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2006 Oncology Demonstration Project

Note: This article was revised on August 22, 2007, to add a reference to CR4347 (*http://www.cms.hhs.gov/Transmittals/downloads/R41DEMO.pdf*) that added gynecological oncologists (98) to the list of physician specialties qualified to participate in the 2006 Oncology Demonstration Project. The related MLN Matters article (MM4347) may be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm4347.pdf* on the CMS web site.

Provider Types Affected

Hematologists and oncologists who bill Medicare for the care of cancer patients

Provider Action Needed

This article provides information on the oncology demonstration project for 2006. Additional information and guidance is available in *MLN Matters* article SE0588, which is available at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0588.pdf* on the Centers for Medicare & Medicaid Services' (CMS) web site.

Background

The Social Security Act Amendments of 1967 (Pub. L. 90-248, Sections 402(a) (1) (B) and 402(b)), give the Secretary of Health and Human Services the authority to develop and implement experiments and demonstration projects to:

- Provide incentives for economy, while
- Maintaining or improving quality in health services delivery.

In this context, CR4219, upon which this article is based, announces the implementation of the Medicare oncology demonstration project for 2006. This one-year demonstration project's purpose is to identify and assess, in office-based oncology practices, certain oncology services that positively affect outcomes in the Medicare population.

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This 2006 oncology demonstration project replaces the 2005 chemotherapy demonstration project, and substantially changes the reporting emphasis. In the 2006 project, your reporting will no longer be specific to chemotherapy administration services, but, instead, will be associated with physician evaluation and management (E & M) visits for established patients with cancer.

The project builds on the use of G-codes (temporary national codes for items or services requiring uniform national coding between one year's update and the next) to gather more specific information about patients with particular types of cancer (noted below), including information about the primary focus of the visit and the spectrum of care that you provide.

It will emphasize practice guidelines as the source for standards of care, permitting CMS to monitor and encourage quality care to cancer patients, and to identify and promote best cancer care practices that should lead to improved patient outcomes.

This purpose is facilitated by the elimination of some G-codes and the adoption of new ones. Calendar year 2005 G-codes (G0921 to G0932), specific to the assessment of patient symptoms, have been eliminated, effective December 31, 2005.

G-Codes Address Three Reporting Categories

To facilitate the collection of the oncology demonstration information, CMS has established 81 new G-codes that address three reporting categories:

1) The primary focus of the evaluation and management visit;

2) Whether current management adheres to clinical guidelines; and

3) The current disease state.

Capturing these variables will form the building blocks of efficiency-oriented demonstrations in the future. You can find these new G-codes in the table at the end of this article.

Diagnostic Categories

Office-based hematologists and oncologists can participate in this demonstration, for services they furnish in 2006, when they provide an evaluation & management (E & M) service of level 2, 3, 4, or 5 to an established patient (American Medical Association's Current Procedural Terminology (CPT) codes 99212, 99213, 99214 and 99215) with a primary diagnosis of cancer belonging to one of the following 13 major diagnostic categories:

1.) Head and neck cancer (140.0 –149.9, 161.0-161.9)

2.) Esophageal cancer (150.0-150.9)

3.) Gastric cancer (151.0-151.9)

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4.) Colon cancer (153.0-153.9)

5.) Rectal cancer (154.0, 154.1)

6.) Pancreatic cancer (157.0, 157.1, 157.2, 157.3, 157.8, 157.9)

7.) Lung cancer (both non-small cell and small cell) (162.2-162.9)

8.) Female breast cancer (invasive) (174.0-174.9)

9.) Ovarian cancer (183.0)

10.) Prostate cancer (185)

11.) Non-Hodgkin's lymphoma (202.00-202.08, 202.80-202.98)

12.) Multiple myeloma (203.00, 203.01)

13.) Chronic myelogenous leukemia (205.10, 205.11)

To Qualify for the Payment

To qualify for the payment associated with this demonstration payment, you must submit one G-code from each of the three categories mentioned above when you bill for an E & M of level 2, 3, 4, or 5 for established patients. Practices reporting data on all three categories will qualify for an additional oncology demonstration payment of $23 in addition to the E & M visit.

Important Details

The following are some important details that you should be aware of:

Participation is Voluntary

Participation in this demonstration is voluntary and the physician participates by filing a claim for services (i.e., a level 2, 3, 4, or 5 established office visit with three separate G codes, one from each category) with the Medicare carrier.

Qualifying Specialties

The physician specialties that qualify for this 2006 oncology demonstration are hematology (specialty code 82), medical oncology (specialty 90), and hematology/oncology (specialty 83).

Mid-level practitioners, such as nurse practitioners or others who may bill independently for Medicare services, are not eligible to participate in the demonstration. Medicare carriers will deny claims for the 2006 oncology demonstration submitted by other than a qualifying specialty. Such claims will be denied with remittance advice code N95 and claim adjustment reason code 185.

Other Cancer Types Not Included

E & M services that you furnish for patients with cancer types as the principal diagnosis, other than these mentioned in this CR, will not be included in the demonstration. If you report claims with these demonstration G codes that are not related to the 13 specific cancer types, those G codes will be denied.

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Applies to Beneficiaries Not Enrolled in Medicare Advantage Plan

The project applies only to Medicare beneficiaries who are not enrolled in a Medicare Advantage plan, and is effective only for services provided on or after January 1, 2006, and before January 1, 2007. Medicare carriers will return/reject, as not able to process, oncology demonstration G-codes that are billed for dates of service not within CY 2006, using Remittance Advice reason code B18 and remark code N56 and Medicare Summary Notice (MSN) message 16.13.

Chemotherapy

While chemotherapy may be provided to the patient on the same day as the E & M visit, it is only the latter that is linked to the demonstration project. In this instance, therefore, you should attach modifier 25 to the E & M service. This denotes that you have performed a significant, separately identifiable evaluation and management service on the same day of a procedure (the chemotherapy administration service). Further, you should appropriately document the patient's record to support the level of the E & M service billed.

Billing Codes

You must bill a code from each of the three categories mentioned above. If you bill one or more (but not one from all three categories) of the demonstration codes on a single claim, carriers will return/reject the claim as not able to process and use Remittance Advice reason code 16 and remark code MA 130.

Conversely, if you bill more than one G-code from the same category for the same date of service on the same claim (for instance, you submit a claim for more than two G-codes from the category of "primary focus of the visit"), carriers will also reject the claim as not able to process, and use remittance advice reason code 125 and remittance advice remark code MA130.

Note: Some Medicare carriers may choose to manually split the claim and only return the not-able-to-process portion (i.e., the portion related to submitting data for the oncology demonstration). However, CMS will not require carriers to do this.

Claims Must Be Assigned

Your claims must be assigned. If a participating provider submits a non-assigned claim for the oncology demonstration G codes, carriers will process the claim as assigned and generate Remittance Advice remark code MA09.

If a nonparticipating provider submits a non-assigned claim for the G-codes and related E & M service, carriers will process the claim for coverage and payment of those services that do not require assignment (e.g., the evaluation and management service) and deny the G-codes using Remittance Advice reason code 111, remark code N149, and MSN message 16.6.

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Resubmitting G-Codes

Providers may resubmit oncology demonstration G-codes that were denied for not accepting assignment and, in such instances, the G-codes will be approved if the related E & M codes were approved. However, if there is no approved E & M code for the same service date and place of service as the G-codes on the claim or in the history, carriers will deny the G-codes using Remittance Advice reason code 107 and MSM code 16.26.

Place of Service

The place of service reported for codes must be "office" (place of service code 11). If the place of service reported is other than "office," carriers will return/reject the claim as not able to process, using Remittance Advice reason code 5 and MSN code 16.2.

Payment Allowances

Carriers will establish the following payment allowances for the demonstration codes and determine payment based on the lesser of 80% of the actual charge or on the allowance by code:

- G9050 to G9055 - $7.67
- G9056 to G9062 - $7.67
- G9063 to G9130 - $7.66

These amounts apply in all localities, and the usual Part B coinsurance and deductible apply.

SNF Consolidated Billing

During the demonstration, the oncology G-codes will bypass SNF consolidated billing for beneficiaries in a Part A stay.

Additional Information

The new 2006 oncology G codes and their descriptors can be viewed beginning on the next page of this article.

In addition, a special edition *MLN Matters* article is available to provide additional coding guidance. That article is available at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0588.pdf* on the CMS web site.

To view the actual instruction, CR4219, issued to your carrier, visit *http://www.cms.hhs.gov/transmittals/Downloads/R42DEMO.pdf* on the CMS web site.

If you have any questions, please contact your carrier at their toll-free number, which may be found at

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http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS web site.

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Oncology Demonstration Project G-codes (in Numerical Order by Code)

Category / G-code	Description
Primary focus of the visit	
G9050	ONCOLOGY; PRIMARY FOCUS OF VISIT; WORK-UP, EVALUATION, OR STAGING AT THE TIME OF CANCER DIAGNOSIS OR RECURRENCE (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)
G9051	ONCOLOGY; PRIMARY FOCUS OF VISIT; 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	ONCOLOGY; PRIMARY FOCUS OF VISIT; 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	ONCOLOGY; PRIMARY FOCUS OF VISIT; 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	ONCOLOGY; PRIMARY FOCUS OF VISIT; 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	ONCOLOGY; PRIMARY FOCUS OF VISIT; OTHER, UNSPECIFIED SERVICE NOT OTHERWISE LISTED
Guideline Adherence Codes	
G9056	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT ADHERES TO GUIDELINES
G9057	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES AS A RESULT OF PATIENT ENROLLMENT IN AN INSTITUTIONAL REVIEW BOARD APPROVED CLINICAL TRIAL
G9058	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES BECAUSE THE TREATING PHYSICIAN DISAGREES WITH GUIDELINE RECOMMENDATIONS
G9059	ONCOLOGY; PRACTICE GUIDELINES; 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	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES FOR REASON(S) ASSOCIATED WITH PATIENT COMORBID ILLNESS OR PERFORMANCE STATUS NOT FACTORED INTO GUIDELINES
G9061	ONCOLOGY; PRACTICE GUIDELINES; PATIENT'S CONDITION NOT ADDRESSED BY AVAILABLE GUIDELINES
G9062	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES FOR OTHER REASON(S) NOT LISTED

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Category / G-code	Description
Disease Status Codes	
Lung cancer, Non-small cell, small cell lung cancer (162.2-162.9)	
G9063	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; 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	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; 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	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEASE INITIALLY ESTABLISHED AS STAGE III A (PRIOR TO NEO-ADJUVANT THERAPY, IF ANY) WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9066	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; STAGE III B- IV AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9067	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, NOT YET DETERMINED, OR NOT LISTED
G9068	ONCOLOGY; DISEASE STATUS; LIMITED TO SMALL CELL AND COMBINED SMALL CELL/NON-SMALL CELL; EXTENT OF DISEASE INITIALLY ESTABLISHED AS LIMITED WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9069	ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL AND COMBINED SMALL CELL/NON-SMALL CELL; EXTENSIVE STAGE AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9070	ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL AND COMBINED SMALL CELL/NON-SMALL; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, PRE-SURGICAL, OR NOT LISTED
Female breast cancer (174.0-174.9)	
G9071	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (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	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (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	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; STAGE IIIA-IIIB; AND NOT T3, N1, M0; AND ER AND/OR PR POSITIVE; WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES

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Category / G-code	Description
G9074	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; STAGE IIIA-IIIB; AND NOT T3, N1, M0; AND ER AND PR NEGATIVE; WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9075	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9076	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU); ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, PRE-SURGICAL OR NOT LISTED
Prostate cancer (185)	
G9077	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, 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	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, 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	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, 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	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; AFTER INITIAL TREATMENT WITH RISING PSA OR FAILURE OF PSA DECLINE
G9081	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; NON-CASTRATE, INCOMPLETELY CASTRATE; CLINICAL METASTASES OR M1 AT DIAGNOSIS
G9082	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; CASTRATE; CLINICAL METASTASES OR M1 AT DIAGNOSIS
G9083	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION OR NOT LISTED
Colon cancer (153.0-153.9)	
G9084	ONCOLOGY; DISEASE STATUS; COLON CANCER, 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	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE INITIALLY ESTABLISHED AS T4, N0, M0 WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES

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Category / G-code	Description
G9086	ONCOLOGY; DISEASE STATUS; COLON CANCER, 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	ONCOLOGY; DISEASE STATUS; COLON CANCER, 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	ONCOLOGY; DISEASE STATUS; COLON CANCER, 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	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, NOT YET DETERMINED, UNDER EVALUATION, PRE-SURGICAL, OR NOT LISTED
Rectal cancer (154.0, 154.1)	
G9090	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, 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	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, 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	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, 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	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, 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	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINOMA AS PREDOMINANT CELL TYPE; M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9095	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, NOT YET DETERMINED, UNDER EVALUATION, PRE-SURGICAL, OR NOT LISTED
Esophageal cancer (150.0-150.9)	
G9096	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA 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

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Category / G-code	Description
	EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9097	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA 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	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PREDOMINANT CELL TYPE; M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9099	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, NOT YET DETERMINED, UNDER EVALUATION, PRE-SURGICAL, OR NOT LISTED
Gastric cancer (151.0-151.9)	
G9100	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; POST R0 RESECTION (WITH OR WITHOUT NEOADJUVANT THERAPY) WITH NO EVIDENCE OF DISEASE RECURRENCE, PROGRESSION, OR METASTASES
G9101	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; POST R1 OR R2 RESECTION (WITH OR WITHOUT NEOADJUVANT THERAPY) WITH NO EVIDENCE OF DISEASE PROGRESSION, OR METASTASES
G9102	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; CLINICAL OR PATHOLOGIC M0, UNRESECTABLE WITH NO EVIDENCE OF DISEASE PROGRESSION, OR METASTASES
G9103	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; CLINICAL OR PATHOLOGIC M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9104	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, NOT YET DETERMINED, PRE-SURGICAL, OR NOT LISTED
Pancreatic cancer (157.0-157.3, 157.8, 157.9)	
G9105	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE; POST R0 RESECTION WITHOUT EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9106	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; POST R1 OR R2 RESECTION WITH NO EVIDENCE OF DISEASE PROGRESSION, OR METASTASES
G9107	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; UNRESECTABLE AT DIAGNOSIS, M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE

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Category / G-code	Description
G9108	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, NOT YET DETERMINED, PRE-SURGICAL, OR NOT LISTED
Head and neck cancer (140.0-149.9, 161.0-161.9)	
G9109	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVITY, PHARYNX AND LARYNX 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	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVITY, PHARYNX AND LARYNX WITH SQUAMOUS CELL AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE INITIALLY ESTABLISHED AS T3-4 AND/OR N1-3, M0 (PRIOR TO NEO-ADJUVANT THERAPY, IF ANY) WITH NO EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9111	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVITY, PHARYNX AND LARYNX WITH SQUAMOUS CELL AS PREDOMINANT CELL TYPE; M1 AT DIAGNOSIS, METASTATIC, LOCALLY RECURRENT, OR PROGRESSIVE
G9112	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVITY, PHARYNX AND LARYNX WITH SQUAMOUS CELL AS PREDOMINANT CELL TYPE; EXTENT OF DISEASE UNKNOWN, NOT YET DETERMINED, PRE-SURGICAL, OR NOT LISTED
Ovarian cancer (183.0)	
G9113	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOGIC STAGE IA-B (GRADE 1) WITHOUT EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)
G9114	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOGIC STAGE IA-B (GRADE 2-3); OR STAGE IC (ALL GRADES); OR STAGE II; WITHOUT EVIDENCE OF DISEASE PROGRESSION, RECURRENCE, OR METASTASES
G9115	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOGIC STAGE III-IV; WITHOUT EVIDENCE OF PROGRESSION, RECURRENCE
G 9116	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; EVIDENCE OF DISEASE PROGRESSION, OR RECURRENCE, AND/OR PLATINUM RESISTANCE
G 9117	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, INCOMPLETE SURGICAL STAGING, PRE-SURGICAL STAGING, OR NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)
Non-Hodgkin's lymphoma (202.00-202.08, 202.80-202.98)	
G 9118	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA, MANTLE CELL LYMPHOMA, DIFFUSE LARGE B-CELL LYMPHOMA, SMALL LYMPHOCYTIC LYMPHOMA; STAGE I, II AT DIAGNOSIS, NOT RELAPSED, NOT REFRACTORY
G 9119	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA, MANTLE CELL LYMPHOMA, DIFFUSE LARGE B-CELL LYMPHOMA, SMALL LYMPHOCYTIC LYMPHOMA; STAGE III, IV NOT RELAPSED, NOT REFRACTORY (FOR USE IN A MEDICARE -APPROVED

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Category / G-code	Description
	DEMONSTRATION PROJECT)
G 9120	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, TRANSFORMED FROM FOLLICULAR LYMPHOMA TO DIFFUSE LARGE B-CELL LYMPHOMA
G 9121	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA, MANTLE CELL LYMPHOMA, DIFFUSE LARGE B-CELL LYMPHOMA, SMALL LYMPHOCYTIC LYMPHOMA; RELAPSED/ REFRACTORY
G 9122	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA, MANTLE CELL LYMPHOMA, DIFFUSE LARGE B-CELL LYMPHOMA, SMALL LYMPHOCYTIC LYMPHOMA; DIAGNOSTIC EVALUATION, STAGE NOT DETERMINED, EVALUATION OF POSSIBLE RELAPSE OR NON-RESPONSE TO THERAPY, OR NOT LISTED
Chronic Myelogenous leukemia (205.10, 205.11)	
G 9123	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND/OR BCR-ABL POSITIVE; CHRONIC PHASE NOT IN HEMATOLOGIC, CYTOGENETIC, OR MOLECULAR REMISSION
G 9124	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND /OR BCR-ABL POSITIVE; ACCELERATED PHASE NOT IN HEMATOLOGIC CYTOGENETIC, OR MOLECULAR REMISSION
G 9125	ONCOLOGY; DISEASE STATUS; CHRONIC MYLOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND /OR BCR-ABL POSITIVE; *BLAST PHASE NOT*† IN HEMATOLOGIC, CYTOGENETIC, OR MOLECULAR REMISSION
G 9126	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND /OR BCR-ABL POSITIVE; IN HEMATOLOGIC, CYTOGENETIC, OR MOLECULAR REMISSION
G 9127	ONCOLOGY; DISEASE STATUS; CHRONIC MEYLOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND /OR BCR-ABL POSITIVE; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, NOT LISTED (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT
Multiple Myeloma (203.00, 203.01)	
G 9128	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; SMOLDERING, STAGE I
G 9129	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; STAGE II OR HIGHER
G9130	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; EXTENT OF DISEASE UNKNOWN, UNDER EVALUATION, OR NOT LISTED

†Italicized text reflects impending change to long descriptor to be implemented in January 2006. The coding physician should assume the long descriptor includes this change.

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