

## 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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E-mail: [info@njsom.org](mailto:info@njsom.org)



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.



## Welcome to this Publication of the Monthly Newsletter!!

The *New Jersey Society of Oncology Managers Reimbursement E-News* is a monthly publication focused on the latest reimbursement news for your Oncology Practice. You can scroll through the document a page at a time or you can use the links along the bottom to assist in quick navigation.

Please feel free to submit any questions, comments, suggestions, stories and/or questions to Michelle Weiss, editor, at [Michelle@weissconsulting.org](mailto:Michelle@weissconsulting.org)



## MACRA/MIPS is the problem, individual health freedom is the answer

June 04, 2016/By Craig M. Wax, DO

Pleading with CMS to reconsider problematic MACRA/MIPS. [READ MORE](#)

## Proposal to Reduce Medicare Drug Payments is Widely Criticized

(*New York Times*) May 22, 2016 - Patients' advocates have joined doctors and drug companies in warning that the Obama administration plan could jeopardize access to medications. [READ ARTICLE »](#)



## CMS Issues MACRA Proposed Rule One Year After Passage

On May 9, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule for implementing changes to the value-based reimbursement (VBR) scheme required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).<sup>1</sup> [READ MORE](#)

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## N.J. owes \$37M to counties for Medicaid overpayments, U.S. says

**WASHINGTON** — New Jersey owes its counties \$37 million because they paid too much in Medicaid expenses as the nation recovered from the Great Recession, U.S. Rep. Bill Pascrell Jr. said Tuesday.

[READ MORE](#)



## ACCC Launches Online Community to Support Oncology Care Model (OCM) Practices

**Rockville, MD**—The Association of Community Cancer Centers (ACCC) today unveiled a virtual community for Oncology Care Model (OCM) practices to share tips, tools, and resources as they navigate new transformational cancer care delivery and payment models. Through this one-of-a-kind online platform, invited practices will gain access to need-to-know information and leading experts on trending OCM issues. The community will foster robust dialogue and provide extensive peer-to-peer learning opportunities.

[CLICK HERE](#) to read the June 3rd ACCC Press Release

## Proposed Medicare Changes Sacrifice Cancer Patients for Cost Savings

**ERIC HARGIS** / 6/2/2016, 2:18 p.m.

Officials at the Centers for Medicare and Medicaid Innovation recently proposed a major change to the way Medicare pays for advanced cancer medicines. Unfortunately, the changes threaten cancer patients' access to lifesaving care. [READ MORE](#)



## Battle Lines Drawn Over New Drug Payment Model

**House hearing reveals a sharp divide over CMS' plan to curb drug spending**

*May 18, 2016 / By Evan Sweeney*

Lawmakers, physicians and patient advocates voiced a wide range of reactions to the Obama administration's proposed drug reimbursement model in a House subcommittee [hearing](#) on Tuesday, with some arguing the demonstration project should be scrapped entirely and others advocating for slight tweaks to address provider concerns. [READ MORE](#)

## Novitas Self-Service Tools

[View all Self-Service Tools](#)



## The CERT Identification Online Tool has been updated

The [CERT Identification Online Tool](#) has been updated with the most recent claim sampling. You can find this tool on the CERT Center under "Interactive Tools". Simply enter the CID number and click the "search CID" button to obtain a status of your CERT sampled claim. Providers can find the CID number assigned to the claim under review on the letter from the CERT Documentation Contractor.

This tool provides information for sampled claims where a decision has been made by the CERT contractor. Once you enter the CID number (numbers only) and click the "search CID" button, the following data will be displayed:

- Claim in Error: - Identifies whether a CERT error was assessed or not
- Status Date: - Identifies the last date that CERT updated/reviewed the case
- Status Decision: Identifies where the claim is with the CERT Review Contractor
- Appealed: Identifies if an appeal was initiated and what the status of the Appeal is
- Error Code: Identifies if an error was assessed, that error code will be listed here

You may check as many CID numbers as you like; simply clear the field, enter a new CID number, and click the "search CID" button.

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## Coming Soon! Conduct Unlimited Automated Claim Corrections via the IVR

Novitas Solutions is pleased to announce an enhanced self-service feature that will be introduced to the telephone Interactive Voice Response (IVR) allowing you to conduct an unlimited number of telephone claim corrections for select Medicare Part B claims. The IVR self-service tool will be enhanced to allow you to conduct an unlimited number of claim corrections and eliminate the need to speak to an agent for select claims corrections. Please [see our website](#) for additional information on this self-service feature and to register for an upcoming educational webinar.

## Proper Use of Modifier 22

At Novitas, we have seen claim submissions reporting modifier 22 (Increased procedural services) without supporting documentation. As a result, we provide guidance regarding the [Proper Use of Modifier 22](#) and advise you of a change in claims processing.

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## New Medicare Insights Podcast now available!

In today's Medicare Insights Podcast, we review Revalidation Cycle 2.

[CLICK HERE](#)

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## Part B Ask The Contractor Teleconference Meeting Minutes

The Part B Ask The Contractor Teleconference meeting minutes from the May 5, 2016 meeting have been posted. Please join us for our next Ask The Contractor Teleconference on August 25, 2016.

[CLICK HERE](#)

## Part B Top Claim Submission/Reason Code Errors

The Top Claim Submission/Reason Code Errors and resolutions for April 2016 are now available. Please take time to review these errors and avoid them on future claims.

[CLICK HERE](#)

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## The following Oncology Related JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on July 7, 2016

- [Biomarkers for Oncology \(DL35396\)](#)
- [Biomarkers Overview \(DL35062\)](#)
- [BRCA1 and BRCA2 Genetic Testing \(DL36715\)](#)
- [Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin \(DL36747\)](#)
- [4KScore Prostate Cancer Test \(DL36736\)](#)

[SUBMIT COMMENTS](#)

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## Second Quarter 2016 Part B Medicare Report is Available!

The Second Quarter 2016 Part B Medicare Report is now available for your reading pleasure. Stay up to date on all the latest Medicare News by reading your copy today.

[CLICK HERE](#)

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

- [Hemophilia Factor Products \(L35111\)](#)
- [Hydration Therapy \(L34960\)](#)
- [Intravenous Immune Globulin \(IVIG\) \(L35093\)](#)
- [Services That Are Not Reasonable and Necessary \(L35094\)](#)

## The following Oncology Related JL Local Coverage Articles have been revised:

- [Acute Care: Inpatient, Observation and Treatment Room Services \(A52985\)](#)

## Part B Top Inquiries FAQs (Frequently Asked Questions)

Our Part B Top Inquiries FAQs have been updated for April. Please take time to review these FAQs for answers to your questions.

[CLICK HERE](#)

## Clerical Error Reopening

A clerical error reopening is a process that allows you to correct minor errors or omissions. Clerical error reopenings can be completed by:

- Calling the Claims Correction unit
- Using the Novitasphere Portal
- Submitting a written request using the Medicare Redetermination and Clerical Error Reopening Request Form

For more information and to access the Redetermination and Clerical Error Reopening Request form, please visit the article [How to Correct Claim Errors by Clerical Error Reopening or Requesting a Redetermination](#).



## 2016 Medicare Symposiums

Registration is now available for all symposium locations:

- June 22 – Monroeville, PA
- July 13 – Edison, NJ
- August 17 – Pikesville, MD
- September 21 – Glassboro, NJ
- October 19 – Annapolis, MD
- November 16 – Langhorne, PA



Details on the upcoming symposiums can be found in the Symposium Brochure including the agenda, class descriptions, and helpful event day reminders.

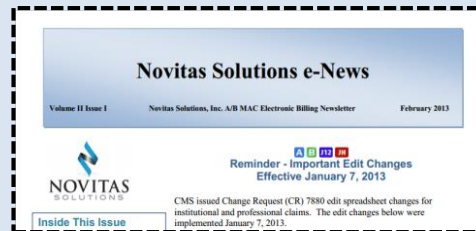
Registration for additional events is coming soon! We look forward to seeing you at one of our 2016 Medicare Symposiums!

## Novitas Solutions e-News Electronic Billing Qtly Newsletter

And More...

MAY Qtly Issue Available

[CLICK HERE](#)



## 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 \\*](#)

## Medicare Part B - HOT LINKS!

- [2016 Medicare JL Part B Fee Schedule](#)
- [Current Average Sales Price \(ASP\) Files](#)
- [2016 Physician Fee Schedule Final Rule](#)

- [Current Active Part B LCD Policies](#)
- [Quarterly Update to CCI Edits](#)
- [2016 CMS Physician Fee Schedule Final Rule Fact Sheet](#)



Listed are Novitas training events  
an oncology practice should consider!



DATE	TIME	EVENT	LOCATION
6/16/16	11:00a-12:00p	Novitasphere Claim Correction Overview	Via Webinar
6/17/16	11:00a-12:00p	Part B Evaluation and Management Score Sheet: Part Three - Using the Score Sheet	Via Webinar
6/21/16	2:00p-3:00p	Novitasphere Claim Submission Overview	Via Webinar
6/23/16	2:00p-3:00p	Part B Evaluation and Management Score Sheet: Part Four - Scoring Medical Records Using the Score Sheet	Via Webinar
6/28/16	2:00p-3:00p	Novitasphere Claim Correction Overview	Via Webinar
6/30/16	10:00a-11:00a	Understanding the Enrollment of Clinics/Group Practices and Certain Other Suppliers (CMS-855B & CMS855-R)	Via Webinar

[CLICK HERE](#)

to access the educational area of the Novitas website!

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# RAC

Healthcare Services  
Welcome to the Provider Portal  
for the Medicare Region A RA

## What's New!

### 04/21/2016 - IMPORTANT UPDATE FROM Performant Recovery:

Effective the week of 04/25/2016, Performant Recovery will no longer send provider notification letters to the Servicing Provider Addresses, but will instead send them to your Billing Provider Addresses. Providers belonging to group NPIs will see the biggest impact. If you have any questions regarding this new process, please contact our Customer Service Department at 866-201-0580.

To get to the  
Performant  
Recovery  
website  
[CLICK HERE](#)

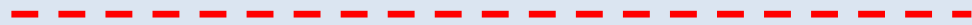


## The MOON, Self-Administered Drugs, and Copayments



Wednesday, 11 May 2016 - By Ronald Hirsch, MD, FACP, CHCQM

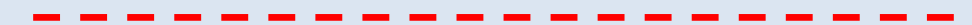
The Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act requiring written notification to Medicare patients of observation services became law on Aug. 6, 2015, and implementation is required by Aug. 6, 2016. [READ MORE](#)



## Don't Wait to Facilitate Your Part A and Part B Medicare Appeals

Wednesday, 11 May 2016 - By Andrew B. Wachler, Esq. & Erin Diesel Roumayah

Medicare Part A and B providers and suppliers should review their pending Medicare claims and determine whether the claims are eligible for resolution through the Office of Medicare Hearings and Appeals (OMHA) Settlement Conference Facilitation Pilot Program (SCF). [READ MORE](#)



*RAC Monitor continued on next page...*

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## Responding to Rejection of the One-midnight Rule



*Wednesday, 04 May 2016 - By Steven J. Meyerson, MD*

This article was written in response to the recent Centers for Medicare & Medicaid Services (CMS) rejection of a proposal for a “one-midnight rule” for Medicare admissions – a proposal I authored. The American College of Physician Advisors (ACPA) and the American Case Managers Association (ACMA) both endorsed and submitted this idea during the comment period for the 2016 Outpatient Prospective Payment System (OPPS) proposed rule (CMS-1633-P). [READ MORE](#)

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## Exposing Investigatory Audits

*By Frank D. Cohen, MPA, MBB*

I don't think anyone would argue that we have made significant strides in technology over the past several decades. [READ MORE](#)

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## Contractors Can't Use New Denial Rationale During Appeals

*By David M. Glaser, Esq.*

New instruction from Medicare prevents contractors from developing new reasons to deny a claim in the middle of most appeals. On May 9, the Centers for Medicare & Medicaid Services (CMS) issued Medicare Learning Network Matters SE1521. The document is titled "Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims." [READ MORE](#)

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## How to Mitigate the Risk of Audits: Get Insurance

*By Edward M. Roche, PhD, JD*

Healthcare providers can mitigate the risks of audits by purchasing insurance. But there are many types of insurance to choose from, and what is covered varies widely from one policy to another. Understanding a few of the basics can help providers be smarter consumers. [READ MORE](#)

*RAC Monitor continued on next page...*

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## Billing for Discarded Waste from a SDV: Assign Modifier JW to Retain Revenue

By Robin Zweifel, BS, MT (ASCP)

There has been a lot of information in the news recently about the amount that Medicare spends on high-cost drugs. If you have reviewed the Medicare Drug Spending Dashboard, you may have identified many of the drugs and biologicals as being packaged as a single-use or single-dose vial (SDV). [READ MORE](#)

## Review Your CMS Open Payments Data Before It Becomes Available to the Public

Be sure to review and dispute the June 30, 2016 Open Payments data publication which opened on April 1, 2016, and will last for 45 days. CMS will also publish the 2015 payment data and updates to the 2013 and 2014 data as well. In order for any disputes to be addressed before June 30 publication, physicians and teaching hospitals must initiate their disputes during the 45-day review period and industry must resolve the dispute before the publication deadline. For more information on how to review and dispute your open payments data, please visit the physician and teaching hospital registration page on the Open Payments webpage.

## Physician Compare Initiative Call — Register Now

Thursday, June 16 from 1:30 to 3 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

## New Audio Recording and Transcript Available

An [audio recording](#), [transcript](#), and updated [presentation](#) are available for the May 19 webcast on [2015 Mid-Year QRURs](#). This event gives an overview of the 2015 Mid-Year Quality and Resource Use Reports (QRURs) and explains how to interpret and use the information.

## CMS Provider Minute Videos for Part A and Part B Providers and DMEPOS Suppliers

The Medicare Learning Network has a series of [CMS Provider Minute videos](#) on compliance for Part A and Part B providers and Durable Medical Equipment, Prosthetics, Orthotic, and Supplies (DMEPOS) suppliers. These videos have tips to help you properly submit claims with sufficient documentation in order to receive correct payment the first time.

## July 2016 Average Sales Price Files Available

CMS posted the July 2016 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks on the [2016 ASP Drug Pricing Files](#) webpage.

## New Educational Web Guides Fast Fact

A new fast fact is available on the [Educational Web Guides](#) webpage. Learn about:

- Evaluation and Management services
- Guided Pathways resource booklets
- Health care management, billing, and coding products

## How to Use the Searchable Medicare Physician Fee Schedule Booklet — Revised

A revised [How to Use the Searchable Medicare Physician Fee Schedule Booklet](#) is available. Learn about:

- Navigating the Medicare Physician Fee Schedule
- Searching for payment information
- Pricing, Relative Value Units
- Payment policies

## New Audio Recording and Transcript Available

An [audio recording](#) and [transcript](#) are available for the May 10 listening session on [MACRA: Quality Payment Program Proposed Rule](#). The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes the way Medicare rewards clinicians for providing quality care by streamlining multiple quality programs into a new Quality Payment Program tied to Part B Fee-For-Service payments.

## New Quality Payment Program Webpages

Visit the new [Quality Payment Program](#) webpage for the latest information on key milestones, training opportunities, and educational materials about the new approach to paying Medicare clinicians for quality care. The Quality Payment Program stems from the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

- Register for webinars and calls on the Events webpage
- Comment on the proposed rule to establish the Quality Payment Program by June 27

## Transitional Care Management Svcs Fact Sheet

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

- Who can provide the service and supervision
- Settings, components, and billing



## Register Today! ACCC Webinar on MACRA: CMS Proposed Rule

### The Medicare Access and CHIP Reauthorization Act (MACRA): CMS Proposed Rule—What You Need to Know.

*Presenter: Andrew Furlow, Senior Associate, Hogan Lovells, US LLP*

**Tuesday, June 14, 2016**

**3:00 – 4:00 PM EDT**

We will discuss how CMS plans to factor in quality measures, the cost of care, clinical practice improvement activities, and the use of electronic health records (EHRs) to calculate adjustments to Part B payments—and how these potential changes will impact cancer care providers.

**REGISTER**

Scheduling conflict? You can still participate. All registrants will receive a link to view an on-demand recording.

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## 2016 Electronic Clinical Quality Measures: Updated Files Available

CMS posted the updated 2016 Quality Reporting Data Architecture (QRDA) I and QRDA III schematrons and sample files for Eligible Professional (EP) programs on the [Electronic Clinical Quality Measure \(eCOM\) Library](#) and [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) webpages. This update replaces previous versions of the schematrons and sample files; refer to the change log within the schematron files for CMS program specific changes.

- [2016 QRDA I Schematrons and Sample Files version 2.2 for EP Programs](#)
- [2016 QRDA III Schematrons and Sample Files version 2.2 for EP Programs](#)
- [2016 QRDA I Schematrons and Sample Files version 2.1 for Hospital Quality Reporting - Posted April 2016](#)

For More Information:

- [QRDA Pre-Submission Validation Tools Interactive Guide](#)
- [eCOM Tools and Key Resources](#) webpage

### 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](mailto:Michelle@weissconsulting.org)



## Recent LearnResource & MedLearn Matters Articles

- [Claim Status Category and Claim Status Codes Update](#)
- [JW Modifier: Drug Amount Discarded/Not Administered to any Patient](#)
- [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July Calendar Year \(CY\) 2016 Update](#)
- [Coding Revisions to National Coverage Determinations \(NCDs\)](#)
- [July 2016 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 17.2](#)
- [July 2016 Update of the Hospital Outpatient Prospective Payment System \(OPPS\) Coding Revisions to National Coverage Determinations](#)
- [Fraud Symposium](#)
- [Limiting the Scope of Review on Redeterminations and Reconsiderations of Certain Claims](#)
- [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes - July 2016 Update](#)
- [Stem Cell Transplantation for Multiple Myeloma, Myelofibrosis, and Sickle Cell Disease, and Myelodysplastic Syndromes](#)
- [JW Modifier: Drug Amount Discarded/Not Administered to any Patient](#)



Recent Horizon  
Articles that may be  
of interest to an  
oncology practice

## Clear Claim Connection™ Improves Transparency

To help you navigate the health care system, we offer McKesson Clear Claim Connection™, a web-based code editing disclosure solution.

[READ MORE](#)

## Change in Coverage for Non-FDA Approved Products

Starting June 1, 2016, products not approved by the FDA will no longer be covered under commercial plan pharmacy benefits. [READ MORE](#)

## Reimbursement Policy Implementation: Physician Extenders Non-Surgical Services

Effective August 1, 2016, we will change the way we consider and reimburse certain claims for non-surgical services provided by a *physician extender*.

**NOTE: READ THIS UPDATE IF YOU UTILIZE PHYSICIAN EXTENDERS IN YOUR PRACTICE. Horizon requires the use of a SA modifier for Physician Extender Non-Surgical Services.**

## Court upholds Christie administration's approval of Horizon's new plans

By Susan K. Livio, June 7, 2016

**TRENTON** — An appeals court on Tuesday upheld the Christie administration's decision to approve Horizon's new OMNIA tiered health plans, concluding the state's review was not rushed as a group of hospitals has alleged, but rather "exhaustive and deliberate."

[READ MORE](#)

## Medical Policy Implementation: BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia

Effective September 5, 2016, we will change the way we consider certain claims for BCR-ABL1 testing.

[READ MORE](#)

## Oncology Specific Medical Policy Updates

- [New! Pediatric Oncology Imaging Policy](#)
- [New! Adult Oncology Imaging Policy](#)
- [Revised! Observation Care](#)
- [Revised! Recombinant Interleukin-2 \(IL-2\)](#)

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## IMPORTANT NEW INFORMATION

### National Drug Codes Requirement to be Enforced for UnitedHealthcare Commercial & UnitedHealthcare Medicare Advantage Professional Claims, Effective Jan. 1, 2017

Refer to page 7 of the June Network Bulletin for the complete article.

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### UnitedHealthcare Exchange Update

In April, we announced that, for 2017, UnitedHealthcare will only be participating in a small number of individual exchange markets where we believe we can offer sustainable products and services. We have and will continue to share information about our 2017 individual market participation through local communications to affected care providers and members. Our decision to leave many individual markets in 2017 does not affect members in other products, including our group commercial, Medicare and Medicaid members. As we have communicated through formal statements, “We continue to hope that the Exchange market will lead to sustainable coverage options for Americans.” To read more, refer to page 9 of the June Network Bulletin.

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### Claims Processing Change for Eight Professional Reimbursement Policies

New Patient Visit Policy: Before May 21, when a claim was billed with a new patient evaluation and management code, but the member’s claim history indicated the patient was seen within the past three years by the same specialty provider reporting the same Tax ID, the new patient visit code was recoded and reimbursed using an equivalent established patient visit evaluation and management code. To read the entire article, refer to page 21 of the June Network Bulletin.

### Oncology Related Articles You Won’t Want to Miss:

#### Medical Policy Updates *Revised*

- ✓ Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC) - Effective Aug. 1, 2016

#### Drug and Biologics Policy Updates *Updated*

- ✓ Remicade® (Infliximab) - Effective Jun. 1, 2016

#### *Revised*

- ✓ Lemtrada (Alemtuzumab) - Effective Jul. 1, 2016

#### Coverage Determination Guideline Updates *Updated*

- ✓ Clinical Trials - Effective Jun. 1, 2016

#### Utilization Review Guideline Updates *Updated*

- ✓ Specialty Medication Administration – Site of Care Review Guidelines - Effective Jun. 1, 2016



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# Other Payer Updates



## A Few Articles You Won't Want to Miss:

- ✓ Front & Center
  - UnitedHealthcare Adds RadSite and The Joint Commission as Imaging Accreditation Organizations – Effective July 1, 2016R
  - Chemotherapy Prior Authorizations for Bendamustine Hydrochloride
  - National Drug Codes Requirement to be Enforced for UnitedHealthcare Commercial & UnitedHealthcare Medicare Advantage Professional Claims, Effective Jan. 1, 2017
- ✓ UnitedHealthcare Commercial
  - UnitedHealthcare Exchange Update
  - UnitedHealthcare Medical Policy, Drug Policy and Coverage Determination Guideline Updates
- ✓ UnitedHealthcare Commercial Reimbursement Policies
  - Revisions to the T Status Code and Laboratory Services Reimbursement Policies – Effective Q3
- ✓ UnitedHealthcare Community Plan
  - Claims Processing Change for Eight Professional Reimbursement Policies
- ✓ UnitedHealthcare Medicare Solutions
  - Referral Responsibilities of PCPs and Specialists
  - New Reimbursement Policy Addresses Maximum Allowable Units per Day for CPT and HCPCS Codes
  - UnitedHealthcare Medicare Advantage Coverage Summary Updates
- ✓ UnitedHealthcare Military & Veterans
  - New UnitedHealthcare Military & Veterans Clinical Authorization Guidelines Available
- ✓ UnitedHealthcare Affiliates
  - UnitedHealthcare Oxford Medical and Administrative Policy Updates

And Much More...JUNE Monthly Issue Available [HERE](#)



## A Few Articles You Won't Want to Miss:

- Updates to our National Precertification List...pg 1
- Digital ID cards and eligibility and benefits inquiry...pg 6
- Reminder: inpatient timely notification requirement...pg 7
- Our Office Manual keeps you informed...pg 9
- Learning Opportunities...pg 10
- Medicare compliance news: action required in 2016...pg 11
- Medicare-Enroll by August 1 to prescribe Medicare Part D drugs...pg 12
- Use electronic prior authorization services for Aetna Specialty drugs...pg 13
- Where to find our Medicare and Commercial formularies...pg 13

And Much More....JUNE Northeast Region  
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## A Few Articles You Won't Want to Miss:

- ✓ Required lead time when updating your provider information
- ✓ Professional Injectable & Vaccine Fee Schedule updates eff. July 1, 2016
- ✓ Changes in reimbursement display
- ✓ Document Exchange coming soon to NaviNet®
- ✓ Recent updates to Direct Ship Drug Program
- ✓ View up-to-date policy activity on our Medical Policy Portal
- ✓ Select Drug Program® Formulary updates

And Much More...JUNE Monthly...[CLICK HERE](#)

To visit their Provider pages....[CLICK HERE](#)



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## DRUG SHORTAGES –

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



### Bleomycin Shortage Update

In late April, ASCO provided information about the national shortage of bleomycin sulfate that was reported by the FDA. The shortage is due to issues in manufacturing, raw materials and increased demand. The FDA continues to work closely with the manufacturers to explore options to resolve the shortage. In an effort to keep our readership informed, we are providing the link to the [bleomycin shortage page](#) with information and updates related to the shortage. The companies can be contacted directly for supplies and the company contact information can be found on the shortage page. If there are specific issues you've experienced in obtaining the drug, please contact us at [practice@asco.org](mailto:practice@asco.org) and staff will share those with the FDA.



## RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES



- FDA approved cobas EGFR Mutation Test v2 (Roche Molecular Systems, Inc.) using plasma specimens as a companion diagnostic test for the detection of exon 19 deletions or exon 21 (L858R) substitution mutations in the epidermal growth factor receptor (EGFR) gene to identify patients with metastatic non-small cell lung cancer (NSCLC) eligible for treatment with Tarceva (erlotinib). [More Information](#). June 1, 2016
- FDA gave accelerated approval to atezolizumab injection (Tecentriq, Genentech, Inc.) for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. Atezolizumab is a programmed death-ligand 1 (PD-L1) blocking antibody. [More Information](#). May 18, 2016
- FDA granted accelerated approval to nivolumab (Opdivo, marketed by Bristol-Myers Squibb) for the treatment of patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after autologous hematopoietic stem cell transplantation (HSCT) and post-transplantation brentuximab vedotin (Adcetris). [More Information](#). May 17, 2016
- FDA approved lenvatinib capsules (Lenvima, Eisai, Inc.), in combination with everolimus, for the treatment of advanced renal cell carcinoma following one prior anti-angiogenic therapy. Lenvatinib was first approved in 2015 for the treatment of locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer. [More Information](#). May 13, 2016

## FDA approves new diagnostic imaging agent to detect recurrent prostate cancer

FDA approved Axumin, a radioactive diagnostic agent for injection. Axumin is indicated for positron emission tomography (PET) imaging in men with suspected prostate cancer recurrence based on elevated prostate specific antigen (PSA) levels following prior treatment. [More information](#)



## FDA finalizes a streamlined option for physicians to request individual patient expanded access for use of an investigational new drug or biologic

Today, FDA issued [three final guidances for industry related to expanded access](#). Expanded access is FDA's process to facilitate the availability of investigational treatment options to patients with serious or immediately life-threatening diseases or conditions who lack therapeutic alternatives. The first guidance, "[Individual Patient Expanded Access Applications: Form FDA 3926](#)" describes a streamlined option for licensed physicians to request use of an investigational new drug to treat individual patients who have exhausted other treatment options, including for emergency use. When Form FDA 3926 is substituted for the current Forms FDA 1571 and 1572, the agency estimates that each submission will take only 45 minutes, resulting in a significant burden reduction. Based on comments received from the public, the new form can also be used for follow-up submissions.

The second guidance, "[Expanded Access to Investigational Drugs for Treatment Use -- Questions and Answers](#)," responds to frequently asked questions about the implementation of FDA's regulations on expanded access to investigational drugs.

The third guidance, "[Charging for Investigational Drugs Under an IND -- Questions and Answers](#)" responds to frequently asked questions about the implementation of FDA's regulation on charging for investigational drugs under an investigational new drug application (IND) in the context of clinical trials or expanded access for treatment use.

These steps to simplify and provide clarity about expanded access will help health care professionals, patients and industry to more easily navigate the expanded access process and enable patients who qualify to access potentially life-saving medications more readily.

FDA also developed [patient](#) and [physician](#) fact sheets to further inform stakeholders about expanded access and has revamped its website to make it more user-friendly.

FDA will also host a webinar for health care professionals on July 12, 2016 at 1:00 PM which will explain FDA's expanded access process and the new Individual Patient Expanded Access Application. FDA will update stakeholders with details when available.

## Cancer Drugs are the Least Likely to Receive FDA Approval

(Fortune) May 26, 2016 - Oncology was the clear outlier across the 14 examined disease types when it came to the probability of a successful phase III. [READ ARTICLE »](#)

## ASCO in Action

## Counterfeit Version of BiCNU Discovered in Some Foreign Countries

On May 13, the Food and Drug Administration (FDA) posted information on its [webpage](#) informing health care professionals that a counterfeit version of the FDA approved cancer drug, BiCNU (carmustine for injection) 100 mg, has been detected in some foreign countries. There is no indication at this time that counterfeit BiCNU has entered the U.S. drug supply chain and no indication that any U.S patients have received counterfeit BiCNU. Read more at [ASCO in Action](#).

# ICD10 monitor

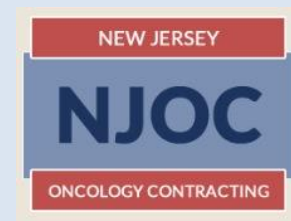
## ICD-10: Preventing Medical Necessity Denials

*Written by Daria Bonner, CHCA, CCP, RMC  
Monday, 23 May 2016*

Given the added specificity inherent in ICD-10, it's no surprise that medical necessity denials for physician practices and medical groups are expected to increase throughout 2016. In addition to greater levels of code granularity, three key industry drivers are expected to impact ICD-10 coding compliance among physician practices in the year ahead. [READ MORE](#)

## MSMS Expresses Concerns over Meridian Health Plan PCMH Policy

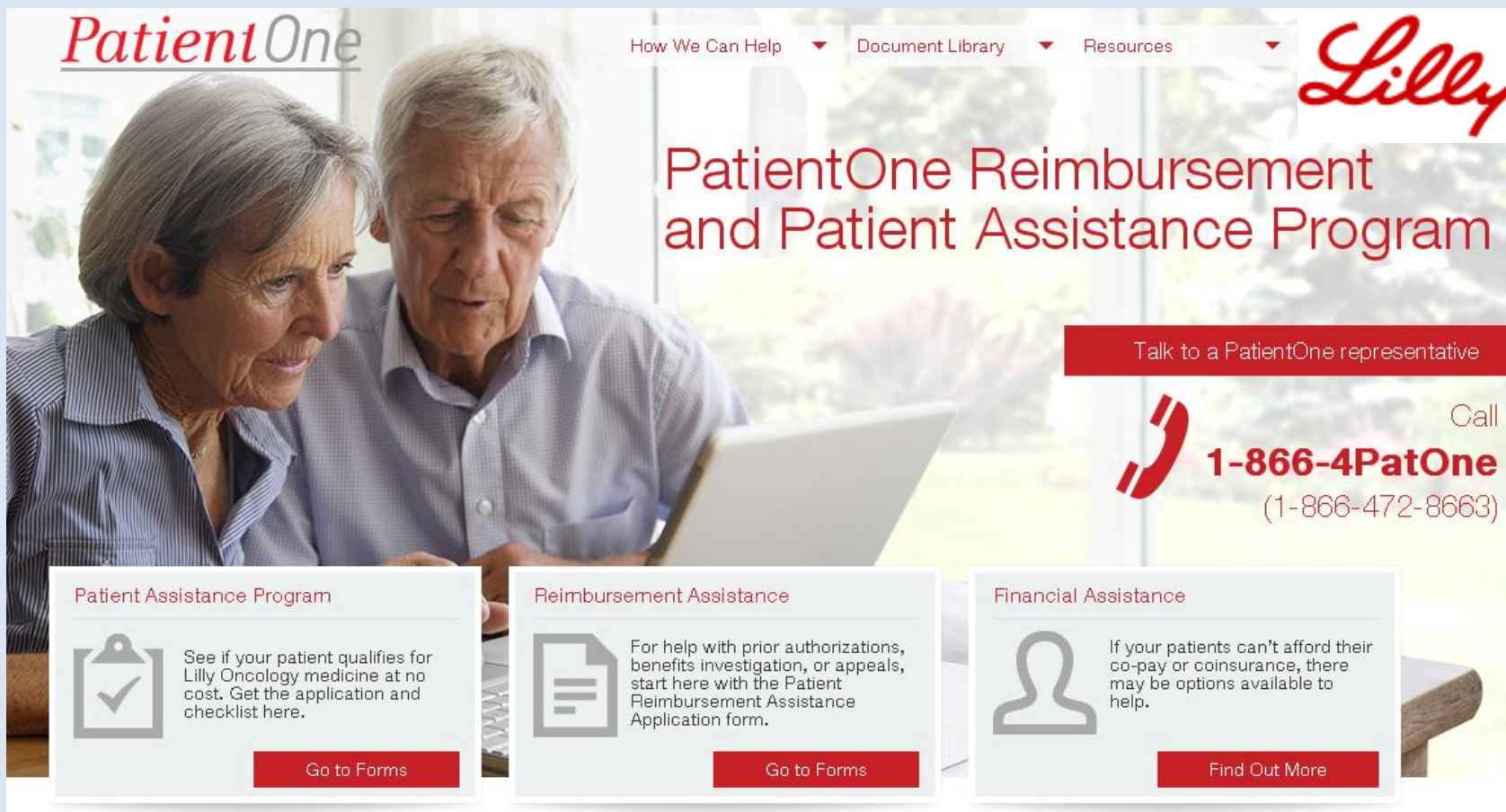
The Michigan State Medical Society communicated its concern about recent patient-centered medical home policy changes made by Medicaid HMOs to the state's Medicaid Services Administration. Specifically, MSMS opposes the decision made by Meridian Health Plan to change its PCMH recognition policy in a way that undermines practice sustainability and increases administrative burden. Meridian used to accept a self-assessment for PCMH status and would pay \$3.00 PMPM for those practices able to demonstrate well-developed PCMH infrastructure. [READ MORE](#)



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For some patients, facing the cost of cancer treatment may be almost as difficult as the diagnosis itself, especially for patients without insurance. Lilly PatientOne addresses financial and coverage issues for qualified uninsured, underinsured, or insured patients who are prescribed a Lilly Oncology product. Through PatientOne, you may be able to help your qualified patients get the assistance they need, allowing them to start treatment with one less worry.

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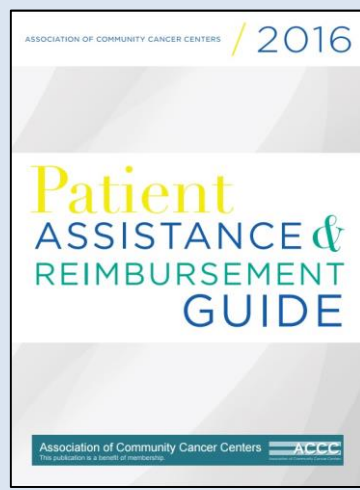
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Plus, a list of pharmaceutical and non-pharmaceutical patient assistance programs with enrollment information and direct links to forms, a patient assistance flow chart for specific patient populations, and more. A print copy of the guide mailed with your January/February *Oncology Issues*.



## Reimbursement Questions & Answers

If you have reimbursement questions you need answers to, please submit them to [njsombilling@gmail.com](mailto:njsombilling@gmail.com).



**Question:** I'm hearing and seeing all the information on the JW Modifier and drug waste but I cannot figure out what is different. Can you tell me what has changed?

**Answer:** If you were already reporting the drug waste on a separate line with the JW modifier, then nothing has changed for you. Previously use of the JW modifier was voluntary but, effective July 1, 2016, CMS is mandating that ALL Part B providers use the modifier.

\*\*\*\*\*

**Question:** We are an outpatient hospital facility billing our drugs on the CMS 1450 claim. Can you tell me if we have to separate the drug amount the patient receives and report the waste on a separate line with the JW modifier? Does this apply to us? Aren't we Part A?

**Answer:** Yes, outpatient hospital providers also have to comply with the mandate that drug waste from a single dose vial be reported on a separate line with the JW modifier because the drug PAYMENT for the outpatient hospital comes from Part B.

\*\*\*\*\*

**Question:** Thanks for the heads up on the JW Modifier. Please, verify that I understand this correctly.

On a claim line, we would have the J-Code and the Number of HCPCS Units, which is the dosage divided by the HCPCS Quantity. All fractional amounts are to be rounded up to the nearest integer. Then on a second claim line, we repeat the above for the waste. Again, we round up.

So, we would have the *potential*, due to rounding, to bill two more HCPCS Units than we actually used? Do I understand this, correctly?

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**Answer:** You are reading the requirement correctly however, both CMS and the OIG have given direction to us that we MUST make sure that we do not round up higher than the actual vial size, so there is some manual review to be sure that never happens. *“A situation in which the JW modifier is not permitted is when the actual dose of the drug or biological administered is less than the billing unit.”* Below is an example from the CMS Manual:



*“One billing unit for a drug is equal to 10mg of the drug in a single use vial. A 7mg dose is administered to a patient while 3mg of the remaining drug is discarded. The 7mg dose is billed using one billing unit that represents 10mg on a single line item. The single line item of 1 unit would be processed for payment of the total 10mg of drug administered and discarded. Billing another unit on a separate line item with the JW modifier for the discarded 3 mg of drug is not permitted because it would result in overpayment. Therefore, when the billing unit is equal to or greater than the total actual dose and the amount discarded, the use of the JW modifier is not permitted.”*

\*\*\*\*\*

**Question:** We sometimes have to throw away drug that is expired from a multiuse vial. Can we bill for that waste as well using the JW modifier? Sometimes the multiuse vial is a single use because we don't use the remainder in enough time.

**Answer:** No, CMS has been VERY clear that you are only allowed to bill for waste from a SINGLE use vial. Multi-use vials are not subject to payment for discarded amounts of drug or biological. Their definition of a single-dose vial is below:

### ***What is a single-dose or single-use vial?***

*A single-dose or single-use vial is a vial of liquid medication intended for parenteral administration (injection or infusion) that is meant for use in a single patient for a single case/procedure/injection. Single-dose or single-use vials are labeled as such by the manufacturer and typically lack an antimicrobial preservative.*

\*\*\*\*\*

**Question:** Where specifically do we have to document the drug waste when we bill with the JW modifier? Can we use our Pyxis?

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**Answer:** According to CMS, “providers must document the discarded drugs and biologicals in the patient's medical record.” CMS has not released specific guidance on the documentation of wastage, however advise providers to include anything they feel would help clearly document the amount of the single use vial that was administered and the amount that was wasted in case of a review of patient records. Therefore, if you consider your Pyxis to be a portion of your patient’s Medical Record, and that information is available and presented under audit, then MOST LIKELY you will not have a problem. The best case would be to have the information documented directly into your EMR.

More information on the JW modifier can be found at: Reference: [CMS Medicare Claims Processing Manual \(Pub. 100-04\), chapter 17, section 40](#)



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