olaparib tablets (Lynparza, AstraZeneca) for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, who are in a complete or partial response to platinum-based chemotherapy. [More Information](#). August 17, 2017

OTHER NEWS

- FDA approved inotuzumab ozogamicin (BESPO NSA,, Wyeth Pharmaceuticals Inc., a subsidiary of Pfizer Inc.) for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL). [More Information](#). August 17, 2017
- FDA granted regular approval to a liposome-encapsulated combination of daunorubicin and cytarabine (VYXEOS, Jazz Pharmaceuticals, Inc.) for the treatment of adults with newly-diagnosed therapy-related AML (t-AML) or AML with myelodysplasia-related changes (AML-MRC), two types of AML having a poor prognosis. [More Information](#). August 3, 2017
- FDA approved ibrutinib (Imbruvica, Pharmacyclics LLC) for the treatment of adult patients with chronic graft versus host disease (cGVHD) after failure of one or more lines of systemic therapy. This is the first FDA-approved therapy for the treatment of cGVHD. [More Information](#). August 2, 2017

ASCO - New Recommendations for Controlling Nausea and Vomiting Related to Cancer Treatment

ALEXANDRIA, Va. - An update of the American Society of Clinical Oncology (ASCO) clinical practice guideline covers new medicines for nausea and vomiting related to cancer treatment. The update, issued today, provides new evidence-based information on the appropriate use of olanzapine, NK1 receptor antagonists and dexamethasone. [READ MORE](#)

Faslodex Receives US FDA Approval As Monotherapy For Expanded Use In Breast Cancer

(AstraZeneca) Aug 28, 2017 - AstraZeneca today announced that the US Food and Drug Administration (FDA) has approved Faslodex (fulvestrant) 500mg as monotherapy for expanded use in women with hormone-receptor positive (HR+), human epidermal growth factor receptor 2 negative (HER2-) advanced breast cancer, who have gone through menopause and have not received previous endocrine therapy. [Read corporate press release](#).

End-Of-Life Advice: More Than 500,000 Chat On Medicare's Dime

In the first year of payments for advance-care planning sessions, once decried as "death panels," use is higher than expected, new data show. [Read More](#)

OTHER NEWS



Some dream of payers without borders, but obstacles remain

August 25, 2017- The interstate health insurance sales sought by the Trump administration could change how primary care physicians are reimbursed and how they deal with private payers, but there are significant challenges to it ever becoming law. [Read More](#)

State wants Hospitals to Follow Stricter Financial Transparency

Lilo H. Stainton

Aug 3, 2017-New regulations would go beyond voluntary measures outlined in 2014 DOH report. [Read More](#)

Lowering Financial Bar For Medical Providers Who Want To Practice In NJ

Sept 5, 2017

Tuition reimbursement, access to unemployment benefits aim to recruit and retain caregivers. [Read More](#)

Bivarus and Community Oncology Alliance Collaborate to Improve Oncology Patient Experience

(COA) Aug 29, 2017- Bivarus, a patient-centered analytics company, has formed a partnership with the Community Oncology Alliance (COA) to help its member practices across the country improve patient experiences. [Read Article](#)

Cancer Centers Accused Of Medicare Fraud, Unsafe Practices

(USA Today/The News-Press ([Fort Myers, FL]) Aug 17, 2017- Two of the nation's largest cancer-care providers are accused of engaging in an illegal "gentleman's agreement" to divide up treatment services in Florida. [Read Article](#)

PATIENT ASSISTANCE

Celgene Patient Support® provides patients with help accessing Celgene medications

Our Specialists are committed to helping patients get their prescribed Celgene medications, no matter what their insurance situation. Click below for more information.



Financial assistance

Depending on a patient's insurance situation, there are programs and organizations that may help pay for the prescribed Celgene medication.

[Learn more >](#)



Insurance assistance



Tools and resources



We provide assistance for the following Celgene products:



NJSOM Featured Corporate Sponsor Assistance Program

(NJSOM will profile a different Corporate Sponsor Assistance Program each Newsletter)

[Click Here](#) to see a quick reference chart on the financial assistance options available for each Celgene medication

To access their website...

[CLICK HERE](#)

FREQUENTLY ASKED QUESTIONS



Reimbursement Questions & Answers

If you have reimbursement questions you need answers to, please submit them to njsombilling@gmail.com.



Question: We are looking for information to better understand the prolonged non-face to face codes 99358 and 99359? Are other offices using these codes?

Answer: Codes 99358 and 99359 are used when a prolonged service is provided that is either non face-to-face time in the office or outpatient setting, or additional unit/floor time in the hospital or nursing facility setting during the same session of an evaluation and management service and is beyond the usual physician or other qualified health care professional service time."

Yes, I am aware of providers who utilize these codes.

As a reference you will want to refer to two documents:

- First - the Medlearn Matters document that changed a previous version and allows payment for 99358 & 99359 beginning in 2017. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9905.pdf>
- Second - the 2008 Medlearn Matters document that defines prolonged care services and limitations. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5972.pdf>

Question: Can a nurse practitioner or physician assistant bill for prolonged services?

Answer: According to MM9905, "CMS notes: 1) that these codes can only be used to report extended qualifying time of the billing physician or other practitioner (not clinical staff)". This would mean that an advanced practice provider would be able to utilize these codes.

FREQUENTLY ASKED QUESTIONS

Question: What is the Medicare Reimbursement rate for these codes?

Answer: The Physician Fee Schedule National Payment Amount for 2017 is \$113.41 for 99358 and \$54.55 for 99359.

Question: Does this time have to be billed on the same day as the office visit?

Answer: No, a provider is allowed to bill for non-face-to-face prolonged service on a different date than the primary service. This prolonged service can take place either before or after the actual face-to-face care, as long as the non-face-to-face time spent relates to both the past or future direct, face-to-face care of the patient and to ongoing patient management.

"For example," CPT® explains, "extensive record review may relate to a previous evaluation and management service performed earlier and commences upon receipt of past records."

Question: Is there anything we can't bill on the day of the prolonged service?

Answer: Yes, for example;

- Care plan oversight
- Waiting for test results
- Waiting for changes in the patient's condition
- Waiting for end of a therapy
- Waiting for use of facilities
- Anticoagulant management
- Medical team conferences
- Online medical evaluations or other non-face-to-face services that have more specific CPT codes



Question: Should we be concerned about using these codes too much?

Answer: The Office of Inspector General's (OIG) Work Plan for 2017 states that these services are considered "rare and unusual." This implies that providers should provide evidence that they had a definite and compelling reason to bill prolonged services. Moreover, many commercial payers bundle prolonged services into the payment for the E/M service and deny payment for the prolonged service codes or look for additional documentation before they make payment.

Continued on next page...

THANK YOU

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Question: When did Medicare start reimbursing for these codes? Can we bill retroactively?

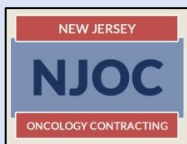
Answer: Beginning January 1, 2017, CMS allowed payment for these services. Therefore, yes, IF you have documented the medical record appropriately, then you would follow the rules for all services which in general, such claims must be **filed** to the appropriate **Medicare** claims processing contractor no later than 12 months, or 1 calendar year, after the date the services were furnished.

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