CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 333	**Date: December 27, 2019**
	Change Request 11353

Transmittal 332, dated December 5, 2019, is being rescinded and replaced by Transmittal 333, dated, December 27, 2019, to replace attachment A (G-codes with Payment Adjusted by Locality) with a new spreadsheet. All other information remains the same.

SUBJECT: New Medicare Provider Specialty Code (D5) and Billing Codes for Opioid Treatment Programs and New Place of Service Code 58

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to establish coding and payment rates as authorized by Section 2005 (Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. These payments begin January 1, 2020.

All Opioid Treatment Programs billing Medicare will be required to enroll with Medicare as an Opioid Treatment Program and submit claims to MCS using a professional claim form.

EFFECTIVE DATE: January 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 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	6/400.5/Non-Physician Practitioner/Supplier Specialty Codes
R	6/420/Exhibit

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. 100-06	Transmittal: 333	Date: December 27, 2019	Change Request: 11353

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SUBJECT: New Medicare Provider Specialty Code (D5) and Billing Codes for Opioid Treatment Programs and New Place of Service Code 58

EFFECTIVE DATE: January 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 2020

I. GENERAL INFORMATION

A. Background: Section 2005 of the SUPPORT Act establishes a new Medicare benefit category for opioid use disorder (OUD) treatment services furnished by opioid treatment programs (OTPs) under Medicare Part B, beginning on or after January 1, 2020. The purpose of this CR is to make the MACs aware of new HCPCS G-codes describing services that will be billed by Opioid Treatment Programs under Medicare. These payments will begin January 1, 2020.

Providers self-designate their Medicare specialty on the Medicare enrollment application (CMS-855B) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. The provider specialty code describes the specific/unique types of services rendered. Provider specialty codes are used by the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing purposes.

As an entity covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare must comply with standards and their implementation guides adopted by regulation under this statute. The currently adopted professional implementation guide for the ASC X12N 837 standard requires that each electronic claim transaction include a Place of Service (POS) code from the POS code set maintained by the Centers for Medicare and Medicaid Services (CMS). As a payer, Medicare must be able to recognize as valid any valid code from the POS code set that appears on the HIPAA standard claim transaction.

The POS code set provides setting information necessary to appropriately pay Medicare and Medicaid claims. At times, Medicaid has had a greater need for specificity than has Medicare, and many of the new codes developed over the past few years have been to meet Medicaid's needs. While Medicare does not always need this greater specificity in order to appropriately pay claims, it nevertheless adjudicates claims with the new codes to ease coordination of benefits and to give Medicaid and other payers the setting information they require.

This Change Request (CR) updates the current POS code set by adding new POS code 58 for "Non-residential Opioid Treatment Facility – a location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT)." Also, this CR will implement the systems and local contractor level changes needed for Medicare to adjudicate claims with the new POS code. Local contractors shall develop policies as needed to adjudicate claims containing new POS code 58 in accordance with Medicare national policy.

B. Policy: Section 1861(s)(2)(HH)(jjj) of the Act requires that opioid use disorder treatment services would include FDA-approved opioid agonist and antagonist treatment medications, the dispensing and administration of such medications (if applicable), substance use disorder counseling, individual and group

therapy, toxicology testing, and other items and services that the Secretary determines are appropriate. Section 1861(s)(2)(HH)(jjj) defines OTPs as those that enroll in Medicare and are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by a SAMHSA-approved entity, and meet additional conditions as the Secretary finds necessary to ensure the health and safety of individuals being furnished services under these programs and the effective and efficient furnishing of such services. This is a new set of providers (OTPs) and new treatments (methadone) compared to what Medicare was previously allowed to cover. Section 2005 states that, "the Secretary may implement this subsection through one or more bundles based on the type of medication provided (such as buprenorphine, methadone, naltrexone, or a new innovative drug)."

The CMS has established a new provider specialty code for opioid treatment programs (OTP) (D5).

CMS is creating a new POS code (POS 58) as follows:

POS 58: Non-residential Opioid Treatment Facility

Descriptor: A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).

Unless prohibited by national policy to the contrary, Medicare not only recognizes valid POS codes from the POS code set but also adjudicates claims having these codes. Although the Medicare program does not always have the same need for setting specificity as other payers, including Medicaid, adjudicating the claims eases the coordination of benefits for Medicaid and other payers who may need the specificity afforded by the entire POS code set.

Claims for covered services rendered in a Non-residential Opioid Treatment Facility setting, if payable by Medicare, shall be paid at the non-facility rate.

The information contained in this change request (CR) is based on proposed policies to implement the new benefit for opioid use disorder treatment services provided by opioid treatment programs, published as a rider in the CY 2020 PFS proposed rule. All polices are subject to change pending the publication of the final payment policies in the CY 2020 PFS final rule. If there are changes to these proposed policies made in response to public comments in the final rule, CMS will provide further instruction

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11353 - 06.1	Contractors shall include provider specialty code opioid treatment programs (OTP) (D5) with their submission for CROWD Form "F" (Participating Physician/Supplier Report), in accordance with Publication 100-06, Chapter 6.		X				X			CROWD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

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): Joseph Shultz, 410-786-2656 or Joseph.Schultz@cms.hhs.gov (Provider Enrollment Contact) , Lindsey Baldwin, lindsey.baldwin@cms.hhs.gov , Mark Baldwin, mark.baldwin@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

400.5 - Non-Physician Practitioner/Supplier Specialty Codes

(Rev.333, Issued: 12-27-19, Effective: 01-01-20, Implementation: 01-06-20)

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	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 Provider
89	Certified Clinical Nurse Specialist
95	Unknown Supplier
97	Physician Assistant
C1	Centralized Flu
C2	Indirect Payment Procedure
C4	Restricted Use
D1	Medicare Diabetes Prevention Program
D2	Restricted Use
D5	*Opioid Treatment Program*

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”.

420 - Exhibit

(Rev.333, Issued: 12-27-19, Effective: 01-01-20, Implementation: 01-06-20)

Exhibit - Participating Physician/Supplier Report - Screen 1

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
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

	Participants			Non-Participants		Par Drop-Out Current (6)	Non-Par Sign-Up Current (7)	Par Disenrolls (8)
SPECIALTY CODE/GROUP	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)			
01-PHY								
02-PHY								
03-PHY								
04-PHY								
05-PHY								
06-PHY								
07-PHY								
08-PHY								
09-PHY								
10-PHY								
11-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 2

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

12 Osteopathic Manipulative Medicine
13 Neurology
14 Neurosurgery
15 Speech Language Pathologist in Private Practice
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

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)			
12-PHY								
13-PHY								
14-PHY								
15-NPP								
16-PHY								
17-PHY								
18-PHY								
19-LLP								
20-PHY								
21-PHY								
22-PHY								
23-PHY								
24-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 3

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

25 Physical Medicine and Rehabilitation
26 Psychiatry
27 Geriatric Psychiatry
28 Colorectal Surgery (formerly Proctology)
29 Pulmonary Disease
30 Diagnostic Radiology
31 Intensive Cardiac Rehabilitation (ICR)
32 Anesthesiologist Assistant
33 Thoracic Surgery
34 Urology
35 Chiropractic
36 Nuclear Medicine
37 Pediatric Medicine

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)			
25-PHY								
26-PHY								
27-PHY								
28-PHY								
29-PHY								
30-PHY								
31-SUP								
32-NPP								
33-PHY								
34-PHY								
35-LLP								
36-PHY								
37-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 4

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

38 Geriatric Medicine
39 Nephrology
40 Hand Surgery
41 Optometry
42 Certified Nurse Midwife
43 Certified Registered Nurse Anesthetist (CRNA)
44 Infectious Disease
45 Mammography Screening Center
46 Endocrinology
47 Independent Diagnostic Testing Facility (DTL)
48 Podiatry
49 Ambulatory Surgical Center
50 Nurse Practitioner

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)			
38-PHY								
39-PHY								
40-PHY								
41-LLP								
42-NPP								
43-NPP								
44-PHY								
45-SUP								
46-PHY								
47-SUP								
48-LLP								
49-SUP								
50-NPP								

Exhibit 1 - Participating Physician/Supplier Report - Screen 5

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

59 Ambulance Service Supplier
60 Public Health/Welfare Agency
61 Volunteer Health/Charitable Agency
62 Psychologist (Billing Independently)
63 Portable X-Ray Supplier (Billing Independently)
64 Audiologist (Billing Independently)
65 Physical Therapist in Private Practice
66 Rheumatology
67 Occupational Therapist in Private Practice
68 Clinical Psychologist
69 Clinical Laboratory (Billing Independently.)
70 Single or Multispecialty Clinic or Group Practice
71 Registered Dietitian/Nutrition Professional

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)			
59-SUP								
60-SUP								
61-SUP								
62-NPP								
63-SUP								
64-NPP								
65-NPP								
66-PHY								
67-NPP								
68-NPP								
69-SUP								
70-PHY								
71-NPP								

Exhibit 1 - Participating Physician/Supplier Report - Screen 6

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

72 Pain Management
73 Mass Immunization Roster Biller
74 Radiation Therapy Centers
75 Slide Preparation Facilities
76 Peripheral Vascular Disease
77 Vascular Surgery
78 Cardiac Surgery
79 Addiction Medicine
80 Licensed Clinical Social Worker
81 Critical Care (Intensivist)
82 Hematology
83 Hematology/Oncology
84 Preventative Medicine

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)			
72-PHY								
73-SUP								
74-SUP								
75-SUP								
76-PHY								
77-PHY								
78-PHY								
79-PHY								
80-NPP								
81-PHY								
82-PHY								
83-PHY								
84-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 7

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

85 Maxillofacial Surgery
86 Neuropsychiatry
88 Unknown Provider
89 Certified Clinical Nurse Specialist
90 Medical Oncology
91 Surgical Oncology
92 Radiation Oncology
93 Emergency Medicine
94 Interventional Radiology
95 Unknown Supplier
97 Physician Assistant
98 Gynecological Oncology
99 Unknown Physician Specialty

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)			
85-LLP								
86-PHY								
88-NPP								
89-NPP								
90-PHY								
91-PHY								
92-PHY								
93-PHY								
94-PHY								
95-SUP								
97-NPP								
98-PHY								
99-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 8

PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES

A5 Pharmacy
C0 Sleep Medicine
C1 Centralized Flu
C2 Indirect Payment Procedure
C3 Interventional Cardiology
C4 Restricted Use
C5 General Dentist
C6 Hospitalist
C7 Advanced Heart Failure and Transplant Cardiology
C8 Medical Toxicology
C9 Hematopoietic Cell Transplantation and Cellular Therapy
D1 Medicare Diabetes Prevention Program
D2 Restricted Use
D3 Medical Genetics and Genomics
D4 Undersea and Hyperbaric Medicine
D5 Opioid Treatment Program

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)			
A5-SUP								
C0-PHY								
C1-NPP								
C2-NPP								
C3-PHY								
C4-RES								
C5-PHY								
C6-PHY								
C7-PHY								
C8-PHY								
C9-PHY								
D1-SUP								
D2-RES								
D3-PHY								
D4-PHY								
D5-SUP								

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.