

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12231	Date: August 31, 2023
	Change Request 13323

SUBJECT: New Dental Specialty Codes for Medicare

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish new provider specialty codes for dentists. These new provider specialty codes include:

- E3 – **Dental Anesthesiology**
- E4 – **Dental Public Health**
- E5 – **Endodontics**
- E6 – **Oral and Maxillofacial Pathology**
- E7 – **Oral and Maxillofacial Radiology**
- E9 – **Oral Medicine**
- F1 – **Orofacial Pain**
- F2 – **Orthodontics and Dentofacial Orthopedics**
- F3 – **Pediatric Dentistry**
- F4 – **Periodontics**
- F5 – **Prosthodontics**

Providers may begin self-designating these new specialty codes beginning January 1, 2024.

EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 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
R	26/10.8.2 - Physician Specialty Codes

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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SUBJECT: New Dental Specialty Codes for Medicare

EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to inform the MACs of new provider specialty codes for dentists under Part B of the Medicare program.

Providers self-designate their Medicare specialty on the Medicare enrollment application (CMS 855-I or CMS 855-O) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. The provider specialty code describes the specific/unique types of services rendered. Provider specialty codes are used by the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing purposes.

B. Policy: CMS has established new provider specialty codes for dentists.

These new specialty codes include:

- E3 – **Dental Anesthesiology**
- E4 – **Dental Public Health**
- E5 – **Endodontics**
- E6 – **Oral and Maxillofacial Pathology**
- E7 – **Oral and Maxillofacial Radiology**
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- F1 – **Orofacial Pain**
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Contractors and PECOS shall make all necessary changes to recognize and use these new provider specialty codes as valid specialty codes for enrollment and claims processing. Contractors shall also begin sending enrollment records for the new provider specialties to MCS/claims in the MCS extract with the implementation of the January 2024 quarterly release. Contractors shall also include these provider specialty codes with their submission for CROWD Form "F" (Participating Physician/Supplier Report), in accordance with Publication 100-06, Chapter 6.

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	
	January 2024 quarterly release.									
13323.3	Contractors shall include provider specialty codes for E3, E4, E5, E6, E7, E9, F1, F2, F3, F4, F5 with their submission for CROWD Form "F" (Participating Physician/Supplier Report), in accordance with Publication 100-06, Chapter 6.						X			CROWD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13323.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X			

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: 0

10.8.2 - Physician Specialty Codes

(Rev. 12231, Issued: 08-31-23, Effective: 01-01-24, Implementation: 01-02-24)

Code	Physician Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Medicine
13	Neurology
14	Neurosurgery
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
44	Infectious Disease
46	Endocrinology
48	Podiatry
66	Rheumatology

Code	Physician Specialty
70	Single or Multispecialty Clinic or Group Practice
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
99	Unknown Physician Specialty
C0	Sleep Medicine
C3	Interventional Cardiology
C5	Dentist
C6	Hospitalist
C7	Advanced Heart Failure and Transplant Cardiology
C8	Medical Toxicology
C9	Hematopoietic Cell Transplantation and Cellular Therapy
D3	Medical Genetics and Genomics
D4	Undersea and Hyperbaric Medicine
D7	Micrographic Dermatologic Surgery
D8	Adult Congenital Heart Disease
<i>E3</i>	<i>Dental Anesthesiology</i>
<i>E4</i>	<i>Dental Public Health</i>
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