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Documentation and Coding Guidelines for Medicare's 2006 Oncology Demonstration

Key Words

SE0588, Documentation, Guidelines, Oncology, Demonstration, MM4219, CR4219, E&M, Emergency, Participation, Coding, Guidance, G9050, G9051, G9052, G9053, G9054, G9055, G9056, G9057, G9058, G9059, G9060, G9061, G9062, Oncologist

Provider Types Affected

Hematologists and oncologists participating in the 2006 demonstration project

Key Points

- The purpose of the 2006 oncology demonstration project is to capture the spectrum of services oncologists provide to Medicare beneficiaries with the listed cancers in SE0589 and CR4219.
- Another purpose is to determine to what extent practice guidelines parallel care that hematologists/oncologists provide.
- The demonstration project is asking what the primary focus is of each evaluation and management (E & M) visit (to capture the spectrum), and with respect to that primary focus, whether or not the care follows practice guidelines.
- The demonstration only applies to E & M visits with patients who have a diagnosis in one of the 13 listed categories, and where the primary focus of the visit is management of that cancer, its complications, and the complications of its treatment.
- Participation in this project is voluntary and the physician participates by filing a claim for services (i.e. a level 2, 3, 4, or 5 established office visit with three separate G codes, one from each category) with the Medicare carrier.
- Medicare does make additional payments on claims containing the necessary information requested in this demonstration.
- The three separate G codes (one from each category) that physicians must identify for each submission to qualify for that payment are:
 - One code for disease status;

- One code for the primary focus of the visit; and
- One code for guideline adherence.
- Physicians must also supply documentation in the patient chart in order to bill for the demonstration.
- One alternative that fully satisfies the documentation requirements is to identify the source of the guideline consulted for reporting of guideline adherence and annotating the chart to reflect that source, using a phrase such as:
 - Demonstration project – ASCO (the American Society of Clinical Oncology);
 - Demonstration project – NCCN (National Comprehensive Cancer Network);
 - Demonstration project – ASCO and NCCN, or **both**;
 - Demonstration project – No guideline available, or **none**; or
 - Demonstration project – Clinical Trial, or C.
- Another alternative approach to documentation would be to use a template (e.g., “a flowsheet”), which would also fulfill all requirements under the demonstration. An example of such a template is included at the end of SE0588.
- The physician providing the E&M service on that day should determine the single code that best represents the patient’s cancer disease status, which should be relevant to the cancer that is the first listed cancer diagnosis on the claim form (not necessarily the first listed diagnosis). A list of these codes may be found in SE0589.
- The primary treating physician should determine the single code that best reflects the primary focus of that E & M visit on that particular day.

Narrative Description of Codes

A narrative description of each code follows:

- The **G9050** (oncology work-up evaluation) code should be used for visits where the patient is being evaluated or re-evaluated prior to or after a treatment course or contemplated treatment course.
- The **G9051** (oncology treatment decision/treatment management) code should be used for all visits in which cancer directed therapy is being offered, described or discussed; therapy is being provided by the coding physician or by another physician; the effect of therapy is being evaluated; the patient’s treatment course is altered (such as when doses are reduced); during treatment “holidays;” and visits where the focus is management of toxicities or complications of treatment.
- The **G9052** (oncology surveillance for disease) code should be used for visits for patients who meet the following criteria:
 - Definitive cancer-directed therapy has been completed (surgery, radiotherapy, chemotherapy, or combination);
 - No definitive evidence of “active” disease present;
 - Further active treatment (surgery, radiotherapy, chemotherapy) would likely be considered in the setting of disease recurrence; and

- The primary focus of the visit is coordinating and explaining disease surveillance, or interpreting and explaining the results of that surveillance.
- The **G9053** (oncology expectant management of patient) code should be used for visits for patients who meet the following criteria:
 - Definitive cancer-directed therapy has been completed or has been deferred (surgery, radiotherapy, chemotherapy, or combination);
 - Suggestive radiologic, clinical, or biochemical evidence of disease exists;
 - Further active treatment (surgery, radiotherapy, chemotherapy) would likely be considered in the setting of disease progression (at primary or distant site); and
 - The primary focus of the visit is coordinating and explaining expectant management, or interpreting and explaining the results of that management.
- The **G9054** (oncology supervision palliative) code should be used for visits for patients who meet the following criteria:
 - Cancer-directed therapy intended to prolong life is not being provided;
 - It is not expected that such cancer directed therapy would be provided or offered in the future;
 - The patient has active or suspected cancer that is expected to progress; and
 - The primary focus of the visit is managing, coordinating, and explaining disease palliation.
- The **G9055** (oncology visit unspecified) code should be used for visits in which the primary focus is other than any of the listed options.
- For guideline adherence, the treating physician should choose the single code that best reflects whether or not treatment adheres to practice guidelines, and if not, the best listed reason why not:
 - **G9056** Oncology Practice Guidelines (Management adheres to guidelines)
 - **G9057** Oncology Practice Guidelines (Management differs from the guidelines as a result of enrollment in clinical trial)
 - **G9058** Oncology Practice Guidelines (Management differs from the guidelines because the physician disagrees with the guidelines)
 - **G9059** Oncology Practice Guidelines (Management differs from the guidelines because the patient opts for different treatment)
 - **G9060** Oncology Practice Guidelines (Management differs from guidelines for reasons associated with patient illness)
 - **G9061** Oncology Practice Guidelines (Patient's condition not addressed by guidelines)
 - **G9062** Oncology Practice Guidelines (Management differs from guidelines for other reasons)

Linking Focus of Visit to Evaluation Guidelines

When evaluating guidelines based on the primary focus of visit, the focus of the visit as documented should link to the guidelines that are to be evaluated.

- **G9050** Oncology work-up evaluation:
 - When coding for guideline adherence in association with this code, the treating physician should compare the tests listed in the guidelines for initial diagnosis or evaluation of recurrence to what is being ordered for the patient.
 - If largely similar, with most or all recommended tests ordered/obtained and few or no tests ordered/obtained that are not recommended, code that management adheres to practice guidelines.
- **G9051** Oncology treatment decision/ treatment management:
 - When coding for guideline adherence in association with this code, the treating physician should compare the active cancer directed treatments (specifically chemotherapy, hormonal therapy, immunotherapy and/or radiotherapy) that are being discussed, considered, offered, or provided to those recommended in the guidelines.
 - The treating physician should code that management adheres to guidelines if, in his or her judgment, the treatment(s) that are recommended are being offered or provided, and treatment(s) that are not recommended are not being offered or provided.
- **G9052** Oncology surveillance for disease:
 - When coding for guideline adherence in association with this code, the treating physician should compare the tests and frequencies listed in the guidelines for disease surveillance with the tests and frequencies recommended in the guidelines.
 - The treating physician should code that management adheres to guidelines if, in his or her judgment, the comparison is largely similar, with most or all recommended tests ordered/obtained at approximately the recommended intervals, and few or no tests ordered/obtained that are not recommended, code that management adheres to practice guidelines.
- **G9053** Oncology expectant management of the patient:
 - When coding for guideline adherence in association with this code, the treating physician should compare the tests and frequencies listed in the guidelines for expectant management with the tests and frequencies recommended in the guidelines.
 - The treating physician should code that management adheres to guidelines if, in his or her judgment, the comparison is largely similar, with most or all recommended tests ordered/obtained at approximately the recommended intervals, and few or no tests ordered/obtained that are not recommended, code that management adheres to practice guidelines.
- **G9054** Oncology supervision of palliative therapies:
 - When coding for guideline adherence in association with this code, the relevant guidelines on supportive care and palliation should be consulted.

- The coding physician should report whether the patient's primary symptom, complaint, or complication that is being managed in that visit is being managed according to practice guidelines, as judged by the treating physician.
- **G9055** Oncology visit unspecified - When coding for guideline adherence in association with this code, the guidelines covering the relevant service should be consulted, or if no guidelines exist, that should be reported.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0588.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0589.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4219.pdf>

CR4219, the official instruction issued to the carrier may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R36DEMO.pdf> on the CMS website.

Providers with questions may contact their carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.