CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12465	**Date: January 18, 2024**
	Change Request 13474

SUBJECT: Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Prohibited Codes Updates

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the codes listed in Appendix A of the Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Payment.

EFFECTIVE DATE: July 1, 2024
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 1, 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: 12465	Date: January 18, 2024	Change Request: 13474

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I.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request (CR) is to update the prohibited list of MEOS codes included in Appendix A of the Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation CR.

EOM is a 5-year voluntary model, beginning in July of 2023, that will build on lessons learned to date from the Oncology Care Model (OCM). EOM aims to drive transformation and improve care coordination in oncology care by preserving and enhancing the quality of care furnished to beneficiaries undergoing treatment for cancer while reducing program spending under Medicare Fee-for-Service (FFS). Participating physician practices will take on financial and performance accountability for episodes of care surrounding chemotherapy administration to cancer patients (by way of a potential lump-sum performance-based payment or performance-based recoupment) and will have the opportunity to submit claims for a MEOS payment for Enhanced Services furnished to EOM beneficiaries (defined as Medicare FFS beneficiaries who meet the eligibility criteria are in an episode attributed to the EOM participant). CMS envisions that this model will improve quality and reduce costs because its payment methodology is aligned with care quality, and because EOM participants will have significant opportunities to redesign care and improve the quality of care furnished to beneficiaries receiving care for certain cancers. Specifically, EOM participants will be required to implement participant redesign activities—such as a gradual implementation of electronic Patient Reported Outcomes (ePROs)—as well as activities that promote health equity.

B.   Policy: In the EOM MEOS Payment Implementation CR, there was an included Appendix A that listed prohibited codes that could not be billed in the same month for the same beneficiary as the MEOS payment. This Appendix A needs to be updated over the course of the EOM model as codes are added and/or changed. This CR is being submitted to update this list for 2024. There is also one added code to the list (99484) that if billed in the same month for the same beneficiary as the MEOS payment, MEOS will be recouped from 1/1/2024 through 6/30/2024.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13474.1	CWF shall end date the original Appendix A referenced in the EOM MEOS Payment Implementation CR with 12/31/2023 and the new Appendix A attached to this CR will be effective 01/01/2024.								X	
13474.1.1	CWF shall update this MEOS Prohibited Code list (Appendix A) for 2024. The following codes must be removed from Appendix A: 99374 Home health care supervision 99375 Home health care supervision 99377 Hospice care supervision 99378 Hospice care supervision 90951 Esrd serv 4 visits p mo <2yr 90952 Esrd serv 2-3 vsts p mo <2yr 90953 Esrd serv 1 visit p mo <2yrs 90954 Esrd serv 4 vsts p mo 2-11 90955 Esrd srv 2-3 vsts p mo 2-11 90956 Esrd srv 1 visit p mo 2-11 90957 Esrd srv 4 vsts p mo 12-19 90958 Esrd srv 2-3 vsts p mo 12-19 90959 Esrd serv 1 vst p mo 12-19 90960 Esrd srv 4 visits p mo 20+								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	90961 Esrd srv 2-3 vsts p mo 20+									
	90962 Esrd serv 1 visit p mo 20+									
	90963 Esrd home pt serv p mo <2yrs									
	90964 Esrd home pt serv p mo 2-11									
	90965 Esrd home pt serv p mo 12-19									
	90966 Esrd home pt serv p mo 20+									
	90967 Esrd home pt serv p day <2									
	90968 Esrd home pt srv p day 2-11									
	90969 Esrd home pt srv p day 12-19									
	90970 Esrd home pt serv p day 20+									
	99358 Prolonged non-face-to-face evaluation and management services, 60 min									
	99359 Prolonged non-face-to-face evaluation and management services, 30 min add-on to 99358									
	G0507 Care management services for behavioral health conditions									
	And the following codes must be added to Appendix A:									
	99484 Care Management Services for Behavioral Health									
13474.2	For claims with dates of services on and after January 1, 2024 through June 30, 2024, claim lines with EOM MEOS Payment, code M0010, shall be adjusted according to the business requirements set forth in CR13120, if the MEOS payment was billed in the same month for the same beneficiary as the newly added code to Appendix A - 99484.		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: 1

Appendix A:

List of services which are prohibited from being billed with the EOM MEOS Payment in the same month for the same beneficiary:

99490	Chron care mgmt srvc 20 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99487	Chronic Care Management 60 min
99489	Chronic Care Management 30 min add-on to 99489
G0506	Assessment/care planning for patients requiring CCM services
G0179	Care Plan Oversight - Physician Recertification
G0180	Care Plan Oversight - Physician Certification
G0181	Care Plan Oversight - Physician supervision of patient under HHA
G0182	Care Plan Oversight - Physician supervision of patient under hospice care
99491	Chronic Care Management; 30 min Physician or NPP
99439	Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99437	Chronic Care Management, add-on to 99491, subsequent 30 min Physician or NPP
99424	Principal Care Management, initial 30 min per calendar month by Physician
99425	Principal Care Management, additional 30 min per calendar month by Physician
99426	Principal Care Management, initial 30 min per calendar month by clinical staff
99427	Principal Care Management, Principal Care Management, additional 30 min per calendar month by clinical staff
99484	Care Management Services for Behavioral Health
G3002	Chronic Pain Mgmt, initial 30 min per calendar month by Physician
G3003	Chronic Pain Mgmt, additional 15 min per calendar month by Physician