



# Update

October 2011

A PUBLICATION OF THE WASHINGTON STATE MEDICAL ONCOLOGY SOCIETY

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# WSMOS

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## President's Update

Vincent J. Picozzi, Jr., M.D., MMM

To our prized members, sponsors and guests, With each passing year, the issues facing our patients and ourselves become more complex. On the national level, the need to bring the national budget into better balance threatens many aspects of oncology reimbursement. From ASP pricing, to SGR reconciliation to Medicare and Medicaid cutbacks, all have the potential to impact our practices significantly. Other issues, including evermore widespread drug shortages, support for clinical research, and the need for demonstrations of value (e.g. PQRI) also complicate our daily existence. In addition, the uncertain specter of the Affordable Care Act and its potential impact on oncology looms.

Issues at the state level compound those occurring nationally. Local policies on therapy reimbursement seem at times progressively arbitrary and restrictive. Also, a little publicized bill in the state Senate (Bill 5594) concerning the handling of hazardous drugs, has the potential for major impact and expense for oncology practices throughout the state.

With these issues in mind, I would like to extend a special invitation to each and every one of you to attend our November 4 membership meeting. On that date, we will be treated to presentations from experts on several of these issues from both national and state experts, along with scientific updates on key therapeutic advances in lymphomas, melanoma and prostate cancer. As always, there will also be ample time for informal fellowship.

The strength of our society derives from the strength of our membership. As such, WSMOS wants to be an organization of importance to your professional life. We will be contacting each oncologist in the state to insure such is the case, and inviting him or her to join us if not already members. We have recently restructured our bylaws to facilitate membership for us all. Our November 4th meeting would be an excellent way of beginning, or continuing, our mutual affiliation.

## WSMOS Website Updates

Don't miss important WSMOS news! Subscribe to our [newsfeed](#). Simply enter your email in the box on the right-hand side of the screen, enter the verification code displayed and an email verifying your subscription request will be sent to your mailbox. Click on the link contained in the email and your email subscription to the WSMOS newsfeed will be confirmed.

# www.WSMOS.org

## ASCO, the CPC, and a State Affiliate Council

Jeffery Ward, MD

### Corporate Members

#### In Appreciation to Our Corporate Members

WSMOS is appreciative of the following Corporate Members for their continued support of our society and our mission to provide advocacy for cancer patients and to promote standards of excellence for high-quality cancer care:

#### Diamond Members

Amgen  
Celgene Corporation  
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McKesson Specialty Care Solutions  
Merck  
Oncology Supply/ION  
Seattle Genetics  
Spectrum Pharmaceuticals

#### Silver Member

Allos Therapeutics  
GlaxoSmith Kline

#### Corporate Membership

WSMOS now offers Corporate Membership opportunities for those industry professionals working in the field of oncology. With the support of our corporate sponsors, WSMOS will continue to be the leading professional organization for oncologists in the state of Washington and a resource for the oncology community through professional education, and information dissemination.

A Corporate Membership application and information is available on the WSMOS website at [www.WSMOS.org](http://www.WSMOS.org) on the Membership page, or for more information contact Liz at: 360.258.0443

As I write, I am on my way to ASCO headquarters in Alexandria, Virginia for a busy week; two days of Journal of Oncology Practice editorial meetings, one day storming the hill, and two days of Clinical Practice Committee (CPC) meetings. In addition, my son told me recently that I needed a hobby. At least they bundle the meetings together. As Chair-elect of the CPC, one of my assignments this week is to present to the committee a proposal that would formatively change the way ASCO communicates and interacts with state organizations like WSMOS and community oncology. Let me give you a sneak preview of what I think is an opportunity for our voice to be both solicited and heard by ASCO leadership.

The CPC has been through a number of iterations over the years. In 1990, the year I started my fellowship and first became acquainted with ASCO, President Robert Young, in his presidential address to the Society said, "Perhaps no other ASCO committee has been reorganized so completely and has worked so steadily and effectively this year as has the Clinical Practice Committee." At the time, it was a relatively small committee, about 12 private practice oncologists, appointed by the ASCO President to tackle a heady agenda: "practice problems, coding, investigation in clinical practice, reimbursement issues, technology transfer, and to be a clearinghouse for regional reimbursement and other regional concerns." It is certain that President Young had no inkling of how prophetic he was when he concluded that the CPC "is and will continue to be, one of the most active and important committees in the political and economic arena for ASCO."

However, over the years the CPC has morphed into a very different beast. In 1993, ASCO initiated its State Affiliate Program and state society presidents were automatically appointed to the CPC, greatly increasing its numbers. In 1996, our Dr. John Keech, then CPC chair, initiated the State Affiliate Work Group (SAWG), further burgeoning the committee by including state administrators as ex-officio (non-voting) members. It also became a favorite junction at which to include ASCO liaisons from ASH, ACCC, AMA, AOHA, SGO and other acronyms. Today's committee includes 38 members at large and 48 state presidents. It has a steering committee that tries to remain active in its "agenda" but the full committee functions primarily as an informational conduit to community oncology about ASCO's public policy priorities and community practice activities. That the CPC is struggling to give proper attention to the rest of its responsibilities is perhaps best exemplified in the number of committees that have either spun off of the CPC or have been developed with overlapping functions such as the Government Relations, Clinical Practice Guidelines, Quality of Care/QOPI, and Best of ASCO Committees.

At the same time, the ASCO Board and CEO, Dr. Alan Lichter, have been struggling with a very real communication gap between it and the society's domestic membership. This isolation has become ever so apparent in our era of never ending healthcare and reimbursement reform. Moreover, it was the ASCO Board that came to the CPC leadership and the SAWG at the Annual Meeting in June and asked that we develop and propose a new entity, a being that we have named the ASCO State Affiliate Council. Rather than simply being a conduit from ASCO to community oncologists, the State Affiliate Council will be an assembly that will function as a deliberating body and sounding board to provide advice and council to ASCO. Accessed through WSMOS and other ASCO affiliated state societies, each society will be represented by one voting member, to be chosen by the society in a manner of its own choosing, and one ex-officio staff member. The council will select its own leadership from within the group and the ASCO Board will select a council liaison from within the Board.

The Council will develop its own internal processes, but it is hoped that issues will come before it, not just from ASCO, via the board, but from the grassroots, such that it will become the two-way conduit, something that the CPC, in its structure and with

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its additional responsibilities, never quite mastered. The Council is not to be a congress and decisions will not be binding on ASCO, but it is expected that it will seek relative consensus on issues and pass resolutions of recommendation to the Board expressing the will and wisdom of the community. It is anticipated that ASCO will sponsor biannual face-to-face meetings, one of them in conjunction with the annual meeting and a second in the fall.

Though the State Affiliate Council is not a done deal, previews of the proposal have been met enthusiastically by the CPC and I will formally present it to them this week. The ASCO Board, which has followed the process enthusiastically, is expected to review and approve the proposal in December. The Council will, hopefully, convene for its first face-to-face meeting in Chicago at ASCO 2012.

It will be at that meeting that I will be given the gavel of the CPC. I can only pray that at the end of my tenure, ASCO President-elect, Dr. Sandra Swain, can say, "Perhaps no other ASCO committee has been reorganized so completely and has worked so steadily and effectively this year as has the Clinical Practice Committee."

## WSMOS Welcomes New Members

**Timothy Carlos, M.D.**

Cascade Cancer Centers of Washington

**Umesh Chitale, M.D.**

MBBS Multicare Regional Cancer Center

**Daniel Byrd, M.D.**

Providence Western Washington Oncology

## WSMOS Welcomes New Corporate Members

**Dendreon**

**Bristol Myers Squibb**

**Seattle Genetics**

**Spectrum Pharmaceuticals**

*Welcome!*

# Save the Date!

## WSMOS Fall Membership Meeting

November 4, 2011

8:00 am - 4:30 pm

Cocktail Networking Reception

4:30 PM-6:30 PM

## Cedarbrook Conference Center

18525 36<sup>th</sup> Avenue South

SeaTac, WA 98188

2011 has been an extraordinary year in terms of FDA approval of several innovative cancer therapies. They are all very expensive. Are they worth the cost and can we afford to use them?

Join your colleagues and us November 4, 2011, for a comprehensive discussion of these new drugs and the socioeconomic issue of healthcare in general and oncology in particular. Stay after the meeting and attend our Cocktail Networking Reception. This is a wonderful opportunity to carry on the conversations from earlier in the day and avoid go home traffic!

### Agenda items include:

- Health Care Reform Update
- Medicare Update – with Noridian Medical Director Dr. Bernice Hecker
- Clinical and Economic Discussions of New Cancer Therapies

**Who should attend?** All members of your oncology health care team including, oncologists, pharmacists, nurses, financial counselors, billing staff and patient advocates.

Meeting Agenda Online Registration Available Now at [www.WSMOS.org](http://www.WSMOS.org) on the **Events** page

The WSMOS *Update* newsletter is distributed in electronic format only. To receive your newsletter VIA email, please send a message to [WSMOS@comcast.net](mailto:WSMOS@comcast.net).

You can also view current and back issues of this newsletter on the WSMOS [website](http://www.WSMOS.org).

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**Meeting Agenda**  
 November 4, 2011  
 Cedarbrook Conference Center

8:00-8:45am	Breakfast with Exhibitors
8:45-9:00am	Welcome & Introductions <i>Vince Picozzi, MD, MMM President</i>
9:00-9:45am	<b>Challenges of Healthcare Reform Implementation</b> <i>Tracy Baroni, RPh, JD, Executive Director &amp; Head of Health Policy, Novartis</i>
9:45-10:30am	<b>Pathways: The Value Proposition</b> <i>Kathy Lokay, President &amp; CEO of D3 Oncology Solutions and Peter Ellis, MD, Medical Director of D3 Oncology Solutions</i>
10:30-10:45am	Break with Exhibitors
10:45-11:30am	<b>Senate Bill 5594: Regulating the Handling of Hazardous Drugs</b> <i>John Furman, PhD, MSN, CIC, COHN-S, Occupational Nurse Consultant, WA State Dept. of L&amp;I</i>
11:30-12:30pm	<b>Brentuximab Vedotin - New Highly Active Therapy for Relapsed and Refractory Hodgkin Lymphoma and Anaplastic Large Cell Lymphoma</b> <i>Andrei Shustov, MD, Hematology, University of Washington</i>
12:30-1:30pm	Lunch with Exhibitors
1:30-2:30pm	<b>New Targets and New Treatments in Melanoma</b> <i>Brendan Curti, MD, Providence</i>
2:30-3:30pm	<b>The Evolving Treatment Paradigm for Metastatic Castration Resistant Prostate Cancer</b> <i>Tia Higano, MD, Urologic Oncology, University of Washington</i>
3:30- 4:30pm	<b>Medicare Update</b> <i>Bernice Hecker, MD, CMD, Linda Windley, Provider Education, Noridian</i>
4:30-6:00pm	<b>Networking Cocktail Reception</b> Recognition of Outgoing Board Members, & Announcement of Elections

*Mark Your Calendar!*

**WSMOS Spring Membership Meeting**  
 May 11, 2012  
 8:00 am - 4:30 pm

**Cedarbrook Conference Center**  
 18525 36<sup>th</sup> Avenue South  
 SeaTac, WA 98188

**Meeting Agenda Coming Soon!**  
 Questions? -Please contact Liz Cleland at 360-258-0443 or via email at [WSMOS@comcast.net](mailto:WSMOS@comcast.net) or check out the website [www.wsmos.org](http://www.wsmos.org)



## Medicare Updates

*Risë Marie Cleland*

### Important Registration Details for Medicare and Medicaid EHR Incentive Program

- Medicare - November 30, 2011, is the last day for Medicare eligible hospitals and CAHs to register and attest to receive an incentive payment for Federal fiscal year 2011.
- Medicare - February 29, 2012, is the last day for Medicare EPs to register and attest to receive an incentive payment for calendar year 2011.
- [Click Here](#) for WA Medicaid EHR program details.

### Noridian Awarded JF A/B MAC

On August 22, 2011, CMS announced that Noridian Administrative Services (NAS) was awarded the contract for A/B MAC Jurisdiction F (JF). JF states include: Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming. NAS will immediately begin transitioning all A/B MAC activities and implement Medicare processes in the corresponding JF states.

[CMS Contract Award Fact Sheet](#)

[MAC JF Implementation Page](#)

WSMOS looks forward to a continued collaborative partnership with Noridian!

### Drug Shortage Email Alerts

The FDA maintains a Web page that includes current drug shortages, the reason for the shortage, and other related information. This page also includes links to FAQs on drug shortages, resolved drug shortages and drugs that are to be discontinued. The FDA also provides a link to [Sign up for an E-mail notification](#) to receive updates of drug products added to the Current Drug Shortages, and Resolved Drug Shortages lists.

CMS Resources on ICD-10

Effective October 1, 2013, medical coding will change from ICD-9-CM to ICD-10. This change will affect everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA).

CMS has recently created podcasts from four of their National Provider Calls on ICD-10. The podcasts and the links to access them are listed below:

[CMS ICD-10 Conversion Activities](#)

[Preparing for ICD-10 Implementation in 2011](#)

[Basic Introduction to ICD-10-CM](#)

[ICD-10-CM/PCS Implementation and General Equivalence Mappings \(Crosswalks\)](#)

### New Drug Approvals

- On August 17, 2011, the FDA approved vemurafenib tablets (ZELBORAF™, Hoffmann-La Roche Inc.) for the treatment of patients with unresectable or metastatic melanoma with the BRAFV600E mutation as detected by an FDA-approved test. For more information, please visit the [FDA's website](#).
- On August 18, 2011, the FDA granted accelerated approval to Brentuximab vedotin (Adcetris™ for Injection, Seattle Genetics, Inc.) for two indications: the treatment of patients with Hodgkin lymphoma after failure of autologous stem cell transplant (ASCT) or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not ASCT candidates and the treatment of patients with systemic anaplastic large cell lymphoma (ALCL) after failure of at least one prior multi-agent chemotherapy regimen. For more information, please visit the [FDA's website](#).
- On August 26, 2011, the FDA granted accelerated approval to crizotinib (XALKORI® Capsules, Pfizer Inc.) for the

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treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test. For more information, please visit the [FDA's website](#).

- On September 16, 2011, the Food & Drug Administration (FDA) has granted approval for denosumab (Prolia, Amgen Inc.) as a treatment to increase bone mass in patients at high risk for fracture receiving androgen deprivation therapy (ADT) for nonmetastatic prostate cancer or adjuvant aromatase inhibitor (AI) therapy for breast cancer. In men with nonmetastatic prostate cancer, denosumab also reduced the incidence of vertebral fracture. For more information, please visit the [FDA's website](#).

## **Drug Administration Services**

### *Revised Chemotherapy Administration Article*

On October 20, 2011, Noridian revised the article, [Chemotherapy Administration](#) clarifying the correct coding of more than one "initial" or subsequent service code as noted in the IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.5E.

### *Part B Denying Chemotherapy Administration Codes*

Noridian published the following production report regarding the recent incorrect denials of chemotherapy administration codes:

**Applies To:** Any provider submitting claims for chemotherapy administrations.

**Procedure Code(s):** Chemotherapy administration codes 96401–96402, 96405–96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521–96523, 96542, and 96549 processed between August 29, 2011 and September 11, 2011.

## **Background**

Publication 100-04 of the Internet Only Manual (IOM), Chapter 12, Section 30.5.E. – Coding Rules for Chemotherapy Administration and Nonchemotherapy Injections and Infusion Services states: "If more than one 'initial' service code is billed per day, the carrier shall deny the second initial service code unless the patient has to come back for a separately identifiable service on the same day or has two IV lines per protocol. For these separately identifiable services, instruct the physician to report with modifier 59." To be in compliant with this section of the IOM, NAS began editing for these codes on August 29, 2011. Instead of allowing 1 chemo administration the system incorrectly denied all Chemotherapy administration codes submitted on the same day.

## **NAS Action**

NAS updated the system to allow one chemotherapy administration per day on September 12, 2011. Claims that were denied in error will be reprocessed.

09/16/11: Claim adjustments have been initiated for those claims denied in error.

## **Provider Action Needed**

No action at this time.

## **Date Reported: 09/13/11**

Date Resolved:

## **Tracking#: 110913001**

### *New Edit for 96416*

The October 2011, NCCI Column I/Column II edit tables include new edits that bundles CPT 96416 chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump, and CPT codes 96365, 96372 and 96374. To bypass the edit, when appropriate, append modifier -59 to 96365, 96372, and 96374 when billed with CPT 96416. Documentation should show that the infusion/injection services were separate from the chemotherapy administered via the pump (96416).



**President**

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Kenneth G. Kraemer, MD  
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Capital Oncology

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Vancouver, Washington 98660  
Phone 360.258.0443  
Fax 360.326.1733

The Washington State Medical Oncology Society would like to extend an invitation to become a member!

Major benefits of your membership fee include the following:

- Representation on the ASCO Clinical Practice Committee and other major national initiatives of importance to oncology;
- Representation at the state level on issues of significance to the oncology community;
- Representation of our interests to other physician groups;
- Representation and advocacy to insurance carriers in the state for reimbursement and coverage issues of concern to oncologists;
- Membership includes complimentary registration to all WSMOS membership meetings as well as special topic meetings for you and your staff, recognition as a WSMOS member and subscription to the WSMOS quarterly newsletter.

Membership Levels:

- Hematology and oncology Emeritus:  
Free membership
- Individual physicians: \$200 each
- Office Manager/Administrator, Pharmacist, NP, PA, RN: \$50
- \*Groups of 20 or less: \$1000
- \*Groups of 21 or more: \$2000

\* Group memberships will receive 1 voting right for each two-hundred dollars of membership dues.

If you have any questions regarding your membership please contact: Liz Cleland by phone at: (360) 258.0443 or by email [wsmos@comcast.net](mailto:wsmos@comcast.net)

Register and Pay online at [www.wsmos.org](http://www.wsmos.org)

Or

Make all checks payable to WSMOS mail check and application to:  
WSMOS  
113 W 7th St., Suite 205  
Vancouver, WA 98660

WSMOS is a 501(c) 6 not for profit entity. Our federal identification number is 56-2367855.



An Affiliate of the American Society of Clinical Oncology (ASCO)  
 &  
 Chapter Member of the Association of Community Cancer Centers (ACCC)

**APPLICATION FOR WSMOS MEMBERSHIP**

**PROVIDER INFORMATION**

First Name:		Middle Initial:	Last Name:	
Suffix:	Degree:		Title:	
Institution:			Department:	
Address:				
Address:				
City:		State:	ZIP Code:	
Phone (with area code):		Fax (with area code)		
Email:		Specialty:		

**ADMINISTRATOR/MANAGER INFORMATION**

Practice Administrator/Manager Name:			
Email:		Phone (with area code):	
Address:			
City:		State:	ZIP Code:

**PRACTICE TYPE**

Check One:  Academic  Hospital Based  Office Based

**MEMBERSHIP TYPE**

Emeritus (free membership)  Individual Physician (\$200 Dues)  Office Manager, Pharmacist, RN, NP, PA (\$50 Dues)

\*Group of 20 or less (\$1000.00)  \*Group of 21 or more (\$2000.00) *Please fill out a separate application for each physician*

\* Group memberships will receive one voting right for each two-hundred dollars of membership dues.

Questions?  
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To join online go to [www.WSMOS.org](http://www.WSMOS.org) and click on the "Join Now" button

**PLEASE INCLUDE ANNUAL MEMBERSHIP DUES WITH APPLICATION**

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 WSMOS

**MAIL CHECK & COMPLETED APPLICATION FORM TO:**

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