

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 195	Date: April 13, 2018
	Change Request 10452

Transmittal 191, dated February 2, 2018, is being rescinded and replaced by Transmittal 195, dated, April 13, 2018 to remove CPT code G0507 from the policy section and business requirements 10452.1 and 10452.2. All other information remains the same.

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	the listed services and the beneficiary already received a MEOS service by the same billing and rendering 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) • 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			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	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) - 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	D M E	C E D

		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:
9341.4	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) • G0179 (Care Plan Oversight - Physician Recertification) • G0180 (Care Plan Oversight - Physician certification) • G0181 (Care Plan Oversight - Physician supervision of patient under home health agency)
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) • 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)

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):

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.

ATTACHMENTS: 0