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News

NNECOS News is an e-mail publication of Northern New England Clinical Oncology Society

LOOK WHAT'S NEW AT NNECOS! **NNECOS Launches New Website, New Logo, New Survey**

Here at NNECOS, we're looking forward to our best year ever in 2011. Since our tremendously successful annual meeting last fall, NNECOS leaders have been hard at work on projects and initiatives to bring you a rejuvenated, reinvigorated, more relevant society in 2011.

To kick off our successful year, we invite you to check out our **brand new interactive website** to go along with our new look! Take a look around and let us know what you think. We'll be building resources and information in the coming months, and we'd love to hear from **YOU** to learn more about what you'd like to see on the site to make it more useful for you.

From our new site you can now manage your contact information, renew your membership, register for events, contribute to discussion groups, and much more!

We're committed to making NNECOS what you want it to be. Please take a few moments to respond to our first ever **member and constituent survey** to help us learn how to be the best society that we can be.

Together, we can continue to collaborate to help assure the availability of and access to high quality oncology care in our region.



Check us out on the web at www.nnecos.org!

Members can access their existing account through a simple login process.

- click "forgot password"
- enter your email address in the box when prompted
- follow the email instructions to "reset" your password

NNECOS MEMBER AND CONSTITUENT SURVEY ***Meeting the Needs of Oncology Professionals Across the Region***

As was announced at the 2010 Annual Meeting, NNECOS is undertaking a constituent survey project in 2011. The intent of this survey is to help us ensure we are presenting meaningful, useful content to our members year-round.



We recognize that your time is valuable, and appreciate you taking the time to share your thoughts and insights with us as we strive to serve the region in the most beneficial way possible. You can access the [**brief survey on our new website.**](#)

NNECOS MAKES HISTORY! ***NNECOS Leaders Gather at Historic*** ***Mount Washington Hotel for First Ever Board Retreat***

In 1944, the Mount Washington Hotel hosted an historic International Monetary Conference, at which delegates from 44 nations convened to establish the World Bank and International Monetary Fund. On Saturday, January 22, amidst the snow-covered beauty of this historic property, NNECOS leaders made history of their own, holding their first ever board retreat, convening to discuss issues of crucial importance to the future of oncology care for Northern New England and to chart the course for the future of NNECOS.



Tackling a tremendously ambitious agenda, including a number of items brought to the table as a result of the 2010 Platinum Roundtable at Stowe Mountain Lodge, leaders set about the business of discussing and evaluating a number pressing issues impacting oncology care in our region, and prioritizing areas in which society action might be able to make a positive impact on care.

In addition to the excellent and thought provoking discussion, a number of goals and tasks were set including:

- Formal correspondence with our CMS medical director, legislators, payers, and ASCO regarding a number of pressing issues crucial to oncology care
- Exploration of partnership with industry to improve access to care;
- Commitment to partnership with advocacy organizations;
- Consideration of ways to promote clinical trial participation;
- Strategies to expand membership focusing on what NNECOS can do for you;
- Focus on maximizing the power of our website as a tool for the oncology community across the region.

Stay tuned for the latest news and developments, watching your inbox, mailbox, and our website for updates as the year unfolds.

NNECOS AWARDS 2010 RESEARCH GRANT
Pilot Study of the Use of Cellular Phones in Long-Distance
Subject Management of Cancer Pain

On behalf of the NNECOS Research Selection Committee and the Board of Directors, we are delighted to announce the awarding of the 2010 Research Study Grant in the amount of \$10,000 to Dr. Thomas Openshaw, MD and team from CancerCare of Maine for their "*Pilot Study of the Use of Cellular Phones in Long-Distance Subject Management of Cancer Pain.*"

The overall aim of this study is to apply advances in telephony and telemedicine applications to improve management of cancer pain in people with cancer who live in geographically isolated areas with limited access to oncology care. The study aims to:

- Evaluate the effectiveness of cell phone technology in the management of pain associated with metastatic cancer.
- Evaluate the usefulness of cell phone technology and selected instruments for the data collection by subjects with cancer in rural communities.
- Determine the benefit-burden ratio (point in time when a participant will not further benefit from technology use)

The variables under investigation are pain intensity; pain relief; intensity and relief of opiate side effects; medication compliance; patient acceptance of technology, and overall usefulness of data collected.

Dr. Openshaw explained the importance of this project to *NNECOS News*. "Here in northern Maine, the distances patients need to travel for an office visit often make it challenging to manage their pain. When we start patients on a new pain med, we call them regularly until we feel that their pain is under control. However, when they do come in for a visit, they often say that their pain was not well controlled. We hope that the use of technology to follow patients' pain scores in real time will help us to do a better job of treating their pain between office visits."



We wish Dr. Openshaw and his team the best as they undertake this study, and look forward to future updates on its progress!

HIPAA Version 5010, D.0 and ICD-10 ARE COMING!
WILL YOU BE READY?

Test early, test often during calendar year 2011 with NHIC, Corp. to ensure that you are ready to be compliant with Version 5010/D.0 on January 1, 2012.

Testing with NHIC, Corp. is available now, as long as you have completed your internal readiness assessment and internal testing. This is Level I testing, and means that a covered entity can create and receive compliant transactions that result from the completion of all internal activities and testing. External testing with NHIC, Corp.

cannot begin until Level 1 internal testing has been completed. If you have not completed Level 1 testing, **don't panic! You still have time, but you must start now!** The first step is to contact your software vendor.

External testing is considered Level II testing, and means that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with Versions 5010 and D.0. **Remember:** Versions 5010 and D.0 impact all your payers, not just

Medicare Fee-for-Service (FFS); so you should initiate testing with all your trading partners as well as NHIC, Corp.

On April 1, 2011, the errata Version 5010A.1 will be available and MACs will be ready to test with it. "Errata" is a term used for any corrections to the original version of a transaction. Webster's defines it as "an error in a printed work discovered after printing, and shown with its correction on a separate sheet". Testing of Version 5010A.1 should be done between April 1, 2011 and December 31, 2011. The question is: should you test twice, once between now and April with the "base" version and again between April and

December with the errata version? The answer is yes - it is not required to do so, however the thing to consider when making a decision on when to test is that you cannot be promoted to production until the April errata has been tested since that is the version which will be used as of January 1, 2012. Also, by testing now you can get some experience in the testing process and you will familiarize yourself with the new transactions.

The Version 5010/D.0 and ICD-10 Implementation Timeline along with links to some helpful information are below for your reference.

TIMELINE

January 1, 2010	Level I Internal Testing
January 1, 2011	Level II External Testing - begin accepting 5010; continue accepting 4010
<i>You Are Here Now</i>	
April 1, 2011	Begin testing of Errata Version 5010A.1
January 1, 2012	Cut off date for old transactions - all electronic claims must use Version 5010
October 10, 2013	Full compliance with Version 5010 and ICD-10 codes for submission of electronic claims

RESOURCES

March 16th teleconference on 5010/ICD-10 from 1-2pm facilitated by Part B Provider Outreach and Education. This session is an in-depth look at what changes must occur for Version 5010 and will investigate the differences between ICD-9 and ICD-10 codes.

Upcoming special listserves that will highlight information on the new ICD-10 codes Version 5010 and D.0 transaction resources on the CMS website:

www.cms.gov/Versions5010andD0

Educational Resources such as MLN articles, fact sheets, checklists, reference guides etc.

[www.cms.gov/Versions5010andD0/40 Educational Resources.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage)

Keep Ahead of the Message - Prepare and Be Ready for Version 5010, D.0!



Please note our new e-mail address:

info@nnecos.org

SAVE THE DATE: 2011 Spring Meeting
“The Business of Oncology”
Tuesday, May 17 in Concord, NH

Save the date for this year’s Spring Meeting, “***The Business of Oncology***”, scheduled for Tuesday, May 17th at the Grappone Center in Concord, NH. The planning committee is putting the finishing touches on an excellent agenda, addressing the key issues facing oncology professionals across the region and around the country. Tentative topics include: Electronic Health Records (EHRs) and Meaningful Use presentation and panel, making clinical research financially feasible, providing financial counseling services in your practice - how can NNECOS help?, and the ever-popular medical and radiation oncology reimbursement breakout sessions. New this year will be online registration for this spring favorite! Mark your calendars and watch for registration details to be released soon!



IT’S TIME TO RENEW YOUR NNECOS MEMBERSHIP!

At this time of revitalization of the society, you won’t want to miss a minute of your NNECOS membership benefits, so take a moment and renew today! Go to www.nnecos.org and click on “forgot password” in the top right corner of the screen. Enter your email address when prompted, and you will be sent instructions to set your password and login to access your member information. Once logged in, you can renew your membership via credit card or send payment via postal mail. Thank you for your continued support of the society!

NHCCC ANNUAL CONFERENCE WEDNESDAY APRIL 13TH
Cancer and the Health Reform Environment:
New Opportunities and New Partnerships

The New Hampshire Comprehensive Cancer Collaboration (NHCCC) announces its 6th Annual Meeting, “Cancer and the Health Reform Environment: New Opportunities and New Partnerships”, to be held



Wednesday, April 13, 2011 at the Grappone Conference Center in Concord, NH.

Complete registration information is available on their [website](#). Register by April 5th.

TIME SENSITIVE REQUEST FOR ASCO MEMBERS **ASCO Health Information Technology – We Need Your Input**

Electronic health records and other types of health information technology are poised to substantially impact oncology care across the country. For ASCO to most effectively assist our members in this changing environment, we would like you to take a 5-10 minute survey to share your experiences with us. We hope to hear directly from you regarding the challenges you are facing with the technologies in use today, and how you would see ASCO helping you to meet those challenges.

Please fill out this survey by February 28th:
<http://www.zoomerang.com/Survey/WEB22BWK2NZADK/>

Thank you for your time and insight. If you have any questions, please email ehr@asco.org or call 571-483-1650.

UPDATES FROM ASCO

Update on MUE for Fulvestrant

ASCO began hearing from our members in late January that claims for fulvestrant at a dose of 500 mg were being denied by Medicare contractors. Our members were told that these denials were based on a “medically unlikely edit” (MUE) for fulvestrant. ASCO communicated with the CMS contractor responsible for the National Correct Coding Initiative and MUEs regarding the need for an expedited solution to this problem. Late yesterday afternoon we were informed of a workaround for fulvestrant claims, as follows:

In this instance only, providers may submit their claims prior to April 1 by reporting J9395 on two lines of a claim utilizing modifier 59 with the code on one claim line and be paid for the 500 mg dose of fulvestrant. On each claim line the provider may report 10 units of service.

Providers may also delay submission of their claims until April 1, 2011, which is when CMS will modify the MUE value for this code in its next regularly scheduled update.

If providers have already had claims denied due to this MUE value, they may resubmit their claims or appeal them after April 1, 2011 to their local claims processing contractor.

ASCO will continue to monitor this situation, and we ask our members to continue to inform us (at practice@asco.org) as they encounter similar situations, either with this drug or others.

MUEs on Fluorouracil

ASCO spoke with CCS and learned that the MUE for fluorouracil will be adjusted. The new edit will be updated on April 1; however, the MUE change will be effective retroactive to January 1, 2011. Claims that have been denied can be resubmitted as of April 1. Providers can also ask their local contractors to reopen the claim.

Claims for fluorouracil may be held until April 1 or may be submitted using the -59 modifier. It is important to note that CCS has not published instructions for reporting fluorouracil. If claims are submitted using the -59 modifier, documentation should support the reporting. ASCO will continue to work with CCS on further MUE issues that are raised.



HEALING ARTS PROGRAM **At Exeter Hospital's Center for Cancer Care**

NNECOS is pleased to present the beautiful artwork of the [Healing Arts Program at Exeter Hospital's Center for Cancer Care](#), led by Kathleen Robbins on our new website!

Over the past five years, Kathleen has created a program where she works with cancer patients with one on one art instruction in the infusion areas as well as a traditional art class where patients learn to use the creative arts as a tool for relaxation and expression.



*Image courtesy
Patricia Gelinas*

Kathleen Robbins has a Master's degree from Massachusetts College of Art where she taught art classes as an adjunct faculty member for 5 years.

For more information regarding the art program at Exeter Hospital's Center for Cancer Care you may contact Kathleen at her direct extension 603-580-7280 or email her at krobbins@ehr.org

HELP US BUILD OUR RESOURCES

One of the goals for our society in 2011 is to enrich the resources available via the NNECOS website. If you have a resource you'd like to suggest for inclusion, please email info@nnecos.org and let us know!

The site currently provides links to member practices, patient access programs, FDA Approvals, J-Code Updates, Community Resources, and much more!

We also have the capacity to create member only and public discussion groups on a variety of topics of interest. Have a pressing issue you'd like to discuss? Why not [start a discussion](#) and harness the strength of the fantastic network of professionals across our region, sharing resources, ideas, and expertise for the betterment of cancer care!

YOUR FEEDBACK IS IMPORTANT TO US

We are interested in your feedback and suggestions. Please send your comments and suggestions for future issues to info@nnecos.org.

Feel free to forward this issue of NNECOS News to your colleagues who may not be current members of Northern New England Clinical Oncology Society. If you would prefer not to receive future e-mail correspondence from NNECOS, please reply to this message and type "remove" in the subject line.



NNECOS TO PARTNER WITH NVONS
AT STOWE WEEKEND OF HOPE
April 29 - May 1, 2011

The Stowe Weekend of Hope (www.stowehope.org) is an annual celebration of life and learning for cancer survivors and those who love them. Through a partnership of Vermont's medical community and Stowe's hospitality businesses, cancer survivors and their families are offered a healthy, inspirational retreat weekend.



NNECOS is pleased to announce that at this year's event, we will be partnering with the Northern Vermont Oncology Nursing Society (NVONS) to bring Hedda Matza-Haughton, LCSW to present her inspiring "Laughter for the Health of It" talk to attendees. If you're in attendance, be sure to stop by the NNECOS/NVONS table and say hello!

**SAVE THE DATE FOR THE
OMNI MOUNT WASHINGTON!**

2011 Annual Meeting

October 28-29, 2011

Outstanding \$199 per night lodging

Resort fee waived!

1-800-THE-OMNI

www.mountwashingtonresort.com



NEWS FROM OUR SUPPORTERS

“News from our Supporters” will be included in NNECOS News on a space available basis, with preference being given to supporters who have not shared news in the previous two issues. Send your submissions to info@nnecos.org.

AMGEN

FDA Approves Amgen's Xgeva (Denosumab) for the Prevention of Skeletal-Related Events in Patients with Bone Metastases from Solid Tumors

Amgen Inc. announced that the U.S. Food and Drug Administration (FDA) has approved Xgeva (denosumab), the first and only RANK Ligand inhibitor for the prevention of skeletal-related events (SREs) in patients with bone metastases from solid tumors. Xgeva was approved following a 6-month priority review by the FDA, a designation reserved for drugs that offer major advances in treatment or provide a treatment where no adequate therapy exists. Xgeva is not indicated for the prevention of SREs in patients with multiple myeloma.

CELGENE

Product-specific J-Code assigned for ISTODAX® (romidepsin) for injection: J9315 effective January 1, 2011

The new product-specific J-Code for ISTODAX is J9315, injection, romidepsin, 1 mg

The new J-Code, J9315 for 1 mg of ISTODAX, replaces any temporary or miscellaneous codes under which ISTODAX is currently reimbursed.

ALLOS

New FOLOTYN® J-Code assigned: J9307

CMS has issued J9307, a new national permanent Healthcare Common Procedure Coding System (HCPCS) J-code for FOLOTYN® (pralatrexate injection), effective for use on or after January 1, 2011. The temporary HCPCS code C9259 (injection, pralatrexate, 1 mg) will be deleted from the HCPCS effective December 31, 2010.

SANOFI-AVENTIS

New Jevtana® (cabazitaxel) injection Calendar Year 2011 HCPCS Code: C9276

C9276 (Injection, cabazitaxel, 1mg) should be used for Medicare coding for cabazitaxel in the hospital outpatient setting for dates of service on or after January 1, 2011. Other codes may be applicable for other payers and sites of service.

New Oforta™ (fludarabine phosphate tablets) Calendar Year 2011 HCPCS Code: J8562

While most providers currently report fludarabine phosphate tablets using a National Drug Code (NDC) and are expected to continue to do so, there are certain limited hospital outpatient Medicare billing scenarios where J8562 (Fludarabine phosphate oral, 10mg) should be reported for Medicare billing.

MERCK

New product EMEND® (fosaprepitant dimeglumine) for Injection 150 mg

The J-Code for EMEND® is J1453, injection, fosaprepitant dimeglumine, 1 mg.

Starting on December 30, 2010, Merck will discontinue sales of EMEND for Injection 115 mg. Over time, the supply of 115-mg vials at various wholesalers will diminish and, eventually, the 150-mg vial will be the only available packaging of EMEND for Injection. All oral capsules and associated packages will continue to be available.