
CMS Manual System

Pub. 100-19 Demonstrations

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

Transmittal 12

Date: DECEMBER 10, 2004

CHANGE REQUEST 3634

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.

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: 12	Date: December 10, 2004	Change Request 3634
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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.

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 nonphysician 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 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. Only Medicare beneficiaries who are not enrolled in a Medicare Advantage plan are included within the demonstration.

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)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3634.1	Contractors shall accept codes G0921 through G0932 as valid codes for payment.			X			X	X	X	
3634.2	<p>Contractors shall pay for codes G9021 - G9032 if:</p> <ul style="list-style-type: none"> -The provider reports and submits charges for one code from each of the following symptom categories: <ul style="list-style-type: none"> --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 codes (one from each category) on the same claim and for the same date of service for which he/she claims payment for a chemotherapy infusion (G0359) or chemotherapy push (G0357); -The date of service is after 12/31/2004 and 			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	<p>before 1/1/2006;</p> <p>-The diagnosis code reported and referenced is for cancer;</p> <p>-The place of service setting reported for each factor assessment code (G9021 – G9032) is office (11); and</p> <p>-The claim is assigned.</p>									
3634.2.1	<p>If one or more but fewer than three symptom codes (one from each category) are billed on a claim, contractors shall return/reject the claim as unprocessable.</p> <p>NOTE: If the Remittance Advice is used to return/reject the claim, generate Remittance Advice reason code 16 and remark code MA 130.</p>			X						
3634.2.2	<p>If more than one symptom assessment code from the same category for the same date of service are billed on a claim (e.g., the provider bills for G9021 and G9022 for the same date of service), carriers shall return/reject the claim as unprocessable. Use remittance advice reason code 16 and remark code N185. The remark code should be generated for the lesser intensive of the two services (i.e., in the above example the N185 should be generated for code G9021).</p>			X						
3634.3	<p>Contractors shall load the following allowances for the symptom G codes:</p> <p>G9021 to G9024----- \$43.34 G9025 to G9028-----\$43.33 G9029 to G9032-----\$43.33</p>			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
3634.4	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						
3634.5	Contractors shall apply the usual Part B deductible and coinsurance to the symptom G codes.			X					X	
3634.6	Contractors shall employ workarounds for processing claims for symptom codes (e.g, suspending, examining and paying) until such time as any necessary standard systems automated claims editing functionality is implemented.			X						

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3634.6	The Type of Service indicator for codes G9021 – G 9032 is 1.
3634.6	Limiting Charge provisions do not apply to codes G9021 – G9032.

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
3634.3	The need for CWF edits will be assessed and implemented, as necessary, via separate change request.
3634.5	The need for CWF edits will be assessed and implemented, as

	necessary, via separate change request.
3634.7	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

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