

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 715	Date: June 4, 2010
	Change Request 6998

SUBJECT: Analysis for FISS, CWF and NCH for Physician and Non-Physician Practitioner Specialty Codes

I. SUMMARY OF CHANGES: Section 1833 of the Social Security Act as amended by Sections 5501(a) and (b) of the Affordable Care Act (ACA) provides for incentive payments for physicians and non-physician practitioners with specific primary specialty designations. In order to determine if the physician or non-physician practitioner is eligible for the incentive payment, the specialty code, National Provider Identifier (NPI) and names must be carried through the fiscal intermediary standard system (FISS), and the Common Working File (CWF) to the National Claims History (NCH).

EFFECTIVE DATE: *October 1, 2010
IMPLEMENTATION DATE: October 4, 2010

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 715	Date: June 4, 2010	Change Request: 6998
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SUBJECT: Analysis for FISS, CWF and NCH for Physician and Non-Physician Practitioner Specialty Codes (ACA 5501)

Effective Date: October 1, 2010

Implementation Date: October 4, 2010

I. GENERAL INFORMATION

A. Background: Please note that this is an analysis change request (CR) only. It is not an implementation CR. Information and estimates obtained during the development of this CR will be used to later develop an implementation CR.

Section 1833 of the Social Security Act as amended by Sections 5501(a) and (b) of the Affordable Care Act (ACA) provides for incentive payments for physicians and non-physician practitioners with specific primary specialty designations. In order to determine if the physician or non-physician practitioner is eligible for the incentive payment the specialty code, National Provider Identifiers (NPIs) and names must be carried through the Fiscal Intermediary Standard System (FISS) and the Common Working File (CWF) to National Claims History (NCH).

A separate CR will be written for the January 2011 release by the Office of Financial Management that addresses the file of physician’s and non-physician practitioners and their specialty codes. At this time it is anticipated that the format and data elements in the attached file layout will be used.

B. Policy: Sections 5501 (a) and (b) of the ACA provides for incentive payments for certain services for physician and non-physician practitioners with certain designated specialty codes.

All physician and non-physician practitioner specialty codes, NPIs and Names on all institutional outpatient claims must be carried through the FISS and CWF to NCH.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6998.1	FISS shall accept and load the attending, operating and other physician/non-physician practitioner NPI and Name to their internal claim record for all outpatient claims (12X, 13X, 14X, 32X, 33X, 34X, 71X, 72X, 73X, 74X, 75X, 76X, 77X, 81X, 82X and 85X).						X				
6998.2	FISS shall load the specialty codes for attending, operating and other physician/non-physician practitioners						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Susan Guerin at susan.guerin@cms.hhs.gov or 410-786-6138 or Yvonne Young at yvonne.young@cms.hhs.gov or 410-786-1886.

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

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

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

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.

Attachment

File Layout

Description	Length	Start Position	Notes
NPI	10	1	NPI is used as primary matching criteria
First Name	25	11	First letter of first name is used as additional matching criteria
Middle Name	25	36	Providers middle name
Last Name	35	61	First four letters of last name is used as additional matching criteria
Specialty Code	2	96	Specialty code of the provider
Specialty Description	150	98	Description text of given specialty code
Effective Date	10	248	Oldest effective date on PIN for provider, if available in PECOS
Termination Date	10	258	Latest termination date on PIN for provider; will not be included if the provider has an enrollment record in PECOS in the status of "Approved"
Total Length	267		