

## **FAQs ON THE 2006 ONCOLOGY DEMONSTRATION PROJECT**

**1. Has the Medicare demonstration project for oncology been extended into 2006?**

Yes, however, the scope of the demonstration project has changed. The demonstration project will no longer focus on the side effects of chemotherapy administration. Instead, the demonstration will center on physician services provided during level 2, 3, 4, and 5 established patient evaluation and management visits. The demonstration project will gather data on the purpose of the visit, state of the disease, and adherence to clinical practice guidelines established by ASCO and the National Comprehensive Cancer Network (NCCN) for thirteen disease types.

CMS estimates that the new demonstration payment will yield \$150 million in additional payments, which is approximately half of the payments originally estimated for the 2005 demonstration project. The demonstration will be effective from January 1, 2006 through December 31, 2006.

**2. What are the thirteen diseases that are considered “covered” under the demonstration project?**

A patient must have a diagnosis of one of the following diseases (covered ICD-9 codes follow in parentheses):

- breast cancer (invasive) (174.0 – 174.9)
- colon cancer (153.0-153.9)
- rectal cancer (154.0, 154.1)
- prostate cancer (185)
- lung cancer (small cell or non-small cell) (162.2-162.9)
- stomach cancer (151.0-151.9)
- esophageal cancer (150.0-150.9)
- pancreatic cancer (157.0, 157.1, 157.2, 157.3, 157.8, 157.9)
- ovarian cancer (183.0)
- non-Hodgkins lymphoma (202.00-202.08, 202.80-202.98)
- chronic myelogenous leukemia (205.10, 205.11)
- multiple myeloma (203.00, 203.01)
- cancer of the head and neck (140.0-149.9, 161.0-161.9)

**3. What will be the payment for the demonstration project?**



The demonstration project payment is \$23.

**4. Will the same G-codes used in 2005 for capturing patient data be used in 2006?**

No. The G-codes created in 2005 to assess the patient's symptoms (codes G9021 through G9032) will not be accepted for dates of service after December 31, 2005.

**5. How will we report the data requested under the demonstration?**

CMS has developed a new set of G-codes specific to the 2006 demonstration project:

- The primary focus of the evaluation and management service,
- The current state of the disease, and
- Whether current management adheres to clinical guidelines.

One G-code from each of the three sections listed above must be billed in order for the physician to receive the \$23 demonstration payment. A complete list of G-codes is included at the end of this document for your reference.

**6. How should the demonstration payment amount be broken down on the claim form?**

The demonstration payment should be broken into three lines on the CMS-1500 form as follows:

G code for primary focus of visit (G9050 to G9055)	\$7.67
G code for adherence to guidelines (G9056 to G9062)	\$7.67
G code for current disease state (G9063-G9130)	\$7.66

**7. How do I enroll in the demonstration project?**

There is no separate enrollment process. Reporting one G-code from each category (purpose of the visit, state of disease, and adherence to clinical guidelines) will automatically enroll you in the demonstration project. Participation in the demonstration is voluntary.

**8. Will the patient be responsible for a 20% Medicare copay?**

Yes.

**9. Will non-Medicare secondary payers recognize the demonstration project and cover the 20% copay?**



All official Medigap plans will cover the 20% copay. Other secondary insurers may cover the copay.

**10. Which specialties are eligible to participate in the demonstration project?**

Participation in the demonstration project is limited to medical oncology (specialty code 90), hematology/oncology (specialty code 83), and hematology (specialty code 82).

**11. Can I bill for the demonstration project in the hospital outpatient department?**

No. CMS has stated that the demonstration may be billed only in the office setting (site of service code 11).

**12. How should the information be documented in the medical record?**

The patient record must include documentation, by reporting of the appropriate G-code, for a) primary focus of visit, b) current disease status, and c) adherence to guidelines.

Physicians must also document the source of the clinical practice guideline consulted using one of the following choices:

- a) Demonstration project – ASCO;
- b) Demonstration project – NCCN;
- c) Demonstration project – ASCO & NCCN, or BOTH;
- d) Demonstration project – No guideline available, or NONE; or
- e) Demonstration project – Clinical Trial, or CT.

**13. Is a physician required to select the G-codes for the demonstration or may this be done by a nurse reviewing the patient's chart?**

CMS has clearly noted its intent to tie the demonstration project to a physician service and has designed reporting requirements around the physician's evaluation and management of the patient. Therefore, ASCO recommends that the physician take primary responsibility for selecting and reporting the appropriate demonstration codes, based on his/her evaluation of the patient. Physicians will also need to continue complying with Medicare E & M documentation guidelines in conjunction with their level 2-5 office visits.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

**14. Will mid-level practitioners who bill at 85% of Medicare be eligible to participate in the demonstration?**

No. Mid-level practitioners billing independently may not participate in the demonstration. ASCO's interpretation of the carrier instructions is that level 2-5 established patient office visits performed in compliance with Medicare's incident-to rules may be billed under the demonstration.

**15. Will patients enrolled in Medicare Advantage plans be eligible for the demonstration project?**

No. The demonstration project is limited to encounters with patients who have traditional Medicare fee-for-service.

**16. Is patient consent for the demonstration required?**

No. Physicians are not required to obtain patient consent to participate in the demonstration. However, physicians may choose to provide some explanation of the additional copay.

**17. The G-codes for current disease state that are published in the HCPCS 2006 coding book that I purchased are different from the HCPCS codes published on the CMS website? Which ones are correct?**

CMS made some corrections to the G-codes in mid-December 2005 that may not have been incorporated in commercial HCPCS publications. Physicians should refer to the G-codes for current disease state that are published on CMS' website at

[http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02\\_HCPCS\\_Quarterly\\_Update.asp#TopOfPage](http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp#TopOfPage).

ASCO has also compiled an easier-to-read version of the G-codes that is included at the end of this document and will ensure that the listing on ASCO.org is kept up-to-date.



## 2006 Oncology Demonstration Project\* Codes

<b>Section 1: Primary Focus of Visit</b>	
G9050	Work-up, evaluation, or staging at the time of cancer diagnosis or recurrence
G9051	Treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy
G9052	Surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future
G9053	Expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future
G9054	Supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies
G9055	Other, unspecified service not otherwise listed

<b>Section 2: Practice Guideline Adherence</b>	
G9056	Management adheres to guidelines
G9057	Management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial
G9058	Management differs from guidelines because the treating physician disagrees with guideline recommendations
G9059	Management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment
G9060	Management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines
G9061	Patient's condition not addressed by available guidelines
G9062	Management differs from guidelines for other reason(s) not listed

<b>Section 3: Current Disease State</b>	
<b><i>Lung cancer (G9063-G9070)</i></b>	
G9063	limited to <b>non-small cell lung cancer</b> ; extent of disease initially established as Stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9064	limited to <b>non-small cell lung cancer</b> ; extent of disease initially established as Stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9065	limited to <b>non-small cell lung cancer</b> ; extent of disease initially established as Stage IIIA (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases

\*Hematologists/oncologists who bill one code from each of the three sections (primary focus of visit, practice guideline adherence, and current disease state) in conjunction with a level 2-5 E & M established patient office visit will qualify for an additional \$23 Medicare payment under the 2006 Oncology Demonstration Program. There is no requirement that the patient encounter be related to chemotherapy.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

G9066	limited to <b>non-small cell lung cancer</b> ; Stage IIIB- IV at diagnosis, metastatic, locally recurrent, or progressive
G9067	limited to <b>non-small cell lung cancer</b> ; extent of disease unknown, under evaluation, not yet determined, or not listed
G9068	limited to <b>small cell and combined small cell/non-small cell</b> ; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases
G9069	<b>small cell lung cancer, limited to small cell and combined small cell/non-small cell</b> ; extensive stage at diagnosis, metastatic, locally recurrent, or progressive
G9070	<b>small cell lung cancer, limited to small cell and combined small cell/non-small cell</b> ; extent of disease unknown, under evaluation, pre-surgical, or not listed
<b>Breast cancer (G9071-G9076)</b>	
G9071	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I or Stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases
G9072	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I or Stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases
G9073	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases
G9074	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases
G9075	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive
G9076	invasive female <b>breast cancer</b> (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, under evaluation, pre-surgical or not listed
<b>Prostate cancer (G9077-G9083)</b>	
G9077	<b>prostate cancer</b> ; limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases
G9078	<b>prostate cancer</b> ; limited to adenocarcinoma as predominant cell type; T2 or T3A Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases
G9079	<b>prostate cancer</b> ; limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases
G9080	<b>prostate cancer</b> ; limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline
G9081	<b>prostate cancer</b> ; limited to adenocarcinoma; non-castrate, incompletely castrate; clinical metastases or M1 at diagnosis
G9082	<b>prostate cancer</b> ; limited to adenocarcinoma; castrate; clinical metastases or M1 at diagnosis
G9083	<b>prostate cancer</b> ; limited to adenocarcinoma; extent of disease unknown, under evaluation or not listed
<b>Colon cancer (G9084-G9089)</b>	
G9084	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases
G9085	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no

\*Hematologists/oncologists who bill one code from each of the three sections (primary focus of visit, practice guideline adherence, and current disease state) in conjunction with a level 2-5 E & M established patient office visit will qualify for an additional \$23 Medicare payment under the 2006 Oncology Demonstration Program. There is no requirement that the patient encounter be related to chemotherapy.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

	evidence of disease progression, recurrence, or metastases
G9086	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases
G9087	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease
G9088	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease
G9089	<b>colon cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, not yet determined, under evaluation, pre-surgical, or not listed
<b>Rectal cancer (G9090-G9095)</b>	
G9090	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9091	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9092	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9093	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9094	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive
G9095	<b>rectal cancer</b> , limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, not yet determined, under evaluation, pre-surgical, or not listed
<b>Esophageal cancer (G9096-G9099)</b>	
G9096	<b>esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma</b> as predominant cell type; extent of disease initially established as T1-T3, N0-N1, or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9097	<b>esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma</b> as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9098	<b>esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma</b> as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive
G9099	<b>esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma</b> as predominant cell type; extent of disease unknown, not yet determined, under evaluation, pre-surgical, or not listed
<b>Gastric cancer (G9100-G9104)</b>	
G9100	<b>gastric cancer</b> , limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neo-adjuvant therapy) with no evidence of disease progression, recurrence, or metastases
G9101	<b>gastric cancer</b> , limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neo-adjuvant therapy) with no evidence of disease progression, recurrence, or metastases
G9102	<b>gastric cancer</b> , limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease

\*Hematologists/oncologists who bill one code from each of the three sections (primary focus of visit, practice guideline adherence, and current disease state) in conjunction with a level 2-5 E & M established patient office visit will qualify for an additional \$23 Medicare payment under the 2006 Oncology Demonstration Program. There is no requirement that the patient encounter be related to chemotherapy.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

	progression, or metastases
G9103	<b>gastric cancer</b> , limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive
G9104	<b>gastric cancer</b> , limited to adenocarcinoma as predominant cell type; extent of disease unknown, under evaluation, not yet determined, pre-surgical, or not listed
<b><i>Pancreatic cancer (G9105-G9108)</i></b>	
G9105	<b>pancreatic cancer</b> , limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases
G9106	<b>pancreatic cancer</b> , limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, recurrence, or metastases
G9107	<b>pancreatic cancer</b> , limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive
G9108	<b>pancreatic cancer</b> , limited to adenocarcinoma; extent of disease unknown, under evaluation, not yet determined, pre-surgical, or not listed
<b><i>Head and neck cancer (G9109-G9112)</i></b>	
G9109	<b>head and neck cancer, limited to cancers of oral cavity, pharynx and larynx</b> with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9110	<b>head and neck cancer, limited to cancers of oral cavity, pharynx and larynx</b> with squamous cell as predominant cell type; extent of disease initially established as T3-T4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases
G9111	<b>head and neck cancer, limited to cancers of oral cavity, pharynx and larynx</b> with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive
G9112	<b>head and neck cancer, limited to cancers of oral cavity, pharynx and larynx</b> with squamous cell as predominant cell type; extent of disease unknown, under evaluation, not yet determined, pre-surgical, or not listed
<b><i>Ovarian cancer (G9113-G9117)</i></b>	
G9113	<b>ovarian cancer, limited to epithelial cancer</b> ; pathologic Stage IA-B (Grade 1) without evidence of disease progression, recurrence, or metastases
G9114	<b>ovarian cancer, limited to epithelial cancer</b> ; pathologic Stage IA-B (Grade 2-3); or Stage IC (all grades); or Stage II; without evidence of disease progression, recurrence, or metastases
G9115	<b>ovarian cancer, limited to epithelial cancer</b> ; pathologic Stage III-IV; without evidence of progression, recurrence
G9116	<b>ovarian cancer, limited to epithelial cancer</b> ; evidence of disease progression, or recurrence, and/or platinum resistance
G9117	<b>ovarian cancer, limited to epithelial cancer</b> ; extent of disease unknown, under evaluation, incomplete surgical staging, pre-surgical staging, or not listed
<b><i>Non-Hodgkin's lymphoma (G9118-G9122)</i></b>	
G9118	<b>Non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large B-cell lymphoma, small lymphocytic lymphoma</b> ; Stage I, II at diagnosis, not relapsed, not refractory
G9119	<b>Non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large B-cell lymphoma, small lymphocytic lymphoma</b> ; Stage III, IV not relapsed, not refractory
G9120	<b>Non-Hodgkin's lymphoma, transformed from follicular lymphoma to diffuse large B-cell lymphoma</b>

\*Hematologists/oncologists who bill one code from each of the three sections (primary focus of visit, practice guideline adherence, and current disease state) in conjunction with a level 2-5 E & M established patient office visit will qualify for an additional \$23 Medicare payment under the 2006 Oncology Demonstration Program. There is no requirement that the patient encounter be related to chemotherapy.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

G9121	<b>Non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large B-cell lymphoma, small lymphocytic lymphoma;</b> relapsed/refractory
G9122	<b>Non-Hodgkin's lymphoma, limited to follicular lymphoma, mantle cell lymphoma, diffuse large B-cell lymphoma, small lymphocytic lymphoma;</b> diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed
<b><i>Chronic myelogenous leukemia (G9123-G9127)</i></b>	
G9123	<b>Chronic Myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive;</b> chronic phase not in hematologic, cytogenetic or molecular remission
G9124	<b>Chronic Myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive;</b> accelerated phase not in hematologic cytogenetic, or molecular remission
G9125	<b>Chronic Myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive;</b> blast phase not in hematologic, cytogenetic, or molecular remission
G9126	<b>Chronic Myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive;</b> in hematologic, cytogenetic, or molecular remission
G9127	<b>Chronic Myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive;</b> extent of disease unknown, under evaluation, not listed
<b><i>Multiple myeloma (G9128 -G9130)</i></b>	
G9128	Limited to <b>multiple myeloma</b> , systemic disease; smoldering, Stage 1
G9129	Limited to <b>multiple myeloma</b> , systemic disease; Stage II or higher
G9130	Limited to <b>multiple myeloma</b> , systemic disease; extent of disease unknown, under evaluation, or not listed

\*Hematologists/oncologists who bill one code from each of the three sections (primary focus of visit, practice guideline adherence, and current disease state) in conjunction with a level 2-5 E & M established patient office visit will qualify for an additional \$23 Medicare payment under the 2006 Oncology Demonstration Program. There is no requirement that the patient encounter be related to chemotherapy.