

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1552	Date: July 18, 2008
	Change Request 5930

SUBJECT: VMS Recognition of New Specialty Codes for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) With Pedorthic Personnel, Medical Supply Companies With Pedorthic Personnel, and Rehabilitation Agencies. (DME MACs Only)

I. SUMMARY OF CHANGES: VMS, the standard system for DMEPOS supplier claims processing, must be able to recognize and accept specialty codes B2: Pedorthic Personnel, B3: Medical Supply Company with Pedorthic Personnel, and B4: Rehabilitation Agency for claims processing and payment.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

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

III. FUNDING:

SECTION A: For Fiscal Intermediaries and 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 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

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

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	
	table for the applicable states for payable prosthetic and orthotic specialties.										
5930.4	DME MACs shall update all of the HCPCS listed in CR 3959, Transmittal 656, in order to allow payment for specialty code B2 (Pedorthic Personnel) and specialty code B3 (Medical Supply Company with Pedorthic Personnel).		X						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:

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

CR 5576, Transmittal 280, established CMS specialty codes for DMEPOS suppliers with Pedorthic Personnel (B2), Medical Supply Companies with Pedorthic Personnel (B3), and Rehabilitation Agencies (B4).

V. CONTACTS

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VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) and 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 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.

10.8.3 - Nonphysician Practitioner, Supplier, and Provider Specialty Codes

(Rev.1552, Issued: 07-18-08, Effective: 01-01-09, Implementation: 01-05-09)

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

Code	Nonphysician Practitioner/Supplier/Provider Specialty
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

Code	Nonphysician Practitioner/Supplier/Provider Specialty
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
87	All other suppliers, e.g., Drug Stores
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
95	Available
96	Optician
97	Physician Assistant
A0	Hospital
A1	Skilled Nursing Facility

Code	Nonphysician Practitioner/Supplier/Provider Specialty
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
<i>B2</i>	<i>Pedorthic Personnel</i>
<i>B3</i>	<i>Medical Supply Company with Pedorthic Personnel</i>
<i>B4</i>	<i>Rehabilitation Agency</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".