

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10374	Date: September 25, 2020
	Change Request 11750

Transmittal 10124, dated May 8, 2020, is being rescinded and replaced by Transmittal 10374 dated, September 25, 2020 to revise business requirement 11750-04.7 to remove specialty code D6. All other information remains the same.

SUBJECT: New Physician Specialty Code for Micrographic Dermatologic Surgery (MDS) and Adult Congenital Heart Disease (ACHD) and a New Supplier Specialty Code for Home Infusion Therapy Services

I. SUMMARY OF CHANGES: The CMS has established new physician specialty codes for, MDS (D7) and ACHD (D8) and supplier code for Home Infusion Therapy Services (D6).

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

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	26/10.8/10.8.2/Physician Specialty Codes
R	26/10.8/10.8.3/Nonphysician Practitioner, Supplier, and Provider 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

Pub. 100-04	Transmittal:	Date: September 25, 2020	Change Request: 11750
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SUBJECT: New Physician Specialty Code for Micrographic Dermatologic Surgery (MDS) and Adult Congenital Heart Disease (ACHD) and a New Supplier Specialty Code for Home Infusion Therapy Services

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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 CMS-855B for suppliers) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) 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 new physician specialty codes for MDS (D7) and ACHD (D8) and supplier specialty code Home Infusion Therapy Services (D6).

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		F I S S	M C S	V M S	C W F	
11750 - 04.1	Contractors shall make all necessary changes to recognize and use the new physician specialty codes MDS (D7) and ACHD (D8) as valid primary specialty codes or a secondary specialty code for enrollment and claims processing and Home Infusion Therapy Services (D6) as a supplier specialty code.		X		X		X		HIGLAS, IDR
11750 - 04.1.1	Contractors shall update the new online parameter (PARM) to include MDS (D7) and ACHD (D8) as valid home health physician specialty codes and Home Infusion Therapy Services (D6) as a valid supplier specialty code.	X		X					

[illegible]

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	Shared- System Maintainers			Other
		A	B	H H H		F I S S	M C S	V M S	
	converted to Home Infusion Therapy Services (D6), MDS (D7) and ACHD (D8) to the Medicare Administrative Contractors (MACs) 90 days prior to implementation.								
11750 - 04.5	Contractors shall conduct positive and negative testing to ensure that only the appropriate records are converted to Home Infusion Therapy Services (D6), MDS (D7) and ACHD (D8).		X						
11750 - 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						
11750 - 04.7	Contractors shall recognize MDS (D7) and ACHD (D8) as valid specialty types for the following edits: • Ordering/Referring • CAH Method II Attending and Rendering • Attending, operating, or other physician or non-physician practitioner listed on a CAH claim	X	X	X	X				
11750 - 04.8	Contractors shall accept CMS-855I and CMS-855O or CMS-855B for suppliers, submissions with the Undefined Physician Type option selected, specifying MDS (D7) and ACHD (D8) and supplier type Home Infusion Therapy Services (D6) until the forms can be updated with the new specialties.		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C
		A	B	H H H	M A C	I
11750 - 04.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Alisha Sanders, 410-786-0222 or Alisha.Sanders@cms.hhs.gov , Andrew Stouder, 410-786-0671 or Andrew.Stouder@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

10.8.2 - Physician Specialty Codes

(Rev.10374, Issued: 09-25-2020, Effective: 10-01-2020, Implementation: 10-05-2020)

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
D3	Medical Genetics and Genomics
D4	Undersea and Hyperbaric Medicine
<i>D7</i>	<i>Micrographic Dermatologic Surgery</i>
<i>D8</i>	<i>Adult Congenital Heart Disease</i>

10.8.3 - Nonphysician Practitioner, Supplier, and Provider Specialty Codes (Rev.10374, Issued: 09-25-2020, Effective: 10-01-2020, Implementation: 10-05-2020)

The following list of 2-digit codes and narrative describe the kind of medicine non-physician practitioners or other healthcare providers/suppliers practice.

Code	Non-physician Practitioner/Supplier/Provider Specialty
15	Speech Language Pathologists
31	Intensive Cardiac Rehabilitation
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
51	Medical supply company with orthotic personnel certified by an accrediting organization
52	Medical supply company with prosthetic personnel certified by an accrediting organization
53	Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
55	Individual orthotic personnel certified by an accrediting organization
56	Individual prosthetic personnel certified by an accrediting organization
57	Individual prosthetic/orthotic personnel certified by an accrediting organization
58	Medical Supply Company with registered pharmacist
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)

Code	Non-physician Practitioner/Supplier/Provider Specialty
62	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
87	All other suppliers, e.g., Drug Stores
88	Unknown Provider
89	Certified Clinical Nurse Specialist
95	Unknown Supplier
96	Optician
97	Physician Assistant
A0	Hospital
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Nursing Facility, Other
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
B1	Oxygen/Oxygen Related Equipment
B2	Pedorthic Personnel
B3	Medical Supply Company with Pedorthic Personnel
B4	Rehabilitation Agency
B5	Ocularist
C1	Centralized Flu
C2	Indirect Payment Procedure
C4	Restricted Use
D1	Medicare Diabetes Preventive Program
D2	Restricted Use
D5	Opioid Treatment Program
<i>D6</i>	<i>Home Infusion Therapy Services</i>

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 type of supplier code "69".