

## The 2006 Oncology Demonstration-----FAQs

We have received several questions on the 2006 oncology demonstration announced in CR 4219 issued on December 30, 2005 and are providing answers via these FAQs. CMS will post these FAQs on its web site.

1. *Question:* CR 4219 states that, “midlevel practitioners, such as nurse practitioners or others who may bill independently for Medicare services, are not eligible to participate in this demonstration”. Does this policy also apply to midlevel practitioner services, whose services may be furnished “incident to” the physician service? In other words, can the midlevel practitioner complete the flowsheet included in Medlearn article SE0588 (or otherwise select and document the appropriate G demo codes), and can the oncologist/hematologist bill for this service?

*Answer:* Payment under the 2006 oncology demo is linked to an evaluation and management (E/M) service of level 2, 3, 4 or 5 which is provided to a patient who has one of the thirteen cancers listed in CR4219. The general rule is that the oncologist/hematologist will directly provide both the E/M service and also the services/information described by the G codes.

The “incident to” provision, which is authorized under a separate benefit under the Medicare program, allows physicians to bill for “incident to” services as if the physician provided the service even though parts of the overall service may have been furnished by nonphysician personnel in the practice. (The “incident to” provision is explained in section 60.2 of Chapter 15 of the Internet Only Manual.)<sup>1</sup>

In some physician practices that utilize midlevel practitioners, these individuals may provide, under this oncology demonstration, some components of the E/M service as an incident to the services of the physician. Additionally, these nonphysician practitioners may provide the services/information described by the G codes as an incident to the services of the physician. Furthermore, if the practice could bill appropriately for the underlying incident to service, then the practice or physician can also bill for the associated oncology demonstration G codes.

<sup>1</sup> The pertinent provision of 60.2 reads, “A nonphysician practitioner such as a physician assistant or a nurse practitioner may be licensed under State law to perform a specific medical procedure and may be able to perform the procedure without physician supervision and have the service separately covered and paid for by Medicare as a physician assistant’s or nurse practitioner’s service. However, in order to have that same service covered as an incident to the services of a physician, it must be performed under the direct supervision of the physician as an integral part of the physician’s personal in-office service. This does not mean that each occasion of an incidental service performed by a nonphysician practitioner must always be the occasion of a service actually rendered by the physician. It does mean that there must have been a direct personal professional service furnished by the physician to initiate the course of treatment of which the service being performed by the nonphysician practitioner is an incidental part, and there must be subsequent services by the physician of a frequency that reflects the physician’s continuing active participation in and management of the course of treatment.

2. *Question:* Two of the G codes under prostate cancer that describe disease status use the terminology “castrate” (see G code 9082) or “incompletely castrate” (see G code 9081). Does castrate in code G9081 include both medical and surgical castration? Can you provide further clarification of “incompletely castrate”?

*Answer:* Yes, both the terms “castrate” and “incompletely castrate” are intended to refer to patients who have actively been treated to achieve a reduced level of androgens, either through surgical or medical castration. Incompletely castrate would include patients in whom the treatments have not achieved their full effect. The androgen level remains above castrate levels despite normal hormonal treatment or previous surgical castration.

3. *Question:* Change Request 4219, *2006 Oncology Demonstration Project*, states that the physician specialties that qualify under the 2006 oncology demonstration are: hematology (82), medical oncology (90) and hematology/oncology (83). Would a physician who currently designates his primary specialty as internal medicine (22), but his secondary specialty as hematology/oncology (83), be able to participate in the demonstration?

*Answer:* In order to participate in the demonstration, the oncologists must revise their provider enrollment information by submitting a CMS 855I to change their primary specialty to one of the demo-qualified specialties. If the oncologist needs any assistance, he should contact his carrier.

NOTE: Change Request 4347, which will be published on March 3, includes gynecological oncology (98) as a specialty that qualifies under the 2006 oncology demonstration. This Q/A applies equally to this specialty. Thus, if a physician's primary specialty is obstetrics/gynecology (16), but his/her secondary specialty is gynecological oncology (98), he/she could qualify under the demonstration if he/she changes his/her enrollment information and lists gynecological oncology as his primary specialty.

4. *Question:* CR 4219 states that the physician specialties that qualify under the 2006 oncology demonstration are: hematology (82), medical oncology (90) and hematology/oncology (83). Why isn't gynecological oncology (98) included?

*Answer:* We inadvertently omitted this specialty from the list of qualified specialties. Change Request 4347 includes gynecological oncology (98) as a specialty that qualifies under the 2006 oncology demonstration. The effective date for this provision is January 1, 2006. The carriers will adjust claims that are brought to their attention.

5. *Question:* When physicians bill the demonstration payment, do the three G-codes need to appear on the same claim form as the evaluation and management (E/M) visit for the encounter? Last year, some carriers denied demonstration codes if they were not billed on the same claim form as the chemotherapy administration codes.

*Answer:* CR4219 indicates that the carriers shall accept claims from the provider when the provider reports listing the three G codes on the same date of service as an approved level 2, 3, 4, or 5 established office visit. While we would prefer that the provider list the three G codes and appropriate E/ M code on the same claim, CR4219 specifies that these do not have to be on the same claim.

6. *Question:* Some physicians have voiced a concern that CMS will keep track of physicians who report non-adherence to guidelines and initiate some action at some point down the line? How does CMS plan to respond to these concerns?

*Answer:* The purpose of this demonstration project is to learn about the spectrum of care provided to Medicare beneficiaries with cancer, and learn more about the possible role guidelines play or might play in every practice. CMS does not believe that all recommendations in the guidelines constitute the gold standard for treatment, but is interested in learning what care is informed by the guidelines and what care is not.

7. *Question:* Is consent from patients required for participation in the demonstration project?

*Answer:* No consent is required.