

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 216	Date: December 14, 2012
	Change Request 8090

SUBJECT: Modification/Addition of Group Codes/Specialty Codes

I. SUMMARY OF CHANGES: The purpose of this Change Request is to: 1) update screens 2, 3, 4 & 7 of the Exhibit in Chapter 6, Section 420, by altering the Group Code of Specialty Codes 19, 35, 41, 48, and 85 from PHY to LLP; 2) alter the the Group Code for Specialty Code 88 (Unknown Supplier/Provider) from SUP to NPP; and 3) add Specialty Code 95 (Unknown Supplier) (Group Code SUP). In addition, under 470.5, screen 4, the Group Code for Specialty Codes 78 and 79 is being altered to PHY.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 15, 2013

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	6/400.5/Non-Physician Practitioner/Supplier Specialty Codes
R	6/420/Exhibit
R	6/470.5/Exhibit

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

Not Applicable

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 obliged 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

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

Attachment - Business Requirements

Pub. 100-06	Transmittal: 216	Date: December 14, 2012	Change Request: 8090
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SUBJECT: Modification/Addition of Group Codes/Specialty Codes

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 15, 2013

I. GENERAL INFORMATION

A. Background: Medicare physician specialty codes describe the specific/unique types of medicine that physicians practice.

B. Policy: Specialty Codes, within the Contractor Reporting of Operational and Workload Data (CROWD) application, for reporting purposes, are further identified as belonging to a distinct group, i.e. Physicians (PHYS), Limited License Physicians (LLPs), Non-Physician Practitioners (NPPS) or Suppliers (SUP). For purposes of this CR (under Section 420 - Exhibit), Specialty Codes 19, 35, 41, 48, and 85 have been redesignated as LLPs.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8090.1	Medicare contractors and other affected parties shall review and be aware of the manual revisions as they relate to CROWD Forms F and 8.		X				X					
8090.2	The CROWD System Maintainer shall modify the Form F Exhibit to reflect: 1) that the Group Code for Specialty Codes 19, 35, 41, 48, and 85 has been altered to LLP; 2) that the Group Code for Specialty Code 88 has been altered to NPP; and 3) that Specialty Code 95, Unknown Supplier, Group Code SUP, is being added as a new category. In addition, under Form 8, the Group Code for Specialty Codes 78 and 79 has been altered to PHY.											The CRO WD Syste m Main tainer

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC	D M E	F I	C A R R I E R	R H H I	Other	
		P a r t A	P a r t B	M A C				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote 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): Ken Frank, 410-786-5659 or kenneth.frank@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

Not Applicable

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

400.5 - Non-Physician Practitioner/Supplier Specialty Codes
(Rev.216, Issued: 12-14-12, Effective: 01-01-13, Implementation: 01-15-13)

The following list of codes and narrative describe the kind of medicine non-physician practitioners or other healthcare providers/suppliers practice.

Code	Non-Physician Practitioner/Supplier Specialty Codes
15	Speech Language Pathologist in Private Practice
31	Intensive Cardiac Rehabilitation (ICR)
32	Anesthesiologist Assistant
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
45	Mammography Screening Center
47	Independent Diagnostic Testing Facility (IDTF)
49	Ambulatory Surgical Center
50	Nurse Practitioner
59	Ambulance Service Supplier, e.g., private ambulance companies, funeral homes
60	Public Health or Welfare Agencies (Federal, State, and local)
61	Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities)
62	Clinical Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
71	Registered Dietician/Nutrition Professional
73	Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
80	Licensed Clinical Social Worker
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
<i>95</i>	<i>Unknown Supplier</i>
97	Physician Assistant
C1	Centralized Flu

NOTE: Specialty Code Use for Service in an Independent Laboratory. For services performed in an independent laboratory, show the specialty code of the physician ordering the x-rays and requesting payment. If the independent laboratory requests payment, use supplier code "69".

Exhibit 1 - Participating Physician/Supplier Report - Screen 9

**PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES**

Total Physicians - The contractor enters in the appropriate column the total of all specialty codes applicable to physicians.

Total LLPs - The contractor enters in the appropriate column the total of all specialty codes applicable to limited license physicians.

Total NPPs - The contractor enters in the appropriate column the total of all specialty codes applicable to non-physician practitioners.

Total Physicians/LLPs/NPPs - The contractor enters in the appropriate column the sum of all physicians, LLPs and NPPs.

Total Suppliers - The contractor enters in the appropriate column the total of all specialty codes applicable to suppliers.

SPECIALTY CODE/GROUP	Participants			Non-Participants		Par Drop-Out Current (6)	Non-Par Sign-Up Current (7)	Par Disenrolls (8)
	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)			
TOTALs								
PHYS*								
LLPs*								
NPPs*								
PHYS/LLPS/NPPS*								
SUPs*								

* These lines do not represent specific specialty codes. They are the totals of the specialty sub-groups.

470.5 - Exhibit

(Rev.216, Issued: 12-14-12, Effective: 01-01-13, Implementation: 01-15-13)

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 1

SCREEN 1

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- 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

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
01-PHY						
02-PHY						
03-PHY						
04-PHY						
05-PHY						
06-PHY						
07-PHY						
08-PHY						
09-PHY						
10-PHY						
11-PHY						
12-PHY						
13-PHY						
14-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 2

SCREEN 2

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|---------------------------------|---|
| 16 Obstetrics/Gynecology | 23 Sports Medicine |
| 17 Hospice & Palliative Care | 24 Plastic and Reconstructive Therapy |
| 18 Ophthalmology | 25 Physical Medicine and Rehabilitation |
| 19 Oral Surgery (Dentists Only) | 26 Psychiatry |
| 20 Orthopedic Surgery | 27 Geriatric Psychiatry |
| 21 Cardiac Electrophysiology | 28 Colorectal Surgery |
| 22 Pathology | 29 Pulmonary Disease |
| | 30 Diagnostic Radiology |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
16-PHY						
17-PHY						
18-PHY						
19-PHY						
20-PHY						
21-PHY						
22-PHY						
23-PHY						
24-PHY						
25-PHY						
26-PHY						
27-PHY						
28-PHY						
29-PHY						
30-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 3

SCREEN 3

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--------------------------------|------------------------------|
| 32 Anesthesiologist Assistants | 40 Hand Surgery |
| 33 Thoracic Surgery | 41 Optometry |
| 34 Urology | 42 Certified Nurse Midwife |
| 36 Nuclear Medicine | 43 CRNA Anesthesia Assistant |
| 37 Pediatric Medicine | 44 Infectious Disease |
| 38 Geriatric Medicine | 46 Endocrinology |
| 39 Nephrology | 48 Podiatry |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
32-NPP						
33-PHY						
34-PHY						
36-PHY						
37-PHY						
38-PHY						
39-PHY						
40-PHY						
41-PHY						
42-NPP						
43-NPP						
44-PHY						
46-PHY						
48-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 4

SCREEN 4

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--|------------------------------------|
| 50 Nurse Practitioner | 76 Peripheral Vascular Disease |
| 62 Clinical Psychologist (Independent) | 77 Vascular Surgery |
| 66 Rheumatology | 78 Cardiac Surgery |
| 68 Clinical Psychologist | 79 Addiction Medicine |
| 71 Registered Dietitian | 80 Licensed Clinical Social Worker |
| 72 Pain Management | 81 Critical Care (Intensivist) |
| | 82 Hematology |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
50-NPP						
62-NPP						
66-PHY						
68-PHY						
71-NPP						
72-PHY						
76-PHY						
77-PHY						
78- <i>PHY</i>						
79- <i>PHY</i>						
80-NPP						
81-PHY						
82-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 5

SCREEN 5

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--|--------------------------------|
| 83 Hematology/Oncology | 92 Radiation Oncology |
| 84 Preventive Medicine | 93 Emergency Medicine |
| 85 Maxillofacial Surgery | 94 Interventional Radiology |
| 86 Neuropsychiatry | 97 Physician Assistant |
| 88 Unknown Supplier/Provider | 98 Gynecological Oncology |
| 89 Certified Clinical Nurse Specialist | 99 Unknown Physician Specialty |
| 90 Medical Oncology | C0 Sleep Medicine |
| 91 Surgical Oncology | |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
83-PHY						
84-PHY						
85-PHY						
86-PHY						
88-NPP						
89-NPP						
90-PHY						
91-PHY						
92-PHY						
93-PHY						
94-PHY						
97-NPP						
98-PHY						
99-PHY						
C0-PHY						
Total						

For further definition of specialty categories, see Section 470.3.