



Provider Inquiry Assistance

Requirements for Specialty Codes – JA6303

Related CR Release Date: May 1, 2009

Date Job Aid Revised: May 8, 2009

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

Key Words MM6303, CR6303, R1725CP, Specialty

Contractors Affected

- Medicare Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Physicians and non-physician practitioners submitting claims to A/B MACs and/or carriers for services provided to Medicare beneficiaries



Change Request (CR) 6303 alerts providers that the Centers for Medicare & Medicaid Services (CMS) is revising the *Medicare Claims Processing Manual*, Chapter 26, Section 10.8 in order to clarify the criteria CMS considers when reviewing Medicare physician/non-physician practitioner specialty code requests.

Provider Needs to Know...

- Medicare contractors have been advised of the criteria CMS considers when reviewing Medicare physician/non-physician practitioner specialty code requests.
- When considering a request for expanding the specialty code list for physician and /non-physician practitioners, CMS will take into consideration the following:
 - Whether the requested specialty has the authority to bill Medicare independently;
 - The requester's clearly stated reason or purpose for the code;
 - Evidence that the practice pattern of the specialty is markedly different from that of the dominant parent specialty;
 - Evidence of any specialized training and/or certification required;
 - Whether the specialty treats a significant volume of the Medicare population;
 - Whether the specialty is recognized by another organization, such as the American

Board of Medical Specialties; and

- Whether the specialty has a corresponding Healthcare Provider Taxonomy Code.
- Medicare Carriers and A/B MACs may not approve/disapprove any specialty code requests. They must send all requests for specialty codes to CMS Central Office.

Background

- Medicare physician/non-physician practitioner specialty codes describe the specific/unique types of medicine that physicians and non-physician practitioners (and certain other suppliers) practice.
- Physicians and non-physician practitioners self-designate their Medicare physician specialty on their Medicare enrollment application (CMS-855I), which is available at <http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf> on the CMS website or on the Internet-based Provider Enrollment, Chain and Ownership System.
- Non-physician practitioners are assigned a Medicare specialty code when they enroll based on their profession.
- Specialty codes are used by CMS for programmatic and claims processing purposes.
- The specialty code becomes associated with the claims submitted by that physician or non-physician practitioner.
- CMS will consider certain criteria for approving or disapproving requests from physician specialty associations for inclusion in the list of Medicare physician/non-physician practitioner specialty codes.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6303.pdf> on the CMS website.

The official instruction (CR6303) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1725CP.pdf> on the CMS website.