| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-19 Demonstrations | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 12480** | **Date: January 25, 2024** |
| | **Change Request 13500** |

**SUBJECT: Payment of M0010 Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Claims for Beneficiaries Receiving Care in an Inpatient Setting**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to instruct A/B MACs (Part B) to issue payment for detail lines with M0010 with dates of service on or after July 1, 2023, irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment.

**EFFECTIVE DATE: July 1, 2024**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: July 1, 2024 - Implementation of Business Requirements 13500.1 through 13500.2.1; October 28, 2024 - Implementation of Business Requirements 13500.3 and 13500.3.1; MACs to perform all Mass Adjustments of affected M0010 claims no later than October 28, 2024.**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|---|---|
| N/A | N/A |

**III. FUNDING:**
**For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Demonstrations**

# Attachment - Demonstrations

| Pub. 100-19 | Transmittal: 12480 | Date: January 25, 2024 | Change Request: 13500 |
|---|---|---|---|

**SUBJECT: Payment of M0010 Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Claims for Beneficiaries Receiving Care in an Inpatient Setting**

**EFFECTIVE DATE: July 1, 2024**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: July 1, 2024 - Implementation of Business Requirements 13500.1 through 13500.2.1; October 28, 2024 - Implementation of Business Requirements 13500.3 and 13500.3.1; MACs to perform all Mass Adjustments of affected M0010 claims no later than October 28, 2024.**

## I. GENERAL INFORMATION

**A. Background:** On April 3, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a CR for the Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation which created a Level II Healthcare Common Procedure Coding System (HCPCS) code M0010 - Enhancing Oncology Model Service effective for dates of service on or after July 1, 2023. In exchange for a practice's provision of enhanced services to EOM beneficiaries, a practice may bill CMS for a base MEOS payment of $70 for each OCM beneficiary within an episode attributed to a practice, for each month of the episode, unless the beneficiary elects hospice or dies. For episodes involving a beneficiary who is dually eligible for Medicare and Medicaid, CMS will pay an additional $30 per dually eligible beneficiary per month, for a total MEOS payment of $100 per beneficiary per month.

Practices may bill for base MEOS payments irrespective of whether the beneficiary is treated in an inpatient or outpatient setting. The purpose of this CR is to instruct A/B MACs (Part B) to issue payment for detail lines with M0010 with dates of service on or after July 1, 2023 irrespective of whether the beneficiary is receiving care in an outpatient or inpatient setting, if the billing for MEOS meets all other conditions for payment. Claim detail lines with M0010 with dates of service on or after July 1, 2023, should not be denied with reason code "M2 – Not paid separately when the patient is an inpatient" providing the billing for MEOS meets all other conditions for payment.

The need for this CR was brought to our attention by EOM participants that they are seeing denials for MEOS billing for EOM beneficiaries with a date of service during an inpatient stay or Skilled Nursing Facility (SNF) stay. They also pointed out that some Oncology Care Model (OCM, the predecessor model to EOM) participants remember that this was an issue at the beginning of OCM. We discovered OCM CR 10053, which had the following explanation:

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

*process associated with CWF error code 7577.*

Therefore, we are entering a similar CR (as the above OCM CR 10053) for EOM to address this issue for the newer Enhancing Oncology Model.

**B. Policy:** This CR instructs A/B MACs (Part B) to issue payment for detail lines with M0010 with dates of service on or after July 1, 2023 irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment. Claim detail lines with M0010 with dates of service on or after July 1, 2023, should not be denied with reason code "M2 – Not paid separately when the patient is an inpatient" where the billing for MEOS meets all other conditions for payment.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 13500.1 | Contractors shall issue payment for detail lines with M0010 with dates of service on or after July 1, 2023, irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment. | | X | | | | | | | |
| 13500.2 | CWF shall exclude procedure code M0010 from the reject and IUR process associated with CWF edit/IUR code 7577 (inpatient setting). | | | | | | | | X | |
| 13500.2.1 | CWF shall add HCPCS M0010 to the Part B SNF file "1" to bypass edit/IUR 7260 and 7261. The effective date is July 1, 2023. | | | | | | | | X | |
| 13500.3 | Once the CWF error code is updated/removed, MACs shall perform mass adjustments in the Multi-Carrier System (MCS) for reprocessing any claims that were denied for dates of service July 1, 2023, and after by identifying the claims by dates of service, the procedure code and EOMB denial message. | | X | | | | | | | |
| 13500.3.1 | MACs shall perform all mass adjustments of affected M0010 claims no later than October 28, 2024. | | X | | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| | None | | | | | |

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** 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

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

## VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**
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**ATTACHMENTS: 0**