CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-19 Demonstrations	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 191	**Date: February 2, 2018**
	Change Request 10452

SUBJECT: Update to CR9341 Oncology Care Model (OCM) Restricted Care Management Code List

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is for the Centers for Medicare and Medicaid Services (CMS) to update the list of restricted care management codes in CR9341 that may not be billed for the same beneficiary in the same month as the Oncology Care Model (OCM) Monthly Enhanced Services (MEOS) payment (G9678).

EFFECTIVE DATE: July 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Attachment - Demonstrations

Pub. 100-19	Transmittal: 191	Date: February 2, 2018	Change Request: 10452

SUBJECT: Update to CR9341 Oncology Care Model (OCM) Restricted Care Management Code List

EFFECTIVE DATE: July 1, 2018
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IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the Centers for Medicare and Medicaid Services (CMS) to update the list of restricted care management codes that may not be billed for the same beneficiary during the same month as the Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment (G9678).

B. Policy: CR9341 created the Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment (G9678). Included in CR9341 is a list of care management codes that OCM Practitioners may not bill for the same beneficiary in the same calendar month that they bill the MEOS payment. This CR updates that list of CPT codes by adding the following codes to the restricted list:

- 99358 and 99359 (Prolonged non-face-to-face evaluation and management services)
- 99487 and 99489 (Chronic Care Management);
- G0506 (Assessment/care planning for patients requiring CCM services)
- G0507 (Care management services for behavioral health conditions)
- G0179 (Care Plan Oversight - Physician Recertification)
- G0180 (Care Plan Oversight - Physician certification)
- G0181 (Care Plan Oversight - Physician supervision of patient under home health agency)
- G0182 (Care Plan Oversight - Physician supervision of patient under hospice care)

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10452.1	In addition to the claims CWF already rejects per BR9341.3, CWF shall reject any claim for the services found below for a beneficiary with a MEOS service payment (G9678) in the same calendar month, under the following conditions: 1. If a Part B professional claim is received for any of the listed services and the beneficiary already received a MEOS service by the same billing and rendering								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	provider in that calendar month 2. If a Part B professional claim is received for a beneficiary for any of the listed services and the beneficiary already received a MEOS service in the same calendar month, by the same billing provider as found in claims history, but a different rendering provider, who is also on the Participant File <u>Additional restricted claims:</u> • 99358 and 99359 (Prolonged non-face-to-face evaluation and management services) • 99487 and 99489 (Chronic Care Management); • G0506 (Assessment/care planning for patients requiring CCM services) • G0507 (Care management services for behavioral health conditions) • G0179 (Care Plan Oversight - Physician Recertification) • G0180 (Care Plan Oversight - Physician certification) • G0181 (Care Plan Oversight - Physician supervision of patient under home health agency) • G0182 (Care Plan Oversight - Physician supervision of patient under hospice care)									
10452.1.1	Contractors shall deny detail lines that receive a CWF error from BR 10452.1.		X							
10452.1.2	For denied services, contractors shall use the following messages: CARC 132 – Prearranged demonstration project adjustment Group Code: CO (contractual obligation) NO MSN; MSN is suppressed for G9678		X							
10452.2	In addition to the claims MCS already rejects per BR9341.4, MCS shall reject any claim for the services found below for a beneficiary with a MEOS service payment (G9678) which meets the following						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	condition: If both the MEOS service and one of the listed services are billed on the same claim in different detail lines, and with dates of service the same calendar month, then MCS shall allow only the MEOS service, other service shall be denied. <u>Additional restricted claims:</u> • 99358 and 99359 (Prolonged non-face-to-face evaluation and management services) • 99487 and 99489 (Chronic Care Management); • G0506 (Assessment/care planning for patients requiring CCM services) • G0507 (Care management services for behavioral health conditions) • G0179 (Care Plan Oversight - Physician Recertification) • G0180 (Care Plan Oversight - Physician certification) • G0181 (Care Plan Oversight - Physician supervision of patient under home health agency) • G0182 (Care Plan Oversight - Physician supervision of patient under hospice care)									
10452.2.1	For denied services, contractors shall use the following messages: CARC 132 – Prearranged demonstration project adjustment Group Code: CO (contractual obligation) NO MSN; MSN is suppressed for G9678		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME	CED

		A	B	H H H	M A C	I
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
9341.3	No changes are being made to this BR, except to add the following codes to the restricted code list referenced in the BR: • 99358 and 99359 (Prolonged non-face-to-face evaluation and management services) • 99487 and 99489 (Chronic Care Management); • G0506 (Assessment/care planning for patients requiring CCM services) • G0507 (Care management services for behavioral health conditions) • G0179 (Care Plan Oversight - Physician Recertification) • G0180 (Care Plan Oversight - Physician certification) • G0181 (Care Plan Oversight - Physician supervision of patient under home health agency) • G0182 (Care Plan Oversight - Physician supervision of patient under hospice care)
9341.4	No changes are being made to this BR, except to add the following codes to the restricted code list: • 99358 and 99359 (Prolonged non-face-to-face evaluation and management services) • 99487 and 99489 (Chronic Care Management); • G0506 (Assessment/care planning for patients requiring CCM services) • G0507 (Care management services for behavioral health conditions) • G0179 (Care Plan Oversight - Physician Recertification) • G0180 (Care Plan Oversight - Physician certification) • G0181 (Care Plan Oversight - Physician supervision of patient under home health agency)

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Laura Mortimer, 410-786-2725 or laura.mortimer@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0