



NNECOS News

an email publication of Northern New England Clinical Oncology Society

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NNECOS 2005 Annual Meeting A Rousing Success!

On November 4 and 5, the Northern New England Clinical Oncology Society (NNECOS) held its annual meeting in Portsmouth, New Hampshire. In 2005, the organization's membership experienced exceptional growth; and more than 120 area members of the oncology community attended this informative weekend for physicians, nurses, non-physician practitioners, and oncology administrators.

Friday afternoon featured a timely reimbursement and practice management session, addressing, among many topics, the 2006 Physician Fee Schedule released by CMS just days earlier. The evening's dinner meeting featured a legislative update from Dr. Joseph Bailes, ASCO interim President, and the NNECOS annual business meeting. A full agenda on Saturday included both clinical and practice-related presentations by speakers from regional practices and medical schools. For the second consecutive year, Dr. Craig Haug, the Medical Director of NHIC, our Medicare carrier, presented regional Medicare data, and participated in a number of discussions with our membership, and with those who presented to the group.

The format was well-received, and participants were energized by the opportunity for exchange and the expertise of the nationally renowned presenters, many of whom were from the New England region. A tremendous amount of information was imparted and absorbed; and NNECOS looks forward to its continued growth and leadership as the voice of quality oncology care in the Northern New England Region.

SAVE THE DATE

NNECOS 2006 ANNUAL MEETING

Portland, ME ~ November 3-4, 2006

NNECOS is pleased to announce that the 2006 Annual Meeting will be held at The Portland Regency Hotel the weekend of November 3-4, 2006. This beautiful hotel resides in an historic 19th century armory located in the heart of Portland's Old Port. More information will be made available in the spring for our new and improved annual meeting, based upon feedback received from attendees at this year's event. If you'd like to volunteer to serve on the planning committee for this event, please email nneecos@comcast.net. Mark your calendars today and **SAVE THE DATE!**

VOLUNTEERS NEEDED!

Are you looking for a way to become more involved with NNECOS? Do you have the time to participate in a few planning committee teleconferences to help shape the direction of future educational meetings? NNECOS is seeking volunteers to serve on its educational meeting planning committees. If you are interested in serving on our spring reimbursement or annual meeting planning committees, contact nneecos@comcast.net for more information. Together we can make a difference!

ASCO AUDIOCONFERENCE ON 2006 REIMBURSEMENT CHANGES

January 9th 4:30-6:00pm

ASCO invites you and your practice staff to participate in a national audioconference on January 9, 2006 from 4:30 pm to 6:00 pm Eastern Time.

Discussion topics will include:

- * 2006 Drug Administration Codes
- * 2006 Oncology Demonstration Project Billing
- * Medicare Outpatient Prescription Drug Benefit
- * Competitive Acquisition Program Update (CAP)

To participate in this free call, RSVP via email with participant name(s) and email address to ascoaudioconference@asco.org by close of business Thursday, January 5.

NEW HCPCS CODES FOR 2006

The following table below shows some of the 2006 HCPCS coding changes. For the complete list of 2006 HCPCS go to www.cms.hhs.gov/medicare/hcpcs/default.asp. These modifiers & HCPCS codes are effective for dates of service on or after January 1, 2006.

NEW MODIFIERS

AQ Physician providing a service in an unlisted Health Professional Shortage Area
FB Item provided without cost to provider, supplier or practitioner
GS Dosage of EPO or Darbepoietin Alfa has been reduced 25% of preceding month's
J1 Competitive Acquisition Program no-pay submission for a prescription number
J2 Competitive Acquisition Program, restocking of emergency drugs after emergency
J3 Competitive Acquisition Program, drug not available through CAP

NEW HCPC CODES

J0133 Injection, Acyclovir, 5 mg (Zovirax)
J0278 Injection, Amikacin Sulfate, 100 mg
J0881 Injection, Darbepoetin Alfa, 1 Microgram (Non-ESRD use)
J0882 Injection, Darbepoetin Alfa, 1 Microgram (For ESRD on dialysis)
J0885 Injection, Epoetin Alfa, (For Non-ERSD use), 1000 units
J0886 Injection, Epoetin Alfa, 1000 units (For ESRD on dialysis)
J1265 Injection, Dopamine HCL, 40 mg
J1566 Injection, Immune Globulin, Intravenous, Lyophilized (e.g. powder), 500 mg
J1567 Injection, Immune Globulin, Intravenous, Non-Lyophilized, (e.g. liquid), 500 mg
J1751 Injection, Iron Dextran 165, 50 mg
J1752 Injection, Iron Dextran 267, 50 mg
J8498 Antiemetic drug, rectal\suppository, not otherwise specified
J8540 Dexamethasone, Oral, 0.25 mg
J8597 Antiemetic drug, Oral, Not otherwise specified
J9025 Injection, Azacitidine, 1 mg (Vidaza)
J9027 Injection, Clofarabine, 1 mg (Clolar)
J9225 Histrelin implant, 50 mg (Vantas)
J9264 Injection, Paclitaxel Protein-bound particles, 1 mg (Abraxane)
J0133 Injection, Acyclovir, 5 mg (Zovirax)

DELETED CODES

Q0136 Injection, Epoetin Alfa, 1000 units
Q4055 Injection, Epoetin Alfa, 1000 units (For ERSR on dialysis)
J0880 Injection, Darbepoetin Alfa, 5 Micrograms
Q4054 Injection, Darbepoetin Alfa, 1 Micrograms (For ERSR on dialysis)
J1750 Injection, Iron Dextran, 50 mg

Q9941 Injection, Immune Globulin, Intravenous, Lyophilized (e.g. powder), 1g
Q9942 Injection, Immune Globulin, Intravenous, Lyophilized (e.g. powder), 10 mg
Q9943 Injection, Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 1g
Q9944 Injection, Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 10 mg

NEW J CODES FOR PROCRT & ARANESP

New codes effective January 1, 2006:

New Code Description 2006

J0881 Inj. Darbepoetin alfa, 1 microgram (Non-ESRD use)
J0882 Inj. Darbepoetin alfa, 1 microgram (ESRD on dialysis)
J0885 Inj. Epoetin alfa, 1000 units (Non-ESRD use)
J0886 Inj. Epoetin alfa, 1000 units (ESRD on dialysis)

Old Codes Deleted December 31, 2005:

Deleted Code Description 2005

Q0136 Inj. Epoetin alfa, per 1000 units (Non-ESRD use)
Q0137 Inj. Darbepoetin alfa, 1 microgram (Non-ESRD use)
Q4054 Inj. Darbepoetin alfa, 1 microgram (ESRD on dialysis)
Q4055 Inj. Epoetin alfa, 1000 units (ESRD on dialysis)
J0880 Inj. Darbepoetin alfa, 5 micrograms

NEW 2005-2006 CPT CODES

The new 2006 CPT codes for drug administration have been published and the descriptors for the 2006 codes are consistent with the Medicare temporary G-codes used in 2005. For easy reference ASCO has available on their website a spreadsheet cross-walking the 2005-2006 drug administration codes:

http://www.asco.org/asco/downloads/2006_CODING_CROSS_REFERENCE_SHEET_final.pdf.

ASCO is also developing a set of frequently asked questions that people have about the new demonstration project and coding changes for 2006 and will post answers on their web site.

NNECOS Business Meeting Minutes

As part of NNECOS' Annual Meeting, NNECOS conducts an annual business meeting to review the progress of the organization over the past year, as well as to elect officers for the following year. Below are the minutes of that meeting.

NNECOS Annual Business Meeting Friday November 4, 2005

1. Call to order

Dr. Larmon called the meeting to order at 8:25pm.

Dr. Larmon offered welcoming comments to the group. Dr. Larmon spoke to the recent hurricane efforts including a contribution by NNECOS through Dr. John Rainey in Louisiana, and a contribution by NNECOS to the ASCO Foundation to assist in the tremendous effort put forth by ASCO to help cancer patients affected by the disaster to achieve oncology care in their displaced locations. Dr. Larmon characterized ASCO's efforts as incredible. Dr. Larmon reported on the spring meeting held in May of 2005, which provided hands on information for primarily the office staff/practice managers of the organization, addressing hospital and office based settings. Dr. Larmon spoke to the importance of increasing quality and providing better care, providing a major impact on patients' lives.

Dr. Larmon spoke to the excellent networking opportunities provided by NNECOS under the leadership of our Executive Director, Elaine Towle who is a national figure in office practice, helping ASCO to develop reaccreditation modules. Dr. Larmon also addressed the important people in our region presenting at our annual meetings and with whom our members are in contact because of the organization. NNECOS is also proud of the collaborative relationship that has been established with Dr. Craig Haug, Carrier Medical Director, and the tremendous benefit to all of us. Dr. Larmon spoke to the increased clout of a tri-state organization, and the increased respect that NNECOS is achieving on a national basis, in large part due to the tremendous reputation of our Executive Director Elaine Towle. Dr. Larmon spoke to his pride in the growth and accomplishments of the organization over the past year.

2. Committee Reports

a. Membership

Dr. Hayes spoke to the attendance increase at this year's annual meeting, noting that there were 80 people in attendance for the new afternoon reimbursement session alone, with 124 participants over the course of the weekend. Dr. Hayes also noted that NNECOS' successful spring reimbursement meeting was featured in the most recent ASCO publication, and that the pharmaceutical support and representation is also strong. Membership is up almost 70% from 109 members as of last year's annual meeting to 184 members this year! The Active Member Category (physicians) is up 80% from 35 to 63, while the Associate Member Category is up 63% from 74 to 121. Dr. Hayes attributed the growth of the organization to the networking and dedication from ASCO down through the efforts of the NNECOS board and volunteers who helped to plan the meetings. Dr. Hayes acknowledged Elaine Towle and Lori Aubrey for their continued efforts and expertise in moving the organization forward.

b. Finance

Dr. Hammond presented the fiscal year summary. Dr. Hammond spoke to the Katrina response by the organization, and thanked NNECOS' industry partners for their continued support. A more detailed financial report will be presented to the board tomorrow.

c. Website

Dr. Hammond invited members to submit their practice websites for inclusion on the NNECOS website as links. Currently only 5 practices are listed. Additionally, CPC and other important meeting summaries are available, as well as a wealth of streaming information from ASCO.

d. Clinical Practice Committee

Dr. Larmon noted that CPC summaries are available on the NNECOS website. There are monthly calls during which 3 NNECOS representatives are eligible to participate. This is a good networking time. Dr. Larmon reviewed the highlights of the October 7th meeting, the summary of which can be found at www.nnecos.org by clicking on meeting minutes.

Dr. Larmon spoke to ASCO's tremendous investment in state societies and their connection to smaller practices, noting that most people are treated at private or hospital based practices, not university institutions. Dr. Larmon described the ASCO State Affiliate grant program and the availability of \$5,000 grants for worthy proposals. Dr. Larmon asked for members interested in working with NNECOS leadership on a grant proposal to contact NNECOS call or email to become part of the team.

e. Carrier Advisory Committee

Dr. Hayes spoke to the function of the Carrier Advisory Committee (CAC) as the official steering committee in each carrier's area comprised of nominated subspecialists addressing codes as a general sounding board. NNECOS' CAC includes our three states and Massachusetts, and is a forum for feedback from society practices to be related to the carrier. Dr. Hayes spoke to the sometimes peripheral discussions that consume the time of the CAC, with not always a lot of discussion about oncology measures. The meetings are, however, CME accredited, well managed, and with high quality people, including a didactic component addressing an element Medicare is working on and displaying through CAC. The meetings are via video conference, with sites set up in each of the participating states. Dr. Hayes elaborated on some of the topics and presentations over the past year. Dr. Hayes commented that through both the CAC and CPC processes, he has spoken with participants from other Medicare regions throughout the country, and ours is an enlightened, concerned, collegial group with Dr. Haug and his staff. Dr. Hayes credited NNECOS leadership for continued efforts to nurture that relationship. Dr. Hayes spoke to the importance of this relationship being highlighted earlier in the summer when educational discussions about Northern New England Clinical Oncology Society's efforts reached the national level. Dr. Hayes spoke to the future of oncology reimbursement and the role that NNECOS will continue to play in representing the region. Dr.

Larmon referenced figures presented by Dr. Haug last year, which demonstrated how efficiently New England physicians practice medicine when compared to colleagues in the southwest and west.

3. Report on associate member activities

Dr. Larmon thanked the associate members for their involvement with NNECOS, particularly the spring meeting planning committee members: Aleta Kilborn, Nancy Kane, Terry Steiner, Amy Stansfield, Aimee Brewer, and Elaine Towle. Dr. Larmon spoke to the tremendous value provided by the spring meeting, as reflected in the evaluations, as well as his own personal benefit to his clinic in being able to capture between \$50,000 and \$100,000 in additional revenue from what he learned during that half day meeting. Dr. Larmon stated that the opportunity to capture more funds and make clinics better provides better services for everyone. Dr. Larmon asked for volunteers for the 2006 spring meeting planning committee to contact NNECOS to help make that meeting even more successful than it already has been in the past.

Dr. Larmon spoke to his desire to see additional interaction between physicians and associate members, referring to past meetings when ASCO and ONS meetings were held in conjunction with one another, providing an opportunity to interact socially. Dr. Larmon spoke to the importance of physicians to try to bring their staff to NNECOS educational meetings.

4. Election of Board of Directors

Dr. Crow presented what he characterized as an excellent slate of nominees for the 2005-2006 board of directors, thanking Elaine Towle and Lori Aubrey for their efforts. Dr. Crow explained the rotation of the presidency through the three states.

Officers	New Board Members	Continuing Members
<i>President</i> Daniel M. Hayes MD	<i>Active Members</i> Fred Briccetti, MD ~ New Hampshire	<i>Active Members</i> Steven Grunberg, MD ~ Vermont Andrew Hertler MD ~ Maine Kenneth Meehan MD ~ New Hampshire
<i>Immediate Past President</i> Steven Larmon, MD	Philip L. Brooks, MD ~ Maine OPEN ~ Vermont	<i>Associate Members</i> Anne Ireland RN, MSN ~ Vermont
<i>President Elect</i> Johannes C. Nunnink MD	<i>Associate Members</i> Linda Patchett, RN, MBA ~ New Hampshire Troy Roy ~ Maine	
<i>Secretary/Treasurer</i> Denis B. Hammond, MD		

On a motion by Dr. Hammond, the slate of directors was accepted by a unanimous vote.

5. Other business

Dr. Larmon expressed thanks for NNECOS' Elaine Towle who was unable to attend due to a number of family difficulties that arose a few days ago. Dr. Larmon thanked Lori Aubrey for her assistance in Elaine's absence to help the event proceed.

6. Goals for next year

Dr. Hayes spoke to NNECOS' status as a well prepared organization that has been well-served for a number of years in its infancy. NNECOS has now risen to a premier organization in the eyes of national leadership that will continue to provide time, talent, and ideas back to ASCO as it pertains to caring for those with cancer in our communities. Dr. Hayes shared his vision that the NNECOS group will focus on the quality movement as it pertains to oncology, making reference to the increasingly intense role of mid-level providers and the distribution of value, role, and function by nurses in our practices. Dr. Hayes spoke further to the essential integration of strategic partners to make care better, suggesting an inventory of community support groups and support groups in hospitals to obtain a more detailed description of nursing practices. Dr. Hayes expressed additional interest in the hospice effort in northern New England. Dr. Hayes spoke to the challenges of the past few years, and the ability of the providers in our communities to continue find a way to provide the best care, and that while there may be challenges, there are no barriers that cannot be overcome. Dr. Hayes expressed his appreciation for the efforts of Elaine Towle and Lori Aubrey on behalf of the society.

Dr. Hayes spoke to the excellent professional presentations planned for tomorrow, characterizing it as one that is as good as any other in the country.

7. Adjournment: Seeing no further business, Dr. Hayes adjourned the meeting at 9:18pm.

YOUR FEEDBACK IS IMPORTANT TO US

This is our fourth issue of NNECOS News and we are interested in your feedback and suggestions. Please send your comments and suggestions for future issues to nnecos@comcast.net.

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 email correspondence from NNECOS, please reply to this message and type "remove" in the subject line.

NEWS FROM OUR SPONSORS

"News from our Sponsors" will be included in NNECOS News on a space available basis, with preference being given to sponsors who have not shared news in the previous two issues. Send your submissions to nnecos@comcast.net.

ABRAXIS ONCOLOGY

ABRAXANE® has been issued a unique HCPCS code, J9264, 1 mg (Injection, Paclitaxel Protein-Bound Particles). J9264 is effective for dates of service on or after January 1, 2006. Reimbursement assistance is available through ARC of Support. 1.800.564.0216, Option 3. The Abraxis Oncology Resource Center includes extensive reimbursement assistance services. Reimbursement information and support are available through the ARC of Support Hotline. Reimbursement Counselors are waiting to help you Monday through Friday from 8:00 am – 8:00 pm ET.

BAYER HEALTHCARE

FDA Approves Nexavar® for Treatment of Patients with Advanced Kidney Cancer
First FDA Approved Treatment in this Indication in More Than a Decade

West Haven, CT and Emeryville, CA – December 20, 2005 – Bayer Pharmaceuticals Corporation and Onyx Pharmaceuticals, Inc. today announced that the U.S. Food and Drug Administration (FDA) has approved Nexavar® (sorafenib) tablets for the treatment of patients with advanced renal cell carcinoma (RCC), or kidney cancer. Nexavar, which has been shown to double progression-free survival in patients with advanced RCC, is the first FDA-approved treatment for this type of cancer in more than a decade. The companies expect that Nexavar will be shipped, primarily to specialty pharmacies, and available to patients within the next 24 hours.

"Nexavar is an oral anticancer drug that blocks tumor growth in new ways," said Arthur Higgins, Chairman of Bayer HealthCare's Executive Committee. "It has demonstrated the ability to prolong progression-free survival. Nexavar also has been shown to delay the progression of cancer in the majority of patients with a manageable side effect profile -- an area that has been a challenge for patients and their physicians." "The approval of Nexavar reflects the culmination of 12 years of hard work by countless dedicated scientists and clinicians, as well as the selfless participation of individuals suffering with advanced kidney cancer," said Hollings C. Renton, Chairman, President and Chief Executive Officer of Onyx Pharmaceuticals, Inc. "We thank all of these groups for their important contributions to Nexavar's development." For more information, healthcare providers and patients may contact the REACH program at 1.866.NEXAVAR (1.866.639.2827).

PFIZER ONCOLOGY

Patient Navigation (www.patientnavigation.com)

Cancer doesn't discriminate between the rich and the poor; people from all walks of life and income levels suffer from this dread disease. An estimated 1.5 million people are diagnosed with cancer every year in the U.S., where it is the second leading cause of death after heart disease.

Pfizer has teamed with the Healthcare Association of New York State (HANYs) and Dr. Harold Freeman of The Ralph Lauren Center for Cancer Care and Prevention to launch an innovative multimedia tool kit intended to help low-income patients better navigate the healthcare system and improve the quality and timeliness of their cancer care.

"Late diagnosis and treatment of cancer are the principal causes of outcome disparities in poor communities," says Dr. Harold Freeman, founder and medical director of The Ralph Lauren Center for Cancer Care and Prevention (RLCCC) in Harlem, New York, and the driving force behind a pioneering resource for low-income cancer patients.

PHARMION

CMS has established a unique HCPCS Level II code for VIDAZA (azacitidine for injectable suspension). The product specific "J"-code assigned to VIDAZA is J9025, "Injection, Azacitidine, 1 mg" effective date January 1, 2006. This change will also impact the outpatient hospital setting of care. Effective January 1, 2006 Vidaza is no longer billable under C9218 and must be billed using J9025. Below please find a chart that includes pertinent billing information for VIDAZA in the physician office and outpatient hospital setting of care for the treatment of Medicare patients:

HCPCS	Descriptor	Effective Date
J9025	Injection, Azacitidine, per 1 mg	1/1/2006

For additional details concerning this matter, please visit the CMS website for the entire 2006 HCPCS Annual Update at <http://www.cms.hhs.gov/medicare/hcpcs/default.asp> You may also contact the Vidaza Reimbursement Hotline at 1-866-PHARMION for assistance with your reimbursement questions.

Please note that this information is subject to change per CMS guidelines and any new CMS guidelines or updates will supersede the information provided. These codes are provided for your information only. It is the responsibility of the provider to determine the most appropriate codes to use in billing for services rendered. The use of these codes does not guarantee payment.