CMS Manual System

Pub. 100-19 Demonstrations

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 14 | **Date: DECEMBER 30, 2004**

CHANGE REQUEST 3670

NOTE: This transmittal rescinded Transmittal 12, dated December 10, 2004.

SUBJECT: SUBJECT: Chemotherapy Demonstration Project

I. SUMMARY OF CHANGES: This one time notification provides information on the one-year demonstration project for calendar year 2005 for certain chemotherapy services furnished in an office. This was announced in the physician fee schedule regulation published in the **Federal Register** on November 15, 2004. The initial CR (CR 3634) released on December 10, 2004 is being rescinded and replaced by this CR. The initial CR did not include complete business requirements.

Practitioners participating in the project must provide and document specified services related to pain control management, minimization of nausea and vomiting, and the reduction of fatigue. Practitioners must bill the applicable G codes for each patient status factor assessed during a chemotherapy encounter in order to receive a payment under the demonstration. A patient chemotherapy encounter is defined as chemotherapy administered through intravenous infusion or push. During the demonstration, an additional payment of $130 per encounter will be paid to participating practitioners for submitting the patient assessment data. These services are paid on an assignment basis and the usual Part B deductible and coinsurance apply.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005
IMPLEMENTATION DATE: January 17, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

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

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	**One-Time Notification**
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment – One-Time Notification

Pub. 100-19	Transmittal: 14	Date: December 30, 2004	Change Request 3670

NOTE: This transmittal rescinded Transmittal 12, dated December 10, 2004.

SUBJECT: Chemotherapy Demonstration Project

I. GENERAL INFORMATION

A. Background:

In the physician fee schedule final rule published in the **Federal Register** on November 15, 2004 (page 66308), we announced a one-year demonstration project associated with caring for cancer patients receiving chemotherapy services in an office-based practice for calendar year (CY) 2005. Practitioners participating in the project must provide and document specified services related to pain control management, minimization of nausea and vomiting, and the reduction of fatigue. Practitioners must bill the applicable G-codes for each patient status factor assessed during a chemotherapy encounter in order to receive a payment under the demonstration.

The initial CR (CR 3634) released on December 10, 2004 is being rescinded and replaced by this CR. The initial CR did not include complete business requirements.

B. Policy:

The Secretary has been given the authority under sections 402(a) (1) (B) and 402(a) (2) of the Social Security Act Amendments of 1967 (Pub. L. 90-248), as amended, to develop and engage in experiments and demonstration projects to provide incentives for economy, while maintaining or improving quality in provision of health services. In order to identify and assess certain oncology services in an office-based oncology practice that positively affect outcomes in the Medicare population, we initiated a one-year demonstration project for CY 2005.

While we encourage optimal care in all facets of cancer treatment, the focus of the demonstration project will be on three areas of concern often cited by cancer patients: pain control management, the minimization of nausea and vomiting, and the reduction of fatigue. Since the side effects of chemotherapy can be debilitating if not treated, we wanted to capture the patient's perception of the how much these three symptoms impacted their quality of life. To facilitate the collection of this information, we have established 12 new G-codes to be reported by program participants (see list of the G-codes below).

Any office-based physician or non-physician practitioner operating within the State scope of practice laws is eligible to participate in this demonstration project. By reporting the designated G-codes on the claim submitted for payment, the practitioner self-enrolls in the project and agrees to all of the terms and conditions of the demonstration project. The demonstration payment applies only when the designated G-codes are billed in conjunction with chemotherapy service (defined as chemotherapy administered through intravenous push or infusion, using G-codes G0357 or G0359, respectively) to treat cancer. Although chemotherapy administration may include some drugs that are not used for treating cancer, participation in

the demonstration is limited to cancer patients. The demonstration is only applicable when the chemotherapy services are paid under the physician fee schedule.

The G-codes correspond to four patient assessment levels ("not at all," "a little," "quite a bit," or "very much") for each of the following three patient symptoms: nausea and/or vomiting; pain; and lack of energy (fatigue). These levels, based on the Rotterdam scale, were chosen since they appear to be less burdensome for the practitioner and more easily understood by the patient. We have chosen the four level scale in an effort to provide simply stated choices for the patient. The data collected as part of this demonstration will allow CMS to better focus future research around measurement regarding the quality of life of oncology patients.

We are not mandating a specific approach to collect the data. In general, the patient will be asked to respond to questions about the degree to which they have been bothered by pain, nausea and/or vomiting, and fatigue symptoms, in the past week. The assessment may be taken either by the practitioner or by a qualified employee of the office under the supervision of the practitioner. If the assessment is performed by an employee, we expect the practitioner to review the data as part of the assessment. We also expect that the patient's responses will be recorded and included as part of the patient's medical records.

The patient's responses will be reflected by reporting one G-code on the claim for each of the three symptoms that best approximates the patient's response. Reporting the G-codes on the claim is all that is required as far as documentation to be submitted with the claim. A G-code for each symptom (pain, nausea/vomiting, and fatigue) must appear on the claim for payment to be made under the demonstration project. If only one demonstration G-code is reported, no payment will be made for that service.

The following is a list of the G-codes to be used to report the corresponding levels for each of the three symptoms.

G-codes for Assessment of Nausea and/or Vomiting

G9021: Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment level one: not at all (for use in a Medicare-approved demonstration project)

G9022: Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment level two: a little (for use in a Medicare-approved demonstration project)

G9023: Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment level three: quite a bit (for use in a Medicare-approved demonstration project)

G9024: Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment level four: very much (for use in a Medicare-approved demonstration project)

G-Codes for Assessment for Pain

G9025: Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration, assessment level one: not at all (for use in a Medicare-approved demonstration project)

G9026: Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration, assessment level two: a little (for use in a Medicare-approved demonstration project)

G9027: Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration assessment level three: quite a bit (for use in a Medicare-approved demonstration project)

G9028: Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration, assessment level four: very much (for use in a Medicare-approved demonstration project)

G-Codes for Assessment for Lack of Energy (Fatigue)

G9029: Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment level one: not at all. (for use in a Medicare approved demonstration project)

G9030: Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment level two: a little. (for use in a Medicare approved demonstration project)

G9031: Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment level three: quite a bit. (for use in a Medicare approved demonstration project)

G9032: Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment level four: very much. (for use in a Medicare - approved demonstration project)

Establish the following allowances for the demonstration assessment codes and determine payment based on the lesser of 80% of the actual charge or the allowance by code:

G9021 to G9024------ $43.34
G9025 to G9028-------$43.33
G9029 to G9032-------$43.33

The amounts apply in all localities. These symptom assessment services are paid on an assignment basis and the usual Part B coinsurance and deductible apply.

The demonstration project is applicable to services provided on or after January 1, 2005, and before January 1, 2006. This CR applies only to Medicare beneficiaries who are not enrolled in a Medicare Advantage plan.

CR 3595 added these G codes to the Medicare physician fee schedule database and assigned the status indicator of X to them.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	**Requirements**	**Responsibility ("X" indicates the columns that apply)**								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers: FISS	Shared System Maintainers: MCS	Shared System Maintainers: VMS	Shared System Maintainers: CWF	Other
3670.1	Contractors shall accept codes G9021 through G9032 as valid codes for payment for calendar year (CY) 2005 dates of service.			X			X	X	X	
3670.2	Contractors shall pay for codes G9021 - G9032 if: -The provider reports and submits charges for one code from each of the following symptom assessment categories: --assessment of nausea /vomiting (i.e. the G9021 to G9024 range), --assessment of pain (i.e. the G9025 to G9028 range), and --assessment for lack of energy (i.e. the G9029 to G9032 range); -The provider reports three symptom assessment codes (one from each category) for the same date of service on the same claim for which he/she bills for a chemotherapy infusion (G0359) or			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	chemotherapy push (G0357); -The date of service is after 12/31/2004 and before 1/1/2006; -The diagnosis code reported and referenced is for cancer; -The place of service setting reported for codes G9021 – G9032 and G0357 and G0359 is office (11): and -The claim is assigned.									
3670.2.1	If one or more but fewer than three symptom codes (one from each category) are billed on a single claim, contractors shall return/reject the claim as unprocessable and use Remittance Advice reason code 16 and remark code MA 130. NOTE: MCS contractors may elect to manually split claims and only return the unprocessable portion of the claim (e.g., process the administration codes and reject the symptom assessment codes) if the contractor believes it is cost effective to do so. However, no MCS systems changes for splitting claims are being mandated.			X						
3670.2.2	If more than one symptom assessment code from the same category for the same date of service is billed on the same claim (e.g., the provider submits a claim for G9021, G9022, G9028 and G9032 for the same date of service), carriers shall allow the higher intensity service billed and deny the less intensive service as "duplicative". Use remittance advice reason code 97, remark code N185 and MSN message 16.34 to			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	deny the less intensive duplicative service within a symptom category. (In the above example the N185 remark would be shown for code G9021).									
3670.2.3	If a non-assigned claim is submitted by a non-participating provider for the symptom assessment codes and related chemotherapy services, contractors shall process for coverage and payment those services that do not require assignment (e.g., G0357 or G0359) and deny the symptom assessment codes using Remittance Advice reason code 111, remark code N149 and MSN message 16.6.			X						
3670.2.3.1	Providers may resubmit factor assessment codes that are denied for not accepting assignment and, in such instances, the symptom assessment codes shall be approved if the related chemotherapy administration services were approved. If there is no approved G0357 or G0359 for the same service date and POS as the symptom assessment codes on the claim or in history, deny the symptom assessment codes using Remittance Advice reason code 107 and MSN code 16.26.			X						
3670.2.3.2	If a provider bills for G0357 or G0359 for POS 11 but, for whatever reason, neglects to submit the symptom assessment codes on the same claim, they may bill the symptom assessment codes on a separate claim for payment. Allow the factor assessment codes if the related chemotherapy service (i.e., G0357 or G0359 for the same service date and POS 11) is approved. If the related chemotherapy service was denied, the symptom assessment codes will be			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	denied using Remittance Advice reason code 107 and MSN message 16.26									
3670.2.4	If a participating provider submits a non-assigned claim for symptom assessment codes, process the claim as assigned and generate Remittance Advice remark code MA09.			X						
3670.2.5	Symptom assessment codes that are billed for dates of service not within CY 2005 shall be returned/rejected as unprocessable using Remittance Advice reason code B18 and remark code N56 and MSN message 16.13.			X						
3670.2.6	Contractors shall deny symptom assessment codes that are not pointed to a cancer diagnosis. Use Remittance Advice reason code 11 and MSN code 16.48.			X						
3670.2.7	Contractors shall deny symptom assessment codes (G9021 – G9032) if the place of service reported for G9021 – G9032 or the related chemotherapy administration service (G0357 or G0359) is other than "office" (POS code11). Use Remittance Advice reason code 5 and MSN code 16.2 to deny symptom assessment services. NOTE: The place of service "11" requirement for codes G0357 and G0359 only applies when symptom assessment payment is claimed for the same service date. Other place of service rules applicable for coverage and payment of G0357 and G0359 under the physician fee schedule continue to apply (i.e., the PC/TC indicators for G0357 and G0359 are 5).			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers FISS	Shared System Maintainers MCS	Shared System Maintainers VMS	Shared System Maintainers CWF	Other
3670.3	Contractors shall load the following allowances for the symptom G codes: G9021 to G9024------ $43.34 G9025 to G9028-------$43.33 G9029 to G9032-------$43.33			X						
3670.4	Contractors shall determine approved charges for the symptom codes (G9021 – G9032) based on the lower of the submitted charges or the CMS supplied allowances.			X						
3670.5	Contractors shall apply the usual Part B deductible and coinsurance to the symptom assessment G codes.			X			X	X	X	
3670.6	Contractors shall employ workarounds for processing claims for symptom assessment codes (e.g, suspending, examining and paying) until such time as any necessary standard systems automated claims editing functionality is implemented.			X						
3670.7	Contractors shall hold symptom assessment claims until January 17, 2005.			X						
3670.8	Effective for claims with dates of service on or after January 1, 2005, CWF shall add codes G9021 through G9032 to category 75 to bypass SNF consolidated billing for beneficiaries in a Part A stay.								X	
3670.9	Contractors shall post the Medlearn Matters article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article.			X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3670.10	Contractors shall include a provider education article on the chemotherapy demonstration in their next regularly scheduled bulletin.			X						

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3670.2	The Type of Service indicator for codes G9021 – G 9032 is 1.
3670.2	Limiting Charge provisions do not apply to codes G9021 – G9032.

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
3670.2	The need for CWF edits will be assessed and implemented, as necessary, via separate change request.

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 **Implementation Date:** January 17, 2005 **Pre-Implementation Contact(s):** Jim Menas for coding and payment policy questions (410)-7864507; Jmenas@cms.hhs.gov and William Stojak for carrier claims processing issues (410)-786-6984; WStojak@cms.hhs.gov Post-Implementation Contact(s): Appropriate Regional Office	**Medicare contractors shall implement these instructions within their current operating budgets.**

*__Unless otherwise specified, the effective date is the date of service.__