CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-19 Demonstrations	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 174	**Date: May 19, 2017**
	Change Request 10053

SUBJECT: Payment of G9678 (Oncology Care Model Monthly Enhanced Oncology Services) Claims for Beneficiaries Receiving Care in an Inpatient Setting

I. SUMMARY OF CHANGES: This CR instructs A/B MACs (Part B) to issue payment for detail lines with G9678 with dates of service on or after April 1, 2016, irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment.

EFFECTIVE DATE: October 1, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 2, 2017

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

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I. GENERAL INFORMATION

A. Background: On February 11, 2016 the Centers for Medicare and Medicaid Services (CMS) issued CR 9341 - Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation which created a Level II Healthcare Common Procedure Coding System (HCPCS) code G9678 - Oncology Care Model Service effective for dates of service on or after April 1, 2016. In exchange for a practice's provision of enhanced services to OCM beneficiaries, a practice may bill CMS for a base MEOS payment of $160 for each OCM beneficiary within an episode attributed to a practice, for each month of the episode, unless the beneficiary elects hospice or dies.

Practices may bill for base MEOS payments irrespective of whether the beneficiary is treated in an inpatient or outpatient setting. The purpose of this CR is to instruct A/B MACs (Part B) to issue payment for detail lines with G9678 with dates of service on or after April 1, 2016 irrespective of whether the beneficiary is receiving care in an outpatient or inpatient setting, if the billing for MEOS meets all other conditions for payment. Claim detail lines with G9678 with dates of service on or after April 1, 2016 should not be denied with reason code "M2 – Not paid separately when the patient is an inpatient" providing the billing for MEOS meets all other conditions for payment.

The need for this CR was brought to our attention when Novitas sought clarification regarding the appropriateness of allowing payment for procedure code G9678 when a patient is an inpatient in a hospital at the beginning of the month. The IUR process associated with CWF error code 7577 recoups payments when procedure code G9678 is billed with the same date as an inpatient stay. Procedure code G9678 was established to represent a monthly MEOS care management payment for participating Medicare Fee-for-Service (FFS) beneficiaries. Being that this code represents a monthly payment, providers are directed to bill on the first of the month regardless of when the services are actually rendered throughout the month. For this reason, the CWF error code is applying when a patient is inpatient during the first day of the month. Novitas believes that we should be allowing G9678, even if a patient is admitted in a facility during the first day of the month.

As a result of our research and the facts above, Novitas requested and CMS concurs that procedure code G9678 should be excluded from the IUR process associated with CWF error code 7577.

B. Policy: This CR instructs A/B MACs (Part B) to issue payment for detail lines with G9678 with dates of service on or after April 1, 2016 irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment. Claim detail lines with G9678 with dates of service on or after April 1, 2016 should not be denied with reason code "M2 – Not paid separately when the patient is an inpatient" where the billing for MEOS meets all other conditions for payment.

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	
10053.1	MCS shall issue payment for detail lines with G9678 with dates of service on or after April 1, 2016 irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment.		X							
10053.2	CWF shall exclude procedure code G9678 from the reject and IUR process associated with CWF edit/IUR codes 7576 (outpatient setting) and 7577 (inpatient setting).								X	
10053.2.1	Once the CWF error code is updated/removed, MACs shall perform mass adjustments in MCS for reprocessing any claims that were denied for dates of service April 1, 2016 and after by identifying the claims by dates of service, the procedure code and EOMB denial message.		X							
10053.2.1.1	MACs shall perform all mass adjustments of affected G9678 claims no later than February 28, 2018.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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:

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 , Mark Baldwin, 410-786-8139 or mark.baldwin@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