

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4039	Date: April 27, 2018
	Change Request 10457

SUBJECT: New Physician Specialty Code for Medical Genetics and Genomics

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) has established a new physician specialty code for Medical Genetics and Genomics (D3). This change request also establishes specialty codes D1 for Medicare Diabetes Preventive Program suppliers and D2 as Restricted Use.

EFFECTIVE DATE: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

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 Physician Specialty Code for Medical Genetics and Genomics

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I. GENERAL INFORMATION

A. Background: Physicians self-designate their Medicare physician specialty on the Medicare enrollment application (CMS-855I or CMS-855O) or Internet-based Provider Enrollment, Chain and Ownership System when they enroll in the Medicare program. Medicare physician specialty codes describe the specific/unique types of medicine that physicians (and certain other suppliers) practice. Specialty codes are used by CMS for programmatic and claims processing purposes.

B. Policy: The CMS has established a new physician specialty code for Medical Genetics and Genomics (D3).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C	Shared- System Maintainers				Other	
		A	B		F I S S	M C S	V M S	C W F		
10457 - 04.1	Contractors shall make all necessary changes to recognize and use the new physician specialty code Medical Genetics and Genomics (D3) as a valid primary specialty code or a secondary specialty code for enrollment and claims processing.		X		X		X			HIGLAS
10457 - 04.1.1	Contractors shall update the new online PARM to include Medical Genetics and Genomics (D3) as a valid home health physician specialty code.	X		X						
10457 - 04.1.2	Contractors shall update the taxonomy combination to the HxxTTXM1 table in MCS for Part B claims processing. The taxonomy code for Clinical Genetics is 207SG0201X.		X							

Number	Requirement	Responsibility										
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other		
		A	B			F I S S	M C S	V M S	C W F			
10457 - 04.2	The Provider Enrollment Chain and Ownership System (PECOS) shall make the necessary changes to recognize and use the new physician specialty code Medical Genetics and Genomics (D3) as a valid specialty code.											PECOS
10457 - 04.3	PECOS shall populate the following extracts with the new physician specialty Medical Genetics and Genomics (D3): <ul style="list-style-type: none"> Ordering/Referring Critical Access Hospital (CAH) Method II Attending and Rendering Verification of the attending, operating, or other physician or non-physician practitioner listed on a CAH claim is eligible and is enrolled in PECOS Line level referring NPI fields 											PECOS
10457 - 04.4	PECOS shall convert all Medical Genetics and Genomics providers currently enrolled under the Undefined physician type to Medical Genetics and Genomics (D3) and include in the extract file to MCS.											PECOS
10457 - 04.4.1	PECOS shall produce and provide a list of records (from the production environment) that will be converted to Medical Genetics and Genomics (D3) to MACs 90 days prior to implementation.											PECOS
10457 - 04.5	Contractors shall conduct positive and negative testing to ensure that only the appropriate records are converted to Medical Genetics and Genomics (D3).		X									
10457 - 04.6	Contractors shall notify their Business Function Lead if they have any concerns with records included on the PECOS data file, prior to the change request's implementation.		X									
10457 - 04.7	Contractors shall recognize Medical Genetics and Genomics (D3) as a valid specialty type for the following edits: <ul style="list-style-type: none"> Ordering/Referring CAH Method II Attending and Rendering 	X	X	X	X							

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<ul style="list-style-type: none"> Attending, operating, or other physician or non-physician practitioner listed on a CAH claim 										
10457 - 04.8	Contractors shall accept CMS-855I and CMS-855O submissions with the Undefined Physician Type option selected, specifying Medical Genetics and Genomics (D3) until the forms can be updated with the new specialty.		X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	D M E M A C	C E D I	I
		A	B	F I S S				
10457 - 04.9	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	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

Pre-Implementation Contact(s): Gale Johnson, 410-786-2192 or gale.johnson@cms.hhs.gov , Alisha Sanders, 410-786-0671 or alisha.sanders@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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ATTACHMENTS: 0

10.8.2 - Physician Specialty Codes

(Rev.4039, Issued: 04- 27-18, Effective: 10-01-18, Implementation: 10-01-18)

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
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

Code	Physician Specialty
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

D1 Medicare Diabetes Preventive Program

D2 Restricted Use

D3 Medical Genetics and Genomics