CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10715	**Date: August 19, 2021**
	Change Request 11915

Transmittal 10662, dated March 10, 2021, is being rescinded and replaced by Transmittal 10715, dated, August 19, 2021, to revise the background section and to revise business requirements 11915.8, 11915.13.3, 11915.13.4, 11915.13.6, 11915.14.1, 11915.14.2, 11915.15.1, 11915.27.1, 11915.37 and 11915.38.1. This correction also updates the Interface Control Document and adds business requirements 11915.27.1.1 and 11915.37.1. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated August 19, 2021. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Kidney Care Choices (KCC) Comprehensive Kidney Care Contracting (CKCC) - Payment and Benefit Enhancements - Implementation

I. SUMMARY OF CHANGES: This Change Request (CR) is the implementation of a payment mechanism and benefit enhancements for the Kidney Care Choices (KCC) Comprehensive Kidney Care Contracting (CKCC) (demonstration code 93) Model. This CR focuses on the implementation of the Chronic Kidney Disease Quarterly Capitation Payment (CKD QCP) mechanism. Additionally, the following Benefit Enhancements and waiver will be implemented with this CR: Telehealth Benefit Enhancement, Post-Discharge Home Visits Benefit Enhancement, 3-Day Skilled Nursing Facility Rule waiver, Kidney Disease Education Benefit Enhancement, Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit, and Home Health Benefit Enhancement.

EFFECTIVE DATE: April 1, 2021; July 1, 2021 - BRs 11915.36 through 11915.71
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2021; July 6, 2021 - BRs 11915.36 through 11915.71

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	

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

Pub. 100-19	Transmittal: 10715	Date: August 19, 2021	Change Request: 11915

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I. GENERAL INFORMATION

A. Background: For the CKCC Options, nephrologists and nephrology practices must partner with transplant providers, and may partner with dialysis facilities and other providers and suppliers to become Kidney Contracting Entities (KCEs). KCE nephrologists will receive adjusted capitated payments for managing beneficiaries with CKD stages 4 and 5. KCEs will also have access to Benefit Enhancements to strengthen care coordination for aligned beneficiaries and alternative payment mechanisms to manage cash flow.

- Payment Mechanisms (PMs) allow providers to elect 100% reduced (i.e., "zeroed out") Fee-for-Service (FFS) claim payments in return for their KCE practice receiving predictable prospective payments. In the first Performance Year of CKCC, there will be one PM: Chronic Kidney Disease Quarterly Capitation Payment (CKD QCP).
- Benefit Enhancements (BEs) are waivers to Medicare payment rules that offer flexibility for care coordination and delivery. They allow beneficiaries to receive services and providers to receive payments for those services that are not otherwise covered by Medicare. There are six BEs included in this Change Request (CR) (see below for more detail).

Homebound Home Health Waiver (BE Indicator "9")

Background

The Kidney Care Choices Model seeks a waiver of the homebound requirement for the reimbursement of home health services, as described below, for beneficiaries meeting certain clinical criteria. Currently, to receive Medicare reimbursement for home health care services, a Medicare beneficiary must be homebound as described in §1814(a)(2)(c) and §1835(a)(2)(a):

1. The beneficiary either (a) must need the assistance of a supportive device, special transportation, or another person to leave their residence OR (b) have a condition that makes leaving his or her home medically contraindicated; and

2. There must be a normal inability to leave the home AND leaving home must require a considerable and taxing effort.

Homebound beneficiaries are entitled to Medicare reimbursement for the following services: skilled nursing care; home health aides; physical therapy; occupational therapy; speech-language pathology; medical social services; routine & non-routine medical supplies; and durable medical equipment. Currently, the homebound requirement focuses on a beneficiary's functional limitations rather than the underlying health condition or comorbidities often present in this population. Unless homebound status is certified, skilled nursing care services in the home are not reimbursable by Medicare for a beneficiary residing in their home.

This waiver will target those beneficiaries with multiple chronic conditions who are at risk of an unplanned inpatient admission using different criteria than in Medicare law today.

Implementation Approach

All Kidney Contracting Entities (KCEs) are eligible to apply for this waiver for their aligned beneficiaries and will submit a corresponding implementation plan at a date specified by CMS. Specifically, to qualify for home health services under this waiver, beneficiaries must (1) otherwise qualify for home health services under 42 C.F.R. § 409.42 except that the beneficiary is not required to be confined to the home; and (2) meet the criteria as outlined in the Homebound Home Health Waiver Form developed by CMS. CMS designed the form to center around beneficiaries with multiple chronic conditions. Due to the high numbers of beneficiaries with chronic conditions, CMS is imposing three additional criteria to ensure the waiver is being used appropriately. The waiver aims to reduce the risk of an unplanned inpatient admission; therefore, we will look to see if an aligned beneficiary had at least one unplanned inpatient admission or emergency department visit in the last 12 months. This waiver also seeks to bring home health to those beneficiaries who truly would benefit from care in the home. Thus, we have also included measures of frailty and social isolation. Eligible beneficiaries must be aligned to a KCE, have at least two chronic conditions, **and** meet one of the three following criteria: inpatient service utilization, frailty, and/or social isolation. The narrow criteria for a homebound beneficiary as it stands takes away the provider's choice to define which patients could truly benefit from home health.

KCEs would identify home health providers that are KCC Participant Providers or Preferred Providers who would offer these services to eligible beneficiaries. KCC Participant Providers and Preferred Providers will use the Homebound Home Health Waiver form, as well as their own clinical judgement to determine if a beneficiary is eligible and would benefit from receiving home health services. All other requirements regarding Medicare coverage and payment for home health services would continue to apply.

A beneficiary would not be eligible to receive covered home health services under this waiver if they are receiving services under the post-discharge visits BE. The services would be furnished in the beneficiary's home or place of residence during the certified episode of care period.

Telehealth Expansion (BE Indicator "2") – KCEs will have the option to participate in this waiver, which expands current telehealth services to include asynchronous (also known as "store-and-forward") telehealth outside of Alaska and Hawaii in the specialties of dermatology and ophthalmology for both new and established patients for a list of HCPCS codes defined by CMMI and removes the rural requirement for synchronous telehealth services for a list of HCPCS codes defined by CMMI.

3-Day SNF Rule Waiver (BE Indicator "4") - KCEs will be offered a waiver of the three-day inpatient stay requirement prior to admission to a Skilled Nursing Facility (SNF) or acute-care hospital or Critical Access Hospital (CAH) with Swing-Bed (SB) approval for SNF services.

Post-Discharge Home Visits (BE Indicator "3") - KCEs can participate in waivers to allow payment for certain home visits furnished to non-homebound aligned beneficiaries by auxiliary personnel (as defined in 42 C.F.R. § 410.26(a)(1)) under general supervision, rather than direct supervision, incident to the professional services of physicians or other practitioners in the KCC model.

Kidney Disease Education (BE Indicator "C") – Medicare currently covers up to six 1-hour sessions of Kidney Disease Education (KDE) services for beneficiaries that have Stage 4 Chronic Kidney Disease (CKD). The programmatic waivers would:

- Waive the requirement that the KDE be performed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist and allow qualified clinicians not currently allowed to bill for the benefit (Registered Nurses under a clinic/practice specialty code, Nutritionists, and Licensed Clinical Social Workers) to furnish the services incident to the services of a participating KCE nephrologist (providers on the Accountable Care Organizations-Operational System (ACO-OS) file).
- Waive the requirement that a beneficiary have Stage 4 CKD in order to test furnishing the KDE benefit to beneficiaries with CKD stage 5 and those in the first 6 months of ESRD, who can also benefit from KDE.

Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit (BE Indicator "B")

Background

Generally, beneficiaries who elect hospice care waive their right to Medicare coverage for treatment of their terminal condition and related conditions when not provided by the designated hospice. That is, by electing hospice, beneficiaries waive Medicare coverage for services that are considered curative (sometimes referred to as "conventional care") in favor of receiving services that are more palliative in nature.

To ease care transitions and ensure hospice-eligible beneficiaries face a less stark transition and choice between electing or foregoing hospice care, the Kidney Care Choices Model aims to waive the requirement that beneficiaries who elect the Medicare hospice benefit give up their right to receive curative care as a condition of electing the hospice benefit. Under this waiver, KCEs would work with their hospice providers, as well as non-hospice providers, to define and provide a set of concurrent care services related to a hospice enrollee's terminal condition and related conditions that are appropriate to provide on a transitional basis and align with the enrollee's wishes. For example, this may include the continuation of chemotherapy services, blood transfusions, or dialysis in the form of "bridge services" or permit an enrollee to conclude a course of therapy while transitioning into hospice. Of significance, this provision of concurrent care under the BE does not change the necessary criteria for hospice benefit eligibility or the requirement that the elected hospice provider provide all services and levels of care available under the hospice benefit.

Implementation Approach

Medicare would continue existing claims-based edits to prevent non-hospice claims from processing while a beneficiary is under hospice election, except with respect to those hospice and non-hospice organizations identified by the KCE. The Medicare FFS claims submitted by these organizations will be paid by Medicare if they are otherwise appropriate for payment absent the restriction for paying claims for a beneficiary that has elected hospice. The KCE would pay only for concurrent services provided by designated KCC Participants or Preferred Providers as specified in the beneficiary's plan of care. All expenditures incurred by Medicare on behalf of such beneficiaries, whether for hospice or other non-hospice services would be included as part of total cost of care for the relevant performance year.

Similar to the approach used for the 3-Day Skilled Nursing Facility Rule Waiver, KCEs would identify the

hospices with which they would partner in this BE. Likewise, KCEs will be able to identify non-hospice providers included under this BE. These partner hospices and non-hospice providers must be either KCC Participant Providers or Preferred Providers.

- Note: The implementation of the Kidney Care First Model was delayed from April 1, 2021 to a future date. The logic of CR 11915 will be implemented in the April 2021 and July 2021 releases, and user acceptance testing shall be performed for these releases. This CR will further delay the provider and beneficiary production files and will be implemented in a future CR.

B. Policy: Section 1115A of the Social Security Act (added by section 3021 of the Affordable Care Act) (42 U.S.C. 1315a) authorizes the CMS Innovation Center to test innovative payment and service delivery models that have the potential to lower Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) spending while maintaining or improving the quality of beneficiaries' care. Under the law, preference is to be given to selecting models that also improve coordination, efficiency and quality of health care services furnished to beneficiaries. Section 1899 of the Social Security Act establishes the Medicare Shared Savings Program, and authorizes CMS to share Medicare savings with participating accountable care organizations under certain circumstances.

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	
11915.1	Effective for dates of service on or after April 1, 2021, contractors shall prepare their systems to process Kidney Care Choice (KCC) Comprehensive Kidney Care Contracting (CKCC) claims.					X	X		X	
11915.2	Contractors shall ensure that the MSP (Medicare Secondary Payer) Claims are exempt from this demonstration. Note: for FISS, this requirement will be implemented in July 2021.					X	X			
11915.3	Contractors shall ensure that the Periodic Interim Payment (PIP) providers are excluded from this demonstration. Note: for FISS, this requirement will be implemented in July 2021.					X				
11915.4	Contractors shall use Demonstration (Demo) code 93 to identify KCC CKCC claims.					X	X		X	HIGLAS
11915.5	The Multi-Carrier System (MCS) shall send the Fiscal Intermediary Shared System (FISS) the Provider					X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Alignment File records.									
11915.6	SSMs shall be prepared to accept the initial provider alignment files for each KCC/CKCC.					X	X			
11915.7	SSMs shall maintain an update date in their internal file which will reflect the date the updated files were loaded into the shared systems. The field shall be viewable to the Medicare Administrative Contractors (MACs).					X	X			
11915.8	Effective for Dates of Service on or after April 1, 2021, SSMs shall use the benefit enhancement indicator values identified in the Interface Control Document (ICD) to identify when a provider has elected a benefit enhancement when processing Part A and Part B claims.					X	X			
11915.8.1	SSMs shall add the benefit enhancement indicator identifiers to the transmit record for the Common Working File (CWF).					X	X			
11915.9	CMS shall send CWF the initial beneficiary alignment files detailing beneficiaries aligned to the KCE participating providers. **NOTE**: The beneficiary alignment file will be a national file accessible by all MACs.								X	ACO OS, CMS, VDC
11915.10	CWF shall provide the beneficiary file with the most current Health Insurance Claim Number (HICN) to MCS/FISS.					X	X		X	
11915.11	CMS shall include data elements on the aligned beneficiary file as identified in the ICD.									ACO OS, CMS
11915.11.1	SSMs shall maintain an update date in their internal file which will reflect the date the updated file was loaded into the shared system. The field shall be viewable to the MACs.					X	X		X	
11915.11.2	CWF shall modify the ACOB Auxiliary File in HIMR to accommodate the changes needed for the CKCC Model. The value indicating a CKCC beneficiary on the ACOB Auxiliary file is C.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11915.12	The ACO-OS shall provide the provider alignment and beneficiary alignment files to the Virtual Data Center (VDC) when they become available.									CMS, VDC
11915.12.1	The ACO-OS shall transmit the provider and beneficiary alignment files through Electronic File Transfer (EFT).									ACO OS, CMS, VDC
11915.12.2	The ACO-OS shall notify the contractors of the provider and beneficiary alignment file names when they become available.						X		X	ACO OS, CMS, VDC
11915.13	CWF shall create response files acknowledging receipt of the beneficiary alignment files. MCS shall create response files acknowledging receipt of the provider alignment files.						X		X	
11915.13.1	SSMs shall produce a response file that indicates the file was processed and contained no errors if no validation errors were encountered.						X		X	
11915.13.2	SSMs shall produce a response file that indicates specific records and fields that did not pass the validation checks using defined error codes as defined in the ICD.						X		X	
11915.13.3	The ACO-OS shall transmit the test files to the Single Testing Contractor (STC) by February 1, 2021. **Note: For July testing, the ACO-OS will resend the previous copies of April test files to the STC on or around May 3, 2021**.									ACO OS, CMS, STC, VDC
11915.13.4	The STC and the MACs shall provide to CMS the data to create the test file by December 31st, 2020. To assist with the creation of the test file, the STC and MACs shall: • Provide a list of at a minimum 5 to 15 providers as indicated by TIN-oNPI-CCN for Part A MACs and TIN-iNPI for Part B MACs • Provide a list of 5 to 15 beneficiaries as indicated by their HICN • These sample Providers and Beneficiaries shall be provided in a spreadsheet file using Appendix F, Bene_Provider Test Data Collection_Template.	X	X							STC, VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	

	• Send encrypted data to:
	  • Yani Mellacheruvu (CMS/OIT) at Yani.Mellacheruvu@cms.hhs.gov AND
	  • Aparna Vyas (CMS/OIT) at Aparna.Vyas@cms.hhs.gov
	
	Note: Testing will also occur as a part of the July 2021 release. For July testing, copies of the April test files will be reused. The MACs are not required to send test data for the July release.									

11915.13.4.1	Impacted parties shall make themselves available for up to 3 calls during the User Acceptance Testing (UAT) to discuss any testing issues.* **Note:** • Issues that arise during the testing period should be addressed during the monthly CMMI FFS Working Group (FWG) or via a Quality Control Number (QCN). • STC invitations should be sent to STC-TCD-Team@dcca.com and STC-TCE-Team@dcca.com.	X	X			X	X		X	CMS, VDC
11915.13.5	SSMs shall perform limited editing to ensure the file is well-formed. The validation checks will include: • the Header Record must be present and fields populated with valid information; • the Trailer Record must be present and fields populated with valid information; and • the actual count of detail records must match the count in the Trailer Record. **NOTE:** The ICD will define the response file layout and detailed error conditions.						X		X	
11915.13.6	The ACO-OS shall push the test files to the VDCs on or about March 8, 2021. **Note: For July testing, the ACO-OS will resend the previous copies of April test files to the VDCs on or**									ACO OS, CMS, VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	around June 1, 2021.									
11915.14	The VDCs shall transmit the provider and beneficiary alignment test file responses via EFT.									CMS, VDC
11915.14.1	CMS shall provide the final provider and beneficiary alignment files from the CMS mainframe in a future CR.									CMS, VDC
11915.14.2	The ACO-OS shall push the production files to the MACs and datacenters specific to their contractor workload(s). This task shall be completed in a future CR.									ACO OS, CMS, VDC
11915.15	SSMs shall produce response files via EFT acknowledging receipt of the provider and beneficiary production files.						X		X	CMS, VDC
11915.15.1	The VDCs shall transmit the provider and beneficiary alignment production file responses via EFT. This task shall be completed in a future CR.									CMS, VDC
11915.16	CMS shall send updated aligned beneficiary files on a quarterly basis, or on an ad hoc basis as needed (daily, weekly, monthly, etc.).									CMS, VDC
11915.17	CMS shall send updated aligned provider files on a monthly basis, or on an ad hoc basis as needed (daily, weekly, etc.).									CMS, VDC
11915.18	SSMs shall process the updated aligned provider and aligned beneficiary files as full replacement files.					X	X		X	
11915.19	SSMs shall update the provider record of KCE CKCC aligned providers according to the monthly update in BR 14.					X	X			
11915.20	SSMs shall update the system with aligned beneficiary data according to the quarterly update in BR 16.					X			X	
11915.21	The contractors shall create/modify on-line screens to display Provider Alignment File data to include file update history.					X	X			
11915.21.1	The contractors shall create/modify online screens to display Beneficiary Alignment File data to include file					X	X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	update history.									
11915.22	The SSMs shall process claims as KCE/CKCC claims for dates of service on the claim that fall within the aligned beneficiary and aligned provider effective or end dates, and shall apply the applicable benefit enhancements to that claim detail.					X	X		X	
11915.23	SSMs shall consider the beneficiary removed from the model when the end date is equal to the effective date.					X	X		X	
11915.24	SSMs shall consider the provider removed from the model when the end date is equal to the effective date.					X	X			
11915.25	CMS shall create a recurring, annual CR to update changes to tables found in Appendix B (Alcohol and Substance Abuse Codes) or Appendix D (Telehealth Post-discharge Home Visits and Care Management Home Visit Codes).									CMS
11915.26	The contractors shall follow these demo code precedence rules for deciding the position of demo code “93” on an institutional or professional claim: • If demo code ‘86’, (Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)), is present in the first position on the claim, move demo code ‘93’ to the first position, and move the remaining codes down one position. **CKCC has precedence.** • If demo code ‘75’, (Comprehensive Care for Joint Replacement (CJR)), is present in the first position on the claim, move demo code ‘93’ to the first position, and move the remaining codes down one position. **CKCC has precedence** • If demo code ‘92’, (Direct Contracting (DC)), is present in the first position on the claim, move demo code ‘93’ to the first position, and move the remaining codes down one position. **CKCC has precedence** • If demo code ‘93’ is in the first position, and demo code '73', (MCCM) is present on the claim, move demo code ‘73’ to the first position, and move the remaining demo codes down one position. **MCCM has precedence.**					X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• If demo code ‘93’ is in the first position, and demo code '94', (End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model) is present on the claim, move demo code ‘94’ to the first position, and move the remaining demo codes down one position. **ETC has precedence.** Note: The demo hierarchy defined in this requirement will be utilized by FISS beginning in July 2021.									
11915.26.1	(Continued from parent requirement due to ECHIMP character limit)... • If demo code ‘93’ is in the first position, and demo code '87', (Radiation Oncology (RO) Model), is present on the claim, move demo code ‘87’ to the first position and move the remaining demo codes down one position. **RO has precedence.** • If the claim- or claim-line includes the Oncology Care Model (OCM) Monthly Enhanced Oncology Service’s (MEOS) HCPCS code G9678 with a From date or DOS from 04/01/2021 to 05/31/2021, the claim should be excluded. **The CKCC demo code should not be appended.** • If demo code ‘93’ is in the first position, and demo code ‘31’, (Veteran’s Medicare Remittance Advice (VA MRA) project), is present on the claim, move demo code ‘31’ to the first position and move the remaining demo codes down one position. **VA MRA has precedence.** • If the claim is a Home Health Request for Anticipated Payment claim (Type of Bill 322), Inpatient and Hospice NOA (Note Of Admission), or NOE (Note Of Election) the claim is ineligible for the demo code ‘93’. **Note**: • **CMS has proactively identified the models that we believe could overlap with the**					X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CKCC Model. As models retire or emerge this list will be updated. • **The demo hierarchy defined in this requirement will be utilized by FISS beginning in July 2021.**									
11915.27	MCS shall apply demonstration code 93 for the CKCC model QCP to professional claims submitted on the CMS-1500 or electronic equivalent where: • The beneficiary HIC Number (HICN) match those listed in the beneficiary file; and • The billing provider Tax Identification Number and rendering National Provider Identifier (NPI) match those listed on the provider participant file; and • The CKCC Model Identifier match between the beneficiary and provider participant alignment files; and • The detail line date of service is between the effective start date and end date (inclusive) for the matching records in the beneficiary and provider participant files; and • The provider participant files contain record type 'F' for QCP; and • The aligned beneficiary has a QCP flag of 'Y'.						X			
11915.27.1	MCS shall apply demonstration code 93 for the CKCC/QCP model to professional claims submitted on the CMS-1500 or electronic equivalent where the above requirements apply and where: • The claim detail includes any of the following Current Procedural Terminology /Healthcare Common Procedure Coding System (CPT/HCPCS) Codes: • Office/Outpatient Visit E/M 99201-99205, 99211-99215 • Complex Chronic Care Coordination Services 99487 • Home Care/Domiciliary Care Evaluation and Management (E/M) 99348-99349 • Prolonged E/M 99354-99355						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Transitional Care Management Services 99495-99496 • Advance Care Planning 99497-99498 • Welcome to Medicare and Annual Wellness Visits G0402, G0438, G0439 • Chronic Care Management Services 99490 • Prolonged non-face-to-face E/M Services 99358 • Assessment/care planning for patients requiring Chronic Care Management (CCM) services G0506 • Online digital E&M for an est. patient, for up to 7 days, cumul. time 5–10 mins 99421 • Online digital E&M for an est. patient, for up to 7 days, cumul. time 10–20 mins 99422 • Online digital E&M for an est. patient, for up to 7 days, cumul. time 21+ mins 99423 • Phone e/m phys/qhp 5-10 min to est pt 99441 • Phone e/m phys/qhp 11-20 min to est pt 99442 • Phone e/m phys/qhp 21-30 min to est pt 99443									
11915.27.1.1	MACs should remove G0463 from the ACO Procedure Code table (HxxTACO).		X							
11915.27.2	MCS shall calculate the Beneficiary cost sharing (coinsurance and deductible) based on the allowable amount for the services included in the CKD QCP.						X			
11915.27.3	MCS shall reduce the detail provider paid amount based on the reduction percentage in the ICD on aligned QCP details, after beneficiary coinsurance and deductible, other adjustments, MIPS, and/or sequestration have been calculated.						X			
11915.27.3.1	For claims subject to the QCP adjustment, MCS shall include on the CWF claim transmission record (HUBC) the adjustment amount attributable to each line in the "Other Amounts Applied" field, using the following: • The Other Amount Indicator 'A5' to indicate the amount by which each line was reduced for the QCP adjustment.						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11915.27.3.2	The contractor shall carry the New Values in the 'Other Amount Indicator' field for the CKCC Model in HIMR for the Part B claim history (PTBH) when present on an accepted HUBC transmit record.								X	
11915.27.3.3	CWF shall read the Other Amount Indicator (‘A5’) that is assigned to the CKCC Model that is received on the detail line on the HUBC record.								X	
11915.27.3.4	CWF shall modify Part B consistency edit 92x5 to accept a reduction to the reimbursement amount when Other Amount Indicator ‘A5’ is receive. CWF will modify Part B Consistency edit 97x1 to accept the new value ‘A5’ in the Other Amount Indicator field.								X	
11915.27.3.5	CWF shall ensure that the HCFACLM file (National Claims History (NCH)) can accept the value in the Other Amount Indicator field (A5) for CKCC on the HUBC transmit record.								X	
11915.27.3.6	CWF shall ensure that the Other Amount Indicator (A5) for CKCC post to HIMR for Part B claim history (PTBH).								X	
11915.27.3.7	Contractors shall send the new QCP payment adjustment message, and amount to the IDR claims file.						X			IDR
11915.27.4	Contractors shall apply the following remark codes when a KCE/CKCC provider’s claim is reduced by 100%: Claims Adjustment Reason Code (CARC): 132 “Prearranged demonstration project adjustment” and Remittance Advice Remark Code (RARC) N83 - “No appeal rights. Adjudicative decision based on the provisions of a demonstration project”; and Group Code (CO) - contractual obligation.		X							
11915.28	Contractors shall process and reimburse claims as normal fee-for-service claims (with traditional FFS rules) when the provider is not affiliated with the KCE						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	and renders services to aligned beneficiaries.									
11915.29	CWF shall **NOT** trigger an Informational Unsolicited Response (IUR) for QCP claims with demo code 93 when there is a change to the beneficiary.								X	
11915.29.1	SSMs shall **NOT** trigger an adjustment for QCP claims when there is a change to the provider alignment.						X			
11915.30	CWF shall ensure that Informational Unsolicited Response (IUR) '7125' for claims with Demo '93' are not generated based on beneficiary file updates.								X	
11915.31	Beginning in July 2021, contractors shall generate the Weekly QCP Reduction File that will be sent from the VDCs to the Baltimore Data Center (BDC), (pass-through), for professional claims with the demo code '93' where BE indicator 'F' adjustment was applied. Details on the pass-through file are provided in Table 45 of the ICD.								X	VDC
11915.32	Contractors shall not share claims in the Weekly QCP Reduction File if the Beneficiary Data Sharing Preference Indicator is set to 'N'. Contractors shall share a beneficiary's data when the Beneficiary Data Sharing Preference Indicator is set to 'Y'.								X	
11915.33	CWF Host shall work with CMS to ensure that all parties who need access to the weekly QCP Reduction File have access by 07/01/2021.									CMS, CWF Host, VDC
11915.34	Starting in April 2021, CWF shall modify consistency edit '0014' to include Demo Code '93' as a valid Demo when received on Inpatient (HUIP), Outpatient (HUOP), Home Health (HUHH), Hospice (HUHC) claims, or Part B (HUBC) claim.								X	
11915.35	Starting in April 2021, CWF shall ensure Demo Code '93' is posted to claims history and transmitted to the NCH file when present on HUBC, HUIP, HUOP,								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	HUHH, and HUHC claims.									
11915.36	Beginning in July 2021, contractors shall process KCC CKCC telehealth claims when: • The type of bill is 85X, with revenue codes 96X, 97X and 98X; AND • The claim includes an aligned provider; AND • The claim includes an aligned beneficiary to the same KCE Identifier as the provider; AND • The Provider's file contains BE identifier "2" for the DOS; AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date; AND • The claim contains one of the HCPC codes listed in the appendices of the CR. NOTE: • The KCC/CKCC/KCE Identifier is CXXXX. • Please see Appendix D for the list of Telehealth HCPCS.					X				
11915.37	Contractors shall process KCE/CKCC synchronous telehealth claims (but not asynchronous telehealth claims) with Place of Service (POS) = 02 (Telehealth) when this benefit enhancement (record type 2) is elected by the provider for the Date of Service (DOS) on the claims and when the claim contains one of the codes in Appendix D Table 1 (but not Appendix D Table 2).		X				X			
11915.37.1	Contractors shall process KCE/CKCC asynchronous telehealth claims when this benefit enhancement (record type 2) is elected by the provider for the Date of Service (DOS) on the claims and when the claim contains one of the codes in Appendix D Table 2 (but not Appendix D Table 1).		X				X			
11915.38	Beginning in July 2021, contractors shall allow and process CKCC Post Discharge Home Visit institutional claims TOB 85X, with Rev. codes 96X, 97X and 98X, for licensed clinicians under the general	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	supervision of a CKCC Provider when: • The claim-header includes an aligned provider (using oNPI-CMS Certification Number (CCN) combination) AND • The claim-header includes an aligned beneficiary to the same KCE Identifier as the provider AND • The Provider's BE indicator is "3" for the DOS; AND • The From date is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date as indicated on the ACOB Auxiliary File AND • Present on the claim-line is one of the HCPCS codes in Table 3 of Appendix D. NOTE: The KCC/CKCC/KCE Identifier is CXXXX.									
11915.38.1	Beginning in July 2021, contractors shall allow and process CKCC Post Discharge Home Visit claims for licensed clinicians under the general supervision of a CKCC Provider when: • The claim includes an aligned provider AND • The claim includes an aligned beneficiary to the same KCE Identifier as the provider AND • The Provider's file contains BE identifier "3" for the DOS, AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date AND • The claim contains one of the HCPCS codes listed in the Appendix D Table 3 of the CR.		X				X			
11915.39	Beginning in July 2021, the contractors shall bypass all 3-day qualifying stay edits for SNF and SB provider claims for KCC CKCC 3 -day stay waiver enhancement when: • The claim-header includes an aligned provider AND • The claim-header includes an aligned beneficiary to the same KCE Identifier as the provider AND					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• BE indicator '4' is present for the provider on the provider alignment file AND • The From date is on or within the Beneficiary Start Date and 90 days after the Beneficiary Effective End Date as indicated on the ACOB Auxiliary File. NOTE: • The KCC/CKCC/KCE Identifier is CXXXX. • CWF will only read Benefit enhancement indicator '4' to bypass edit 7123. • Demo '93' takes precedence over Demo '75' and '86' for edit 7123.									
11915.40	Contractors shall display the following message on CKCC SNF and Swing Bed claims: **<u>New MSN Message 4.15</u>** **English -** Your Kidney Care Choices (KCC) organization may have made your stay at this facility possible without first having to stay in a hospital for 3 days. Ask your doctor to tell you more about your KCC organization or call 1-800-MEDICARE (1-800-633-4227). **Spanish -** Su organización Kidney Care Choices (KCC) pudo haber hecho posible su estadía en este centro sin tener que permanecer en un hospital por 3 días. Pídale a su médico más información sobre su organización KCC o llame al 1-800-MEDICARE (1-800-633-4227).		X			X				
11915.41	Contractors shall add a new benefit enhancement indicator for the CKCC Model • ''B' - Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit					X	X		X	
11915.41.1	FISS shall add benefit enhancement indicator 'B' to the claim for the CKCC Model - Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	when: • The claim-header includes an aligned provider (Billing CCN-NPI) AND • The claim-header includes an aligned beneficiary to the same KCE Identifier – (CXXXX) as the provider AND • The provider record includes a benefit enhancement indicator of 'B' as indicated in the provider alignment file AND • The From date is on or within the beneficiary Effective Start date and 90 days after the beneficiary Effective End date as indicated on the ACOB Auxiliary file AND • The From date on the claim-header is on or within the provider's Effective Start date and provider's Effective END date.									
11915.42	Beginning in July 2021, the contractors shall process the Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit for professional claims when: • The claim-line includes an aligned provider (Billing TIN-NPI) AND • The claim-header includes an aligned beneficiary to the same KCE Identifier as the provider AND • The Provider record has a BE indicator of 'B' as indicated on the Provider Alignment File AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date as indicated on the ACOB Auxiliary File AND • The DOS on the claim-line is on or within the Hospice Provider's Effective Start Date and End Date in the Provider Alignment File AND • The DOS on the claim-line is on or within the provider's hospice BE election Start Date and End Date in the Provider Alignment File AND • None of the claim-detail modifiers is "GW" *						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Note: * • **The provider alignment file Hospice Provider base record (not a unique provider type) must have a CCN within the Hospice Provider's Alignment window. This Hospice Provider does not need to have BE indicator 'B' in the Provider Alignment File.** • **GW = Condition/service not related to the hospice patient's terminal condition.** • **The KCC/CKCC/KCE Identifier is CXXXX.**									
11915.42.1	The contractor shall use hospice information supplied by CWF through BDS and/or CWF responses to identify the hospice associated with the beneficiary's hospice election based on the claim detail DOS.						X			
11915.42.2	The contractor shall override the CWF edit for professional claims overlapping a hospice election when the criteria for the CKCC model benefit enhancement is met.						X			
11915.43	The contractor shall verify that the Beneficiary is in a Hospice Election period in order for the claim to be eligible to carry Demo code '93' and BE indicator of 'B'.						X		X	
11915.44	The contractor shall modify an existing edit when: • Demo '93' is present on the claim AND • The Provider elected BE indicator 'B' as indicated in the Provider Alignment File AND • The aligned Beneficiary is not in a Hospice Election period for at least one of the the detail line DOS on a professional claim OR • The aligned Beneficiary is not in a Hospice Election period for the From date on an institutional claim								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11915.44.1	Upon receipt of the existing reject edit information, the contractor shall remove the BE indicator 'B' from the claim if the Beneficiary was determined to not be in a Hospice Election period for the detail DOS on a professional claim or a From date on an institutional claim.* **Note: *** • **Demo code '93' should remain on the claim.**					X	X			
11915.45	The contractor shall process Benefit Enhancement Indicator 'B' received on HUIP (Inpatient), HUOP (Outpatient), HUHH (Home Health), and HUBC (Part B) claims with Demo 93.								X	
11915.46	The contractor shall apply condition code '07' to non-hospice institutional claims when: • The From date on the claim-header is on or within a Beneficiary's Hospice Election period AND • The From date is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date as indicated on the ACOB Auxiliary File AND • The From date on the claim-header is on or within the non-Hospice Provider's Effective Start Date and Provider's Effective End Date AND • Benefit enhancement indicator of "B" is present on the claim-header Note: CWF Edit 7010 will be sent.					X				
11915.46.1	The contractor shall move all units and charges back to covered units and charges on the claim, and send the claim to CWF for processing.					X				
11915.47	Beginning in July 2021, contractors shall allow and process Kidney Disease Education (KDE) services when:	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The claim includes an aligned provider, AND • The claim includes an aligned beneficiary to the same KCE Identifier as the provider, AND • The Provider's file contains record type "C" for the DOS, AND • The DOS is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date; AND • The claim contains HCPCS codes G0420 or G0421 NOTE: The KCC/CKCC/KCE Identifier is CXXXX.									
11915.48	MCS shall apply the ACO ID, demo code 93 and benefit enhancement 'C' to aligned details.						X			
11915.49	Contractors shall deny claim details when professional claims for KDE services are submitted with: • HCPCS codes = G0420 or G0421; • Diagnosis code = N185, Stage V; and • Benefit type C does not apply to the detail						X			
11915.50	Contractors shall use the following when denying Stage V KDE claims: • Group code = CO (Contractual Obligation) • CARC 167 - This (these) diagnosis(es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • MSN 16.10:Medicare does not pay for this item or service. Spanish Version: "Medicare no paga por este artículo o servicio."		X							
11915.51	Contractors shall accept claims with HCPCS G0420 or G0421 from the following provider types: • All Physicians, regardless of specialty		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Supplier and Non-Physician Practitioner (NPP) - Only 50, 70,71, 80, 89 and 97									
11915.52	Contractors shall deny claims with demo code 93 from provider types not listed in above BR and use the following messages: • Group Code CO (Contractual Obligation) • CARC 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • N95 – This provider type/provider specialty may not bill this service • MSN 16.10:Medicare does not pay for this item or service. Spanish Version: “Medicare no paga por este artículo o servicio		X							
11915.53	Contractors shall pay KDE services with HCPCS codes G0420 or G0421 with demo code 93 under the MPFS.					X	X			
11915.54	MACs shall bypass any current coverage editing they have in place when G0420 or G0421 are billed for claims assigned to Demo 93.		X	X						
11915.55	Contractors shall modify existing edit 534K to deny professional claims when: • Demo code = 93; and • HCPCS codes = G0420 or G0421; and • Diagnosis code is not equal to N184; and • Diagnosis code is not equal to N185; and • The claim's detail line date of service is not within the first six months of the beneficiary’s dialysis start date.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11915.56	CWF shall allow contractors to override in the detail line the edit in the above BR if the denial is overturned on appeal.								X	
11915.57	Contractors shall modify existing edit 534K to deny the institutional claims when: • Demo code = 93; and • TOBs = 12X, 13X, 22X, 23X, 34X, 75X, 81X, 82X or 85X; and • HCPCS codes = G0420 or G0421; and • Diagnosis code is not equal to N184; and • Diagnosis code is not equal to N185; and • The claim's detail line date of service is not within the first six months of the beneficiary's dialysis start date.					X			X	
11915.58	Contractors shall use the following when denying the claim: • Group code = CO (Contractual Obligation) CARC 167 - This (these) diagnosis (es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. • MSN 16.10:Medicare does not pay for this item or service. Spanish Version: "Medicare no paga por este artículo o servicio."	X	X							
11915.59	CWF shall modify 534K for HUOP/HUBC/HUHC records. Note: other edits may apply								X	
11915.60	Contractors shall modify existing edit 539N for KDE services, HCPCS codes G0420 or G0421 and include demo code 93 on the claim when the service is billed on both a professional and institutional claim with the same service date. NOTE: CWF will read N184 when DEMO 93 is not present and will read N184 or N185 when DEMO								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Code 93 is present.									
11915.61	Contractors shall deny claims for KDE services if two claims are billed (professional and institutional) with the same date of service. • Group Code = OA (Other Adjustment) • RARC N522: Duplicate of a claim processed, or to be processed, as a crossover claim. Start: 11/01/2009 | Last Modified: 03/01/2010 • CARC 18: Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) MSN 15.5 – The information provided does not support the need for similar services by more than one doctor during the same time period. Spanish Version: ”La información proporcionada no confirma la necesidad por servicios similares por más de un médico durante el mismo period.	X								
11915.62	Contractors shall deny claims for KDE services if two claims are billed (professional and institutional) with the same date of service. • Group Code = OA (Other Adjustment) • N347 - Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contractor representing the payer. • CARC 18: Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) MSN 15.5 – The information provided does not support the need for similar services by more than one doctor during the same time period. Spanish Version: ”La información proporcionada no confirma la		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	necesidad por servicios similares por más de un médico durante el mismo period.									
11915.63	Contractors shall modify existing edits to ensure no more than 6 sessions of KDE services, HCPCS code G0420 or G0421, can be billed in a beneficiary's lifetime. This includes all claims with demo code 93 and non-demo claims. NOTE: CWF will read N184 when the DEMO Code 93 is not present, and will read N184 or N185 when DEMO Code 93 is present. Institutional claim edits are: 5A#3 and 539P Professional claim edits are 33x8 and 539P								X	
11915.64	Contractors shall deny claims containing KDE services, HCPCS G0420 or G0421 with more than 6 sessions, using the following: • CO (Contractor Obligation) • CARC 273 - Coverage/program guidelines were exceeded. Start: 11/01/2015 • RARC M139 - Denied services exceed the coverage limit for the demonstration. • MSN 15.22 -The information provided does not support the need for this many services or items in this period of time so Medicare will not pay for this item or service. Spanish Version: "La información proporcionada no justifica la necesidad de esta cantidad de servicios o artículos en este periodo de tiempo por lo cual Medicare no pagará por este artículo o servicio."	X								
11915.65	Contractors shall deny claims containing KDE services, HCPCS G0420 or G0421 with more than 6 sessions, using the following:		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• CO (Contractor Obligation) • CARC 119 - Benefit maximum for this time period or occurrence has been reachedCoverage • RARC M139 - Denied services exceed the coverage limit for the demonstration. • MSN 15.22 -The information provided does not support the need for this many services or items in this period of time so Medicare will not pay for this item or service. Spanish Version: "La información proporcionada no justifica la necesidad de esta cantidad de servicios o artículos en este periodo de tiempo por lo cual Medicare no pagará por este artículo o servicio."									
11915.66	Contractors shall remove demo code 93 from the claims based on CWF reject/denial of the above requirements (11915.58-11915.61), if CKCC benefit enhancement indicator 'C' is the only CKCC benefit enhancement indicator present on the claim. **NOTE:** The CKCC Entity Identifier will also be removed from the claim, and the claim will be re-adjudicated as a non-CKCC demonstration claim.					X	X			
11915.66.1	Contractors shall retain demo code 93 on the claims and remove CKCC benefit enhancement indicator 'C' based on CWF reject/denial of the above requirements (11915.60-11915.63), if other CKCC benefit enhancement indicators (in addition to CKCC benefit enhancement type 'C') are present to the claim. **NOTE:** The CKCC Entity Identifier will also be retained on the claim, and the claim will be re-adjudicated as a CKCC demonstration claim without CKCC benefit enhancement indicator 'C' being re-applied.					X	X			
11915.67	Contractors shall ensure the benefit enhancement indicator will flow to downstream systems including but not limited to NCH, IDR, and CCW.								X	CCW, IDR, NCH

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	The BE indicator being implemented with this CR are 2- telehealth (Part B (HUBC) and Outpatient (85x with revenue code 96x, 97X, 98x) 3- Post Discharge Home Visits (Part B (HUBC) and Outpatient (85x with revenue code 96x, 97X, 98x) 4- 3 day SNF waiver (18x or 21x) 9 Home Health Homebound waiver (Home Health) B Concurrent care for Bene that elect Hospice Benefit (Inpatient, Outpatient, Home Health and Part B) C KDE (Part B (HUBC) and HUOP) F QCP (Part B (HUBC)									
11915.68	CWF shall reject Outpatient claim with utilization edit '5346' if the Beneficiary has a Home Health Episode present with or without the DOEBA/DOELBA and the Dates of Service are during the Beneficiary's Home Health Episode and the benefit enhancement indicator '3' are present. Note: Outpatient claim applies to TOB 85x only with Revenue Codes 96x, 97x, or 98x.								X	
11915.69	CWF shall reject Part B professional claim with utilization edit '5346' if the Beneficiary has a Home Health Episode present with or without the DOEBA/DOELBA and the Dates of Service are during the Beneficiary's Home Health Episode and benefit enhancement indicator '3' are present.								X	
11915.70	Beginning in July 2021, contractors shall allow and process CKCC Homebound Home Health claims when: • The claim includes an aligned provider AND • The claim-header includes a beneficiary aligned to the same KCE Identifier as the provider AND			X		X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The aligned Provider elected BE indicator "9" as indicated on the Provider Alignment File AND • The claim line From date is on or within the Beneficiary Effective Start Date and 90 days after the Beneficiary Effective End Date as indicated on the ACOB Auxiliary File AND • The From date on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date NOTE: The KCC/CKCC/KCE Identifier is CXXXX.									
11915.71	The contractor shall allow Homebound Home Health claims (TOB 032x, excluding TOB 0322) without documentation of the homebound coverage criterion being met when: • The Provider elected BE indicator '9' as indicated on the Provider Alignment File AND • Demo code '93' has been appended to the claim			X						
11915.72	The contractor shall process Benefit Enhancement Indicator '9' received on HUHH (Home Health) claims with Demo 93.								X	
11915.73	Contractors shall display the following message on CKCC claims for all care furnished by KCE providers to beneficiaries of the same KCE ID, with the exception for SNF claims: **<u>New MSN Message 4.14</u>** **English -** You got this service from a provider who coordinates your care through a Kidney Care Choices (KCC) organization. For more information about care coordination from your KCC organization, talk with your doctor or call 1-800-MEDICARE (1-800-633-4227). **Spanish -** Recibió este servicio de un proveedor que coordina su cuidado a través de la organización Kidney Care Choices (KCC). Para obtener más		X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	información sobre la coordinación del cuidado de su organización KCC, hable con su médico o llame al 1-800-MEDICARE (1-800-633-4227).									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11915.74	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X		

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Abraham Verghis, abraham.verghis@cms.hhs.gov , Nima Eslami, nima.eslami1@cms.hhs.gov , Heather Maldonado, Heather.Maldonado@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: 3

Appendix B: Alcohol and Substance Abuse Codes

Table 1, Table 2, and Table 3 contain procedures, codes, and diagnoses for alcohol and substance abuse-related treatment, which CMS will exclude from the Direct Contracting Model Claims Line Feeds and from claims reductions for alternative payment mechanisms for a Direct Contracting Entity (DCE).

Table 1: HCPC/CPT Codes

HCPC/CPT Codes	Description
G2172	All-inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence
H0005	Alcohol and/or drug services; Group counseling by a clinician
H0006	Alcohol and/or drug services; case management
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0008	Alcohol and/or drug services; sub-acute detox (hospital inpatient)
H0009	Alcohol and/or drug services; Acute detox (hospital inpatient)
H0010	Alcohol and/or drug services; Sub-acute detox (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detox (residential addiction program inpatient)
H0012	Alcohol and/or drug services; Sub-acute detox (residential addiction program outpatient)
H0013	Alcohol and/or drug services; acute detox (residential addiction program outpatient)
H0014	Alcohol and/or drug services; ambulatory detox
H0015	Alcohol and/or drug services; intensive outpatient
H0050	Alcohol and/or Drug Service, Brief Intervention, per 15 minutes
99408	Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; 15-30 minutes
99409	Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; Greater than 30 minutes
H0034	Alcohol and/or drug abuse halfway house services, per diem
H0047	Alcohol and/or Drug abuse services, not otherwise specified
H2035	Alcohol and/or drug treatment program, per hour
H2036	Alcohol and/or drug treatment program, per diem
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)
S9475	Ambulatory Setting substance abuse treatment or detoxification services per diem
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1007	Alcohol and/or substance abuse services, treatment plan development and or modification
T1008	Day Treatment for individual alcohol and/or substance abuse services

HCPC/CPT Codes	Description
T1009	Child sitting services for children of individuals receiving alcohol and/or substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals are not included in the program
T1011	Alcohol and/or substance abuse services not otherwise classified
T1012	Alcohol and/or substance abuse services, skill development

Table 2: ICD-10-PCS Inpatient Procedure Codes

ICD-10-PCS Codes	Description
HZ2ZZZZ	Detoxification Services for Substance Abuse Treatment
HZ30ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive
HZ31ZZZ	Individual Counseling for Substance Abuse Treatment, Behavioral
HZ32ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive-Behavioral
HZ33ZZZ	Individual Counseling for Substance Abuse Treatment, 12-Step
HZ34ZZZ	Individual Counseling for Substance Abuse Treatment, Interpersonal
HZ35ZZZ	Individual Counseling for Substance Abuse Treatment, Vocational
HZ36ZZZ	Individual Counseling for Substance Abuse Treatment, Psychoeducation
HZ37ZZZ	Individual Counseling for Substance Abuse Treatment, Motivational Enhancement
HZ38ZZZ	Individual Counseling for Substance Abuse Treatment, Confrontational
HZ39ZZZ	Individual Counseling for Substance Abuse Treatment, Continuing Care
HZ3BZZZ	Individual Counseling for Substance Abuse Treatment, Spiritual
HZ40ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive
HZ41ZZZ	Group Counseling for Substance Abuse Treatment, Behavioral
HZ42ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive-Behavioral
HZ43ZZZ	Group Counseling for Substance Abuse Treatment, 12-Step
HZ44ZZZ	Group Counseling for Substance Abuse Treatment, Interpersonal
HZ45ZZZ	Group Counseling for Substance Abuse Treatment, Vocational
HZ46ZZZ	Group Counseling for Substance Abuse Treatment, Psychoeducation
HZ47ZZZ	Group Counseling for Substance Abuse Treatment, Motivational Enhancement
HZ48ZZZ	Group Counseling for Substance Abuse Treatment, Confrontational
HZ49ZZZ	Group Counseling for Substance Abuse Treatment, Continuing Care
HZ4BZZZ	Group Counseling for Substance Abuse Treatment, Spiritual
HZ50ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive
HZ51ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Behavioral
HZ52ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive-Behavioral
HZ53ZZZ	Individual Psychotherapy for Substance Abuse Treatment, 12-Step
HZ54ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interpersonal
HZ55ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interactive
HZ56ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoeducation
HZ57ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Motivational Enhancement
HZ58ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Confrontational
HZ59ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Supportive

ICD-10-PCS Codes	Description
HZ5BZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoanalysis
HZ5CZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychodynamic
HZ5DZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychophysiological
HZ63ZZZ	Family Counseling for Substance Abuse Treatment
HZ80ZZZ	Medication Management for Substance Abuse Treatment, Nicotine Replacement
HZ81ZZZ	Medication Management for Substance Abuse Treatment, Methadone Maintenance
HZ82ZZZ	Medication Management for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)
HZ83ZZZ	Medication Management for Substance Abuse Treatment, Antabuse
HZ84ZZZ	Medication Management for Substance Abuse Treatment, Naltrexone
HZ85ZZZ	Medication Management for Substance Abuse Treatment, Naloxone
HZ86ZZZ	Medication Management for Substance Abuse Treatment, Clonidine
HZ87ZZZ	Medication Management for Substance Abuse Treatment, Bupropion
HZ88ZZZ	Medication Management for Substance Abuse Treatment, Psychiatric Medication
HZ89ZZZ	Medication Management for Substance Abuse Treatment, Other Replacement Medication
HZ90ZZZ	Pharmacotherapy for Substance Abuse Treatment, Nicotine Replacement
HZ91ZZZ	Pharmacotherapy for Substance Abuse Treatment, Methadone Maintenance
HZ92ZZZ	Pharmacotherapy for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)
HZ93ZZZ	Pharmacotherapy for Substance Abuse Treatment, Antabuse
HZ94ZZZ	Pharmacotherapy for Substance Abuse Treatment, Naltrexone
HZ95ZZZ	Pharmacotherapy for Substance Abuse Treatment, Naloxone
HZ96ZZZ	Pharmacotherapy for Substance Abuse Treatment, Clonidine
HZ97ZZZ	Pharmacotherapy for Substance Abuse Treatment, Bupropion
HZ98ZZZ	Pharmacotherapy for Substance Abuse Treatment, Psychiatric Medication
HZ99ZZZ	Pharmacotherapy for Substance Abuse Treatment, Other Replacement Medication

Table 3: ICD-10-CM Diagnosis Codes

ICD-10-CM Diagnosis Codes	Description
F10.10	Alcohol abuse, uncomplicated
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder

ICD-10-CM Diagnosis Codes	Description
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.14	Opioid abuse with opioid-induced mood disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission

ICD-10-CM Diagnosis Codes	Description
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F11.988	Opioid use, unspecified with other opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated

ICD-10-CM Diagnosis Codes	Description
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.14	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.94	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder

ICD-10-CM Diagnosis Codes	Description
F13.96	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.99	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium
F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder

ICD-10-CM Diagnosis Codes	Description
F13.920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921	Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13.929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F13.950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F14.10	Cocaine abuse, uncomplicated
F14.14	Cocaine abuse with cocaine-induced mood disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction

ICD-10-CM Diagnosis Codes	Description
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.121	Other stimulant abuse with intoxication delirium
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified

ICD-10-CM Diagnosis Codes	Description
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder

ICD-10-CM Diagnosis Codes	Description
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.94	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16.921	Hallucinogen use, unspecified with intoxication with delirium
F16.929	Hallucinogen use, unspecified with intoxication, unspecified
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F18.10	Inhalant abuse, uncomplicated
F18.14	Inhalant abuse with inhalant-induced mood disorder

ICD-10-CM Diagnosis Codes	Description
F18.17	Inhalant abuse with inhalant-induced dementia
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.27	Inhalant dependence with inhalant-induced dementia
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.94	Inhalant use, unspecified with inhalant-induced mood disorder
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.129	Inhalant abuse with intoxication, unspecified
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.14	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnestic disorder

ICD-10-CM Diagnosis Codes	Description
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.121	Other psychoactive substance abuse with intoxication delirium
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19.129	Other psychoactive substance abuse with intoxication, unspecified
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified

ICD-10-CM Diagnosis Codes	Description
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder

ICD-10-CM Diagnosis Codes	Description
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
R78.0	Finding of alcohol in blood
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser

Appendix D: Synchronous and Asynchronous Telehealth, Post Discharge Home Visits, Care Management Home Visits - Code Tables

Table 1 contains codes for Synchronous Telehealth indicated by Benefit Enhancement "2"

Table 2 contains codes for Asynchronous Telehealth indicated by Benefit Enhancement "2"

Table 3 contains codes for Post Discharge Home Visits indicated by Benefit Enhancement "3"

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Table 1: Healthcare Common Procedure Coding System (HCPCS) codes for Synchronous Telehealth

HCPCS Code	Short Descriptors
G9481	Remote E/M new pt 10 mins.
G9482	Remote E/M new pt 20 mins.
G9483	Remote E/M new pt 30 mins.
G9484	Remote E/M new pt 45 mins.
G9485	Remote E/M new pt 60 mins.
G9486	Remote E/M established pt 10 mins
G9487	Remote E/M established pt 15 mins
G9488	Remote E/M established pt 25 mins
G9489	Remote E/M established pt 40 mins
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS); first visit
G0439	Annual wellness visit; includes a personalized prevention plan of service (PPPS); subsequent visit

Table 2: Healthcare Common Procedure Coding System (HCPCS) codes for Asynchronous Telehealth

HCPCS Code	Descriptors
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10-20 minutes
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 20 or more minutes

Table 3: Healthcare Common Procedure Coding System (HCPCS) codes for Post Discharge Home Visits

HCPCS Code	Short Descriptors
G2001	Post-Discharge Home Visit new patient 20 minutes
G2002	Post-Discharge Home Visit new patient 30 minutes
G2003	Post-Discharge Home Visit new patient 45 minutes
G2004	Post-Discharge Home Visit new patient 60 minutes
G2005	Post-Discharge Home Visit new patient 75 minutes
G2006	Post-Discharge Home Visit existing patient 20 minutes
G2007	Post-Discharge Home Visit existing patient 30 minutes
G2008	Post-Discharge Home Visit existing patient 45 minutes
G2009	Post-Discharge Home Visit existing patient 60 minutes
G2013	Post-Discharge Home Visit existing patient 75 minutes
G2014	Post-Discharge care plan over 30 minutes
G2015	Post-Discharge care plan over 60 minutes

ACO/ESCO/Entity/Practice ID	Provider Type (Refer ICD for more details)	Provider TIN	Provider Organizational NPI (oNPI)
This field is optional, IDDOC team will fill with Test IDs Examples: PCF : PCF9999 NGACO: V999 VTAPM: F999 CEC: E9999 DC: D9999 CKCC: C9999 KCF: K9999	Preferred = P Provider/Supplier = S Affiliate = A		

Provider Individual NPI (iNPI)	Provider CCN	Record Type (Refer ICD for more details on the codes)	Record Type in human friendly words
		0 = Base Record 2 = Telehealth 3 = Post-Discharge Home Visits 4 = SNF 9 = Home Health Homebound Waiver B = Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefits C = Kidney Disease Education F = QCP	

Provider/Enhancement Effective Start Date	Provider/Enhancement Effective End Date	Part A Percentage Reduction (see ICD for format)
		For the QCP Record: Value is always “100” or 100% with two (2) implied decimal places when QCP is applicable. Ex. 1.00 will appear as 100.

Part B Percentage Reduction (see ICD for format)	ETC_IND (only for CKCC model)	ACO/ESCO/Entity/Practice ID
For the QCP Record: Value is always “100” or 100% with two (2) implied decimal places when QCP is applicable. Ex. 1.00 will appear as 100.	This column is applicable for only CKCC Model	This field is optional, IDDOC team will fill with Test IDs Examples: PCF : PCF9999 NGACO: V999 VTAPM: F999 CEC: E9999 DC: D9999 CKCC: C9999 KCF: K9999

Delete Flag (Valid Value -- 'D' or BLANK)	Beneficiary HICN	Beneficiary Effective Start Date CCYYMMDD

Beneficiary Effective End Date CCYYMMDD	Beneficiary Host ID (Refer ICD for more details)	Beneficiary Host ID in human friendly words -- Region
	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific

Beneficiary Gender (Valid Value -- M – Male F – Female U – Unknown)	Beneficiary Medical Data Sharing Preference Indicator (Valid Value -- Y = Yes N = No)	Population Indicator Note: applicable for PCF model only
		This column is applicable for only PCF Model

QCP Indicator **Note: Applicable only for KCF and CKCC models only**
This column is applicable for only **CKCC & KCF** Model