

## ASCO CAC Network E-News

### July 2008 Issue

#### **\*Save the Date\***

The Annual ASCO/ASH/SGO Meeting of the Hematology/Oncology CAC Network is scheduled for September 19-20, 2008, and will be held in Vienna, Virginia. Invitations for the event have already been mailed out. Please contact Laura Cathro, CAC Program Coordinator, at [cacnetworkmeeting@asco.org](mailto:cacnetworkmeeting@asco.org) if you have not yet received an invitation, or if you have any questions.

#### **Local Coverage News**

##### ***National Government Services (NGS) to Host “Ask the Contractor” Teleconferences***

National Government Services (MAC J13) will be conducting a series of 90-minute teleconferences to keep New York and Connecticut providers informed about the J13 MAC transition and to answer any questions. Topics will include:

- National Government Services (NGS) – Who we are
- Provider Education Calendar
- Local Coverage Determinations
- Electronic Funds Transfer
- EDI Changes
- Interactive Voice Recognition (IVR) & Customer Care
- Addresses & Web sites

For more information, and to register for any of these events, contact [National Government Services \(MAC J13\)](#) directly.

##### ***NGS Medicare (J13) Implementation Schedule***

National Government Services will assume responsibility for J13 MAC workload in five (5) segments based on geographic location, and on the out going contractor. Listed below is the cutover (or transition date) for each workload:

<b>Current Contractor - 5 Segments</b>	<b>Workload</b>	<b>Cutover date</b>
GHI Part B – Segment 1	<i>Queens, NY</i>	<i>7/18/2008</i>
Empire Part B – Segment 2	<i>Downstate New York</i>	<i>7/18/2008</i>
FCSO Part B – Segment 3	<i>Connecticut</i>	<i>8/1/2008</i>
HealthNow Part B – Segment 4	<i>Upstate New York</i>	<i>9/1/2008</i>
Empire Part A – Segment 5	<i>New York State</i>	<i>11/14/2008</i>

##### ***NHIC Medicare (J2 MAC) Contract In Dispute (GAO Review in Process)***

On May 06, 2008, CMS announced that it had awarded the contract for the Jurisdiction 2 (J2) A/B MAC to National Heritage Insurance Corporation (NHIC). J2 includes the states of Alaska, Idaho, Oregon and Washington. On May 27, 2008, a protest against the

award was filed with the Government Accountability Office (GAO). The deadline for the GAO decision regarding the protest is September 2, 2008.

***Palmetto (MAC J1) Local Coverage Determinations (LCDs) in Notice Period***

The consolidated J1 A/B MAC Part B LCDs for American Samoa, Guam, Hawaii, Northern Mariana Islands and Nevada began their notice period on June 6, 2008. These Part B LCDs will become effective on August 4, 2008. A listing of these future LCDs can be found on the Palmetto GBA [website](#).

***Palmetto (MAC J1) Transition Events Calendar (CA, NV, HI)***

Palmetto has issued an online [Transition Events Calendar](#) to inform physicians and other healthcare providers in MAC Jurisdiction 1 of the dates and times for the J1 transition workshops, PTT calls, and Web-based trainings. This calendar is updated frequently, so providers are encouraged to check the Palmetto [website](#) on a regular basis for any updates.

***Pinnacle Awarded Medicare Administrative Contract for MAC J7***

On June 11, 2008, the Centers for Medicare & Medicaid Services (CMS) announced that Pinnacle Business Solutions, Inc. (PBSI) was awarded the contract for the combined administration of Part A and Part B Medicare Fee-For-Service claims in Jurisdiction 7 (J7), comprising the states of Arkansas, Louisiana, and Mississippi. For more information on the award, refer to the CMS J7 MAC [Award Background Sheet](#) and the related [Q&A Sheet](#).

***Trailblazer (MAC J4) Redesigned LCD Web Page***

The Trailblazer Local Coverage Determination (LCD) web page has been redesigned to simplify the coverage policy selection process, and limit the number of LCDs that will display. On June 13, 2008, all J4 LCDs were posted to the new [TrailBlazer LCD](#) web page.

## **National Coverage News**

***Medicare To Hold Claims Paid Under the Medicare Physician Fee Schedule (MPFS) For 10 Business Days***

As of July 1, 2008, the 10.6% decrease to the physician fee schedule took effect. In an effort to work with the provider community, the Centers for Medicare & Medicaid Services (CMS) has instructed its contractors to hold these claims for 10 business days starting July 1<sup>st</sup>. Meanwhile, all claims for services delivered on or before June 30, 2008 will be processed and paid under normal procedures.

After 10 business days, contractors will begin releasing claims for processing under the fee schedule which implements current law. (NOTE: On July 9, 2008, the Senate passed H.R. 6331, [the Medicare Improvements for Patients and Providers Act of 2008](#), which would avert the 10.6% cut to Medicare physician payments. President Bush is expected to veto the recently cleared Medicare bill, however.) If a new law is enacted, which

changes the negative 10.6 percent update, retroactive to July 1, CMS is prepared to automatically reprocess most of those claims which have already been processed.

For more information regarding the Medicare Physician Fee Schedule (MPFS) 10-day payment hold, refer to the '[Questions and Answers](#)' issued by CMS on July 2, 2008.

### ***CMS Proposes Payment Policy Changes for Physicians' Services in 2009***

On June 30, 2008, the Centers for Medicare & Medicaid Services (CMS) issued the [2009 Medicare Physician Fee Schedule \(MPFS\) Proposed Rule](#), which includes a projected update to the fee schedule conversion factor of negative 5.4 percent under the [Sustainable Growth Rate \(SGR\)](#) formula specified in Medicare law. CMS will accept comments on all elements of the proposed rule until August 29, 2008, and will respond to those comments in a final rule to be issued by November 1, 2008.

ASCO has published a [summary](#) of the provisions that are of relevance to oncologists. CMS also issued a [fact sheet](#) concerning the 2009 MPFS proposal, which can be found on the CMS website.

### **Off-Label Coverage Updates**

#### ***Medicare Adds NCCN as a Recognized Source To Help Determine Coverage For Anti-Cancer Chemotherapy Drugs***

On June 6, 2008, The Centers for Medicare and Medicaid Services (CMS) officially added the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium to the list of compendia [*found in the Social Security Act Section 1861 (t)(2)(B)(ii)(I)*] of authoritative sources for use in the determination of a "medically-accepted indication" of drugs and biologicals used off-label in an anti-cancer chemotherapeutic regimen. More information on the NCCN Compendium Revision Request, [CAG 00389](#), can be found on the CMS website.

#### ***Medicare Deletes the AMA-DE Compendium as an Authoritative Off-Label Coverage Source***

On June 5, 2008, CMS deleted the American Medical Association Drug Evaluations (AMA-DE) compendium [*from the Social Security Act Section 1861 (t)(2)(B)(ii)(I)*] as an authoritative source for use in the determination of a "medically-accepted indication" of drugs and biologicals used off-label in an anti-cancer chemotherapeutic regimen. CMS believes that this revision will ensure that Medicare contractors and public stakeholders rely on up-to-date authoritative resources on off-label anti-cancer chemotherapeutic treatment regimens. More information on the AMA-DE Compendium Revision Request, [CAG 00388](#), can be found on the CMS website.

#### ***Medicare Adds DrugDex® as a Recognized Source for Off-Label Coverage***

On June 17, 2008, CMS officially added the DrugDex® Compendium to the list of compendia [*found in the Social Security Act Section 1861 (t)(2)(B)(ii)(I)*] of authoritative

sources for use in the determination of a “medically-accepted indication” of drugs and biological used off-label. More information on the Thomson Micromedex DrugDex® Compendium Revision Request, [CAG 00391](#), can be found on the CMS website.

***Medicare Adds Clinical Pharmacology as a Recognized Source for Off-Label Coverage***

On July 2, 2008, CMS added Elsevier Gold Standard’s Clinical Pharmacology compendium to the list of Medicare anti-cancer treatment compendia [*found in the Social Security Act Section 1861 (t)(2)(B)(ii)(I)*] of authoritative sources for use in the determination of a “medically-accepted indication” of drugs and biological used off-label in an anti-cancer chemotherapeutic regimen. More information on the Clinical Pharmacology Compendium Revision Request, [CAG 00392](#), can be found on the CMS website.

**New FDA Approvals**

***FDA approves Velcade® for the initial treatment of patients with Multiple Myeloma***

On June 20, 2008, the U.S. Food and Drug Administration approved bortezomib for injection (Velcade®, Millennium Pharmaceuticals, Inc., The Takeda Oncology Company, and Johnson and Johnson Pharmaceutical Research and Development) for the treatment of patients with multiple myeloma. This approval results from a clinical trial using Velcade® as an initial treatment for patients with multiple myeloma. Velcade® was previously approved in 2005 for the treatment of patients with multiple myeloma who had received at least one prior therapy and in 2003 for the treatment of more refractory multiple myeloma

Full prescribing information, including clinical trial information, safety, dosing, drug-drug interactions and contraindications is available on the [FDA website](#).

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*ASCO sends periodic e-mails to its Carrier Advisory Committee (CAC) Network as a means of disseminating information and increasing awareness about Carrier/LCD issues around the country. You have received this e-mail as an identified interested party in the LCD process (e.g. State Society President, Oncology/Hematology/Gynecology CAC Representative/Alternate, CPC Member, CPC State Affiliate). More information is available at [ASCO's website](#). To submit corrections to ASCO's CAC website, or to obtain further information about any items included in this e-mail or CAC issues in general, please contact:*

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