CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10978	**Date: September 9, 2021**
	Change Request 12325

NOTE: This Transmittal is no longer sensitive and is being re-communicated April 28, 2022. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Implementation of Revisions to the Value in Opioid Use Disorder (OUD) Treatment Demonstration Program

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to assign business rules to report adjustments for payment and cost sharing in the Value in Opioid Use Disorder (OUD) Treatment Demonstration Program Global Claim file for the Care Management Fee and to revise the timeframe and frequency to accept and implement provider files. The reporting requirements will enable the Program to monitor the funding limits of the appropriated annual amounts for the Program's implementation. This CR also revises the timeframe for contractors to accept and implement additional OUD Demonstration Provider files. In addition, this CR provides some revisions to previously implemented action concerning how the demonstration code is to be added to claims for OUD Treatment Demonstration Program services. Rather than having the systems add the demo code, the providers will now be required to add it. By doing so, they are confirming that they have agreements with the beneficiaries for whom they are submitting claims and that those beneficiaries meet the eligibility requirements of having both Medicare A and B and are not enrolled in Part C, and have at least one OUD diagnosis from the ViT OUD Treatment Demonstration Program's list of OUD diagnosis codes.

This CR also provides direction for FISS concerning use of the M5 condition code.

Other than the changes described in this CR, contractors shall assume that all other action previously implemented through prior CRs for the OUD Treatment Demonstration program still remains in effect.

The Value in OUD Treatment is a 4-year demonstration program authorized under section 1866F of the Social Security Act (Act), which was added by section 6042 of the SUPPORT Act. The purpose of Value in OUD Treatment is to "increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce Medicare program expenditures."

EFFECTIVE DATE: April 1, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 1, 2021 - Shared System Maintainer Hours are Billed to the January 2022 Quarterly Release

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

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) is applicable to the Multi-Carrier System (MCS), the Fiscal Intermediary Shared System (FISS), and Medicare Administrative Contractors (MACs). The purpose of this CR is to provide direction so that adjustments and reopening of internal control numbers (ICN) are being included in the Value in Opioid Use Disorder (OUD) Treatment Demonstration Program's Model Participant CAP Claims Processed Screen (M2), the corresponding Model Participant CAP Claims Processed window in MCSDT, and the VIT Payment and Cost Sharing delimited file.

This CR also revises the timeframe for contractors to accept and implement additional OUD Demonstration Provider files. In addition, this CR provides some revisions to previously implemented action concerning how the demonstration code is to be added to claims for OUD Treatment Demonstration Program services. Rather than having the systems add the demo code, the providers will now be required to add it. By doing so, they are confirming that they have agreements with the beneficiaries for whom they are submitting claims and that those beneficiaries meet the eligibility requirements of having both Medicare Part A and Part B and are not enrolled in Part C, and have at least one OUD diagnosis from the ViT OUD Treatment Demonstration Program's list of OUD diagnosis codes.

This CR also provides direction for FISS concerning use of the M5 condition code.

Other than changes described in this CR, contractors shall assume that all other action previously implemented through prior CRs for the OUD Treatment Demonstration program still remains in effect.

B. Policy: There are no new policy changes associated with this CR.

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	
12325.1	The contractors shall update any tracking and reports to include adjustments to Demo Code 99 claims.						X			
12325.1.1	Under regular Medicare program payment rules (CR 11856) there is no coinsurance charged for G2067-G2080 or G2215 or G2216. Contractors shall update the reports they send CMS (see CR 12074, CR 12209) to zero out the Total cost sharing amount for G2067-G2080 (column K on MCS report and column J on FISS report) and G2215-G2216 (added to report layouts in CR 12209- column O for MCS report and column N for FISS report). **Note**: Contractors should take whatever approach is lowest level of effort to modify these reports so that zero co-insurance is calculated/displayed for the G2067-G2080 and G2215-G2216 columns. Screens can be updated if there is minimal to no additional effort.					X	X			
12325.2	The contractors shall accept payer only condition code of "M5". NOTE: Payer only condition code "M5" is defined as 'No Coinsurance- Deductible OUD Treatment Model'.					X				HIGLAS, IOCE
12325.2.1	The contractors shall move payer only condition code "M5" to the claim when the following is present: DEMO code: 99 TOB: 13X and 76X Condition code: 89 present or not					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	HCPCS Codes: G2086-G2088									
12325.2.2	When a payer only condition code "M5" is present, the IOCE contractor shall send a payment adjustment flag of "9" to the OPPS Pricer indicating coinsurance or deductible should not be applied.									IOCE, OPPS Pricer
12325.3	Effective for claims with dates of service on or after April 1, 2021, the contractors shall no longer apply Demo code 99 to claims with procedure codes G2172, G2067-G2080 or G2086-G2088, G2215 or G2216 submitted by providers on the OUD Provider File as previously instructed in CR 11887, BR 12 and BR 19 and CR 12209 BR 4.					X	X			
12325.4	Effective for claims with dates of service on or after April 1, 2021, the contractors shall allow providers on the OUD Provider File to append Demo code 99 to OUD claims. Note: Demo code 99 should take precedence over other demo codes if any other demo should apply to the claim with the exception of submitted demo codes. Submitted demo codes will take precedence. Note: Contractors shall continue to apply requirement 11887.19.1 when a demo 99 has been appended.	X				X	X			
12325.4.1	Effective for claims with dates of service on or after April 1, 2021, the contractor shall no longer return as unprocessable claims from providers on the OUD Provider File submitted with the Demo code 99 in Item 19 of the Form CMS-1500 or its electronic equivalent, 2300 Loop REF Segment 'Demonstration Project Identifier' (REF01=P4 and REF02=99), as previously instructed in CR 11887, BR 32.		X							
12325.5	Effective for claims with dates of services on or after April 1, 2021, the contractors shall verify the provider is on the OUD Provider File based on the billing provider CCN/NPI combination when a claim is submitted with demo code 99 in the treatment authorization field on MAP1035.					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12325.5.1	Effective for claims with dates of service on or after April 1, 2021, the contractor shall create a reason code to return to the provider (RTP) the claim when a provider appends demo code 99 in the treatment authorization field on MAP1035 and the provider is not listed on the OUD Provider File.	X				X				
12325.5.2	Effective for claims with dates of service on or after April 1, 2021, the contractor shall create a reason code to return to the provider (RTP) the claim when a provider appends demo code 99 in the treatment authorization field on MAP1035 and the line-item dates of service is not within the Provider's effective and termination date on the OUD Provider File.	X				X				
12325.6	The contractors shall verify the provider is on the OUD Provider File based on the billing or rendering provider TIN/NPI combination when a claim is submitted with demo code 99.						X			
12325.7	The contractor shall return as unprocessable claims received from a provider when Demo 99 is submitted, the provider is not found on the OUD Provider file, OR that the provider is found but none of the details meet the OUD ViT demo criteria.						X			
12325.7.1	Contractors shall return the following messages: CARC 16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT). Refer to the 835 Healthcare Policy Identification Segment (Loop 2110 Service Payment Information REF), if present. Start: 01/01/1995 | Last Modified: 03/01/2018. N763 - The demonstration code is not appropriate for this claim; resubmit without a demonstration code.		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12325.8	The contractor shall return as unprocessable claims received with HCPCS code G2172 submitted with more than one unit.						X			
12325.8.1	Contractors shall return the following messages: CARC 16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Start: 01/01/1995 | Last Modified: 03/01/2018. RARC M53 - Missing/incomplete/invalid days or units of service.		X							
12325.9	CMS shall continue to send the OUD provider file on the first business day of each month. The updated file shall be a full replacement file. Contractors shall implement the full replacement files no later than 5 business days after receipt of the updated file.									CMS
12325.10	The Contractor shall create an edit to return as un-processable, if G2172 is submitted on a claim without demo code 99.						X			
12325.11	The Contractor shall create a reason code to return to the provider (RTP) when HCPCS code G2172 is submitted and Demo code 99 is not present on the claim.					X				
12325.12	The Contractors shall return the following messages: Group code: CO CARC: 272 Coverage/program guidelines were not met.		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	RARC: N564 Patient did not meet the inclusion criteria for the demonstration project or pilot program.									

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

Pre-Implementation Contact(s): Rebecca VanAmburg, 410-786-0524 or Rebecca.VanAmburg@cms.hhs.gov , Abdallah Ibrahim, 410-786-1724 or Abdallah.Ibrahim@cms.hhs.gov

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

VI. FUNDING

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