

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 792	Date: October 29, 2010
	Change Request 7132

SUBJECT: Move the Physician Specialty Code to the FISS Claim Record and Forward to the Common Working File (CWF) and National Claims History (NCH)

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 Identifiers (NPIs) 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: April 1, 2011

IMPLEMENTATION DATE: April 4, 2011

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
N/A	

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 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:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 792	Date: October 29, 2010	Change Request: 7132
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SUBJECT: Move the Physician Specialty Codes to the FISS Claim Record and Forward to the Common Working File (CWF) and National Claims History (NCH)

Effective Date: April 1, 2011

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background: 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 the National Claims History (NCH).

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 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	
7132.1	FISS shall add a new Physician Specialty Code field for attending, operating and other physician/non-physician practitioners to the internal claim record.						X				
7132.2	FISS shall move the Physician Specialty Code to the internal claim record when the NPI on the outpatient claim (12X, 13X, 14X, 32X, 33X, 34X, 71X, 72X, 73X, 74X, 75X, 76X, 77X, 81X, 82X and 85X) matches an NPI on the national file from the Provider Enrollment, Chain and Ownership System (PECOS). NOTE: The NPI is considered a match if the first letter of the first name and the first four letters of the last name on the claim match a record on the national file from PECOS.						X				
7132.2.1	FISS shall not move the Physician Specialty Code to the internal claim record when the name on the claim does						X				

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	
	not match name on the national file from PECOS for the NPI.										
7132.2.2	FISS shall move '99' (unknown physician specialty) to the internal claim record when the NPI submitted on the claim does not match a NPI on PECOS.						X				
7132.3	FISS shall add the Physician Specialty Code to the online claim screen for each attending, operating and other physician submitted on the claim.						X				
7132.4	FISS shall add the Physician Specialty Code to the direct data entry screen for each attending, operating and other physician submitted on the claim.						X				
7132.5	FISS shall forward the attending, operating and other physician/non-physician practitioner NPI, Name and Physician Specialty Code to CWF.						X			X	
7132.6	CWF shall accept and store the attending, operating and other Physician Specialty Code on the header record of all impacted records and screens.									X	
7132.7	CWF shall forward the attending, operating and other physician/nonphysician practitioner Physician Specialty Code to the NCH.									X NCH	
7132.8	The NCH shall store the attending, operating and other physician/nonphysician practitioner Physician Specialty Code.									NCH	
7132.9	The Shared System Maintainer shall make the necessary changes to the Medicare Carrier System (MCS) Desktop (MCSDT) application to accommodate the CWF health insurance master record (HIMR) screen changes.							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:
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X-Ref Requirement Number	Recommendations or other supporting information:

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

CR 6998 – Analysis for FISS, CWF and NCH for Physician and Non-Physician Practitioner Specialty Codes

V. CONTACTS

Pre-Implementation Contact(s): For FI/AB MAC Claims Processing Issues: Susan Guerin at susan.guerin@cms.hhs.gov or 410-786-6138 or for Carrier/AB MAC Claims Processing Issues: Kathy Kersell at Kathleen.kersell@cms.hhs.gov or 410-786-2033.

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*:

N/A

Section B: For *Medicare Administrative Contractors (MACs)*:

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