

November 2007

Lilly Oncology Reimbursement Update

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Lilly Oncology is pleased to offer this newsletter as part of our commitment to patient access to care. For more information about the topics discussed in this issue, please contact Samantha Yu, Manager Reimbursement Consulting for AccessMED, at 650-430-0640.

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This newsletter may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of the written law or regulations or local payer guidelines. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

MG 47901

CMS ASP Drug Pricing Files Revisions

Shortly after the publication of the October 2007 Average Sales Price (ASP) drug pricing file for Medicare Part B covered drugs and biologicals, CMS revised that pricing file and the October 2006 ASP file, as well as the January, April, and July 2007 ASP files, to include the correct payment rates for various products. Key revisions for 2007 included oncology-related drugs.

As claims will not be reprocessed automatically, physician offices should proactively compare the paid claim data to the revised ASP payment rates in order to determine if claims resubmission is necessary. In addition, it is highly recommended for physician offices to contact their local Medicare contractors for the verification of the claim resubmission process since different measures may be preferred by different contractors.

For the revised ASP pricing files and more information about this update, please visit the CMS website at: <http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/>

2008 ICD-9 Codes Updates

As you may know, the 2008 International Classification of Diseases-Version 9 code set have been made available. Specifically, the following oncology diagnoses are affected by the update:

- Neoplasms – Lymphoma, Peripheral T-cell Lymphoma, Carcinoma in situ
- Endocrine, Nutritional and Metabolic, Immunity
- Blood and Blood-Forming Organs
- Diseases of the Genitourinary System
- Symptoms, Signs and Ill-Defined Conditions
- Injury and Poisoning
- V-Codes

CMS stated that the ICD-9 changes labeled for 2008 should be implemented by all local Medicare contractors no later than October 1, 2007. Some local Medicare contractors may have already revised the corresponding local coverage determinations (LCDs) and their claim processing system in order to recognize the revised code set. It is important to note that the 90-day grace period no longer exists; therefore, providers are required to report the newly introduced information on claims submitted with dates of service on or after October 1, 2007.

As Medicaid and other private plans may have different implementation timelines, it is highly recommended for practices to contact the largest payers to confirm if the 2008 ICD-9 codes will be implemented in a timely manner and if there will be any grace period. With the number of changes, it is also imperative for coders to be familiar with the new codes in order to eliminate claim denials and/or errors.

For details of the actual code changes, please refer to the 2008 ICD-9-CM code set.