

Part B Insider (Multispecialty) Coding Alert

DRUG ADMINISTRATION: Doctors Shouldn't Have To Promise Exact Date Of Drug Administration Under CAP

Associations object to 'radical' change in drug billing window

Now that the **Centers for Medicare and Medicaid Services** has unveiled the details of next year's Competitive Acquisition Program (CAP) for Part B drugs, physician associations are raising their concerns about the program. Comments submitted to CMS cover the following issues:

1. The change from the current one-year window to submit claims for drug administration to a 14-day window after acquiring the drug is "radical" and "will impose an excessive burden in many practice settings," says the **American College of Physicians** (ACP). The ACP and the **American Society for Clinical Oncology** (ASCO) both propose 30 business days as a reasonable timeframe.
2. CMS won't pay doctors separately for the clerical and inventory expenditures associated with participating in the CAP.
3. CMS requires physicians to obtain all drugs listed in a particular category from a chosen vendor who participates in the CAP program. "This requirement will serve as a barrier for many of our members to participate in the program," says the ACP.
4. The regulation requires physicians to specify the date on which they'll administer a drug. If they don't administer it on that date, they must negotiate with the vendor what to do with the unused drug, ASCO notes. The vendor may agree to let the physician administer the unused drug portion on a future date, consistent with state and federal laws.

ASCO objects to this clause because it supposes that physicians can predict accurately when they'll administer a drug. This also imposes difficult record-keeping requirements on the physician, when instead the vendor should be tracking the use of the drug. The process of disposing of, or returning, the unused drug also could become complicated.

5. Physicians are locked into a single drug vendor for an entire year, complains the **Community Oncology Alliance**. Also, patients may have to return later for treatment because physicians will have to order drugs from vendors.
6. CMS will choose a contractor for each "appropriate geographic region," but doesn't define "appropriate," complains the **Academy of Managed Care Pharmacies** (AMCP). "CMS must ensure that the selected contractor has the capability to provide drugs to all the providers within the specified region," warns AMCP. Also, if a physician has an emergency situation, the vendor should be able to deliver drugs immediately. Several associations complain that CMS doesn't define "emergency situation" clearly enough.
7. CMS shouldn't phase in the drugs under the CAP, but instead should launch the program in January with all Part B-covered drugs, argues the **American Urological Association** (AUA). Or "if CMS does choose to phase in CAP drugs for 2006, CMS should include at the very minimum any drugs that urologists and other physicians are currently not able to buy at or less than 106 percent of ASP," the AUA says.