

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13804	Date: June 22, 2026
	Change Request 14512

SUBJECT: Update to GUIDE Model Appendices for July 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide updates to appendices for the GUIDE Model including the GUIDE G-codes, diagnoses codes, and excluded codes when there are new codes added in any given quarter. In addition, a fee file with updated fee amounts for the GUIDE G-codes will be provided, as necessary.

For July 2026, the GUIDE team is updating codes in Appendix A. A new fee file will also be shared. Appendices B, C, and D are not changing.

EFFECTIVE DATE: July 1, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 6, 2026

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:

Recurring Update Notification

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		
14512.2	Contractors shall retrieve the updated payment file for the GUIDE G-codes from the CMS mainframe and load it into their systems prior to July 6, 2026.		X								
14512.3	Contractors shall download the revised fee file and appendices from the CMS mainframe and implement it into their testing and production regions.		X								
14512.4	Contractors shall accept updated fee files for the GUIDE G-codes.		X								
14512.5	Contractors shall notify CMS of successful receipt of the file described in Requirement 1 via email to Charlotte Kaye, Charlotte.Kaye1@cms.hhs.gov , Jon Rudy, jonathan.rudy@cms.hhs.gov , and Price File Receipt@cms.hhs.gov stating the name of the file received.		X								
14512.6	CWF shall compare the existing files to the new files and install any necessary changes.									X	
14512.7	Contractors shall ensure the GUIDE Model supports additional model tiers and model tier HCPCS provided in Appendices A and B on or after July 1, 2026. NOTE: There are two new HCPCS codes in Appendix A that are subject to the same claims and adjustment processing rules as defined in CR 13412 as applicable. NOTE: Appendix B (codes G0529, G0530 and G0531) is added because the codes have changes in the fees for July 2026.		X							X	

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
---	---

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. 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: 2

Appendix A GUIDE Dementia Care Model Payment (DCMP) G-Code Descriptions

G-Code	G-Code Description	Model Tier	Eligible for Respite Care
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in CMMI Model	Tier 1	No
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in CMMI Model	Tier 2	Yes
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in CMMI Model	Tier 3	Yes
G0522	Management of a new patient with dementia, low complexity, for use in CMMI Model	Tier 4	No
G0523	Management of a new patient with dementia, moderate/severe complexity, for use in CMMI Model	Tier 5	No
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in CMMI Model	Tier 6	No
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in CMMI Model	Tier 7	Yes
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in CMMI Model	Tier 8	Yes
G0527	Management of established patient with cognitive impairment with dementia, low complexity, for use in CMMI Model	Tier 9	No
G0528	Management of established patient with cognitive impairment, moderate/high complexity, for use in CMMI Model	Tier 10	No
G0574	Management of new patient with dementia residing in an eligible residential care community, for use only in a medicare-approved cmmi model. (services must be furnished within a patient's eligible residential care community, including assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided.) Short Descriptor: Mgt new pt dem res care cmmi	Tier 11	No
G0575	Management of established patient with dementia residing in an eligible residential care community, for use only in a medicare-approved cmmi model. (services must be furnished within a patient's eligible residential care community, including	Tier 12	No

	assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided.) Short Descriptor: Mgt est pt dem res care cmmi		
--	--	--	--

Appendix B Respite Services G-Codes

G0529	In-home respite care, 4-hour unit, for use in CMMI Model
G0530	Adult day center, per day, for use in CMMI Model
G0531	Facility-based respite, 24-hour unit, for use in CMMI Model