



Next Generation Accountable Care Organization (ACO) Model 2019 Benefit Enhancement

MLN Matters Number: MM10824 **Revised**

Related Change Request (CR) Number: 10824

Related CR Release Date: **October 5, 2018**

Effective Date: **January 1, 2019**

Related CR Transmittal Number: **R210DEMO**

Implementation Date: **January 7, 2019**

Note: This article was revised on December 14, 2018, to reflect a revised CR10824 issued on October 5. In the article, the CR release date, transmittal number, and the Web address of the CR are also revised. All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for providers who are participating in Next Generation Accountable Care Organizations (NGACOs) and submitting claims to Medicare Administrative Contractors (MACs) for certain care management home visit services to Medicare beneficiaries that would not otherwise be covered by Original Fee-For-Service (FFS) Medicare.

PROVIDER ACTION NEEDED

Change Request (CR) 10824 provides instruction on implementing one new Benefit Enhancement for program year four of the NGACO Model.

BACKGROUND

The goal of the NGACO Model is to improve the quality of care, population health outcomes, and patient experience for the beneficiaries who choose traditional FFS Medicare. The Model provides greater alignment of financial incentives and greater access to tools that may aid beneficiaries and providers in achieving better health at lower costs. Some of the tools that are available to beneficiaries and providers are conditional waivers of certain Medicare payment requirements, called Benefit Enhancements. These Benefit Enhancements currently include the Three-Day Skilled Nursing Facility Rule Waiver, the Post-Discharge Home Visits Waiver, and the Telehealth Expansion Waiver. There are Medicare Learning Network articles available describing each of these and the links for them are available in the Additional Information section.

New Benefit Enhancement for 2019 - Care Management Home Visits

Building upon the NGACOs' experience in offering the Post-Discharge Home Visits Benefit

Enhancement, the Model will offer a new Care Management Home Visits Benefit Enhancement to equip the NGACOs with a new tool to provide home visits proactively and in advance of a potential hospitalization. Next Generation Participants and Preferred Providers who have initiated a care treatment plan for aligned beneficiaries will be eligible to receive up to two Care Management Home Visits within 90 days of seeing that Next Generation Participant or Preferred Provider.

CMS will extend the conditional Medicare payment rule waiver issued under the Post-Discharge Home Visits Benefit Enhancement to establish the Care Management Home Visits Benefit Enhancement. Specifically, the scope of covered items and services under this Benefit Enhancement include those services and supplies that would be covered under Medicare Part B and are furnished “incident to” the professional services of a physician or other practitioner.

With the exception that CMS will waive the *direct supervision* requirement such that the services and supplies may be furnished by auxiliary personnel under the billing physician’s or other billing practitioner’s *general supervision*, this new Care Management Home Visits Benefit Enhancement will provide NGACO Participants and Preferred Providers greater flexibility to furnish these services within a beneficiary’s home or place of residence.

The items and services provided as part of these care management home visits are intended to supplement, rather than substitute for, visits to a primary care provider or specialist in a traditional health care setting. As such, these home visits are not intended to be performed on an ongoing basis, nor to serve as a substitute for the Medicare home health benefit, nor as the primary mechanism to meet beneficiaries’ care needs. Also, note that this is not a home health benefit, and beneficiaries eligible to receive home health services will not be eligible for this Benefit Enhancement.

The Healthcare Common Procedure Coding System (HCPCS) codes for the Care Management Home Visit services are:

- G0076: Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved Center for Medicare & Medicaid Innovation (CMMI) model. (Services must be furnished within a beneficiary’s home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0077: Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary’s home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0078: Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary’s home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0079: Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary’s home, domiciliary, rest home, assisted living and/or nursing facility.)

- G0080: Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0081: Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0082: Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0083: Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0084: Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0085: Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0086: Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)
- G0087: Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility.)

These codes should be submitted on Type of Bill: 85X, with Revenue Codes 96X, 97X, or 98X. The payment rates will be in the Medicare Physician Fee Schedule (MPFS). However, Medicare will reimburse the lesser of the billed charge or MPFS rate for Critical Access Hospital Method II providers billing on Type of Bill 85X, with Revenue Codes 96X, 97X, or 98X.

ADDITIONAL INFORMATION

The official instruction, CR10824, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R210DEMO.pdf>.

Information on the CRs previously implemented for the Next Generation ACO Model are available at:

- Implementation of the Next Generation ACO Model CR9151: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1613.pdf>
- All-Inclusive Population Based Payments CR9656: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17011.pdf>
- Asynchronous Telehealth Expansion CR10044: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm10044.pdf>

More information about the Next Generation ACO Model is available at: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
December 14, 2018	The article was revised to reflect a revised CR10824 issued on October 5. In the article, the CR release date, transmittal number, and the Web address of the CR are also revised. All other information remains the same.
August 29, 2018	The article was revised on August 29, 2018, to reflect a revised CR10824 issued on August 28. The CR was revised to show this is year four of the NGACO model. The article was revised accordingly. In the article, the CR release date, transmittal number, and the Web address of the CR are also revised. All other information remains the same.
August 22, 2018	Initial article released.

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