

Jacques, (CMS/OCSQ)

From: Rogers, William D. (CMS/OEA)
Sent: Tuesday, June 08, 2010 7:40 AM
To: Jacques, Louis B. (CMS/OCSQ)
Subject: RE: F/U New Tech call: Provenge

We discussed this on the last CMD call. \$93,000 per treatment adds four months to life, 27,000 patients a year \$2.6 billion dollars a year.

[REDACTED]

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Centers for Medicare and Medicaid Services
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Please consider the environment before printing this email

From: Medicare Contractor Medical Directors [<mailto:MEDICARE-CMDS@LIST.NIH.GOV>] **On Behalf Of** Jacques, Louis B. (CMS/OCSQ)
Sent: Monday, June 07, 2010 9:05 PM
To: MEDICARE-CMDS@LIST.NIH.GOV
Subject: Re: F/U New Tech call: Provenge

Absent CMS instructions to the contrary, local contractors have discretion to cover or noncover the various components of the Provenge autologous immunotherapy program.

-----Original Message-----

From: Bernice Hecker [<mailto:bernice.hecker@noridian.com>]
Sent: Fri 6/4/2010 12:41 PM
To: MEDICARE-CMDS@LIST.NIH.GOV
Cc: Jacques, Louis B. (CMS/OCSQ); Syrek Jensen, Tamara S. (CMS/OCSQ)
Subject: F/U New Tech call: Provenge

As requested, I had a discussion with CAG regarding potential Provenge coverage with evidence development. Bottom-line: how can anyone cover anything when we are not yet sure what it is? See below.

The CM (Center for Medicare, formerly CMM - the Center for Medicare Management) is the CMS authority on benefit category determination, i.e., whether or not an item or service falls within the Medicare insurance benefit, and if so, which one(s). The Provenge autologous immunotherapy program comprises multiple discrete elements including the collection of the patient's blood, the processing of the patient's cells, and the subsequent infusion of the processed cells back into the patient. At the current time, CM is trying to determine the preferred benefit category allocation for the elements of Provenge. It is entirely unclear whether the elements would be treated as a single bundled service or not, or how they should be coded and priced yet. This being the case, it seems to me that we inform those seeking payment that neither we nor CAG has authority to pay at this time and won't until CM decides what it is we are paying. Interested parties might be directed to CMS.

Bernice Hecker MD, MHA, FACC
Medicare, Contractor Medical Director
AK, ID, OR, MN, WA & Jur. 3 (AZ, MT, ND, SD, UT, WY)