

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9355 **Revised** **Related Change Request (CR) #:** CR 9355

Related CR Release Date: June 22, 2016 **Effective Date:** July 1, 2016 for MCS;
January 1, 2017 for MACs

Related CR Transmittal #: R3547CP and R269FM **Implementation Date:** July 5, 2016 for MCS,
January 3, 2017 for MACs

New Non-Physician Specialty Code for Dentist

Note: This article was revised on June 24, 2016, due to an updated Change Request (CR). The update changed the effective date to January 1, 2017, but the effective date for MCS remains July 1, 2016, the full implementation date to January 3, 2017, but the implementation date remains July 5, 2016 for MCS. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for Dentists and certain suppliers submitting claims to Medicare Administrative Contractors (MACs) for dental services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9355 announces that the Centers for Medicare & Medicaid Services (CMS) has created a new non-physician specialty code (C5) for Dentist.

Background

Physicians self-designate their Medicare physician specialty on the Medicare enrollment application ((CMS-855B, CMS-855I or CMS-855O) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. Non-physician practitioners are assigned a Medicare specialty code when they enroll.

The specialty code becomes associated with the claims that the physician or non-physician practitioner submits, and describes the specific/unique types of medicine that they (and

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certain other suppliers) practice. CMS uses specialty codes for programmatic and claims processing purposes.

Additional Information

Helpful Tip: The multi-carrier system (MCS) is Medicare's claims processing system that MACS use to process professional claims.

The official instruction, CR9355, issued to your MAC regarding this change consists of two transmittals. The first revises the “Medicare Claims Processing Manual” and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3547CP.pdf>. The second transmittal updates the “Medicare Financial Management Manual” and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R269FM.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

Document History

Date of Change	Description
June 24, 2016	The article was revised due to an updated Change Request (CR). The update change the effective date to January 1, 2017, but the effective date for MCS remains July 1, 2016, the full implementation date to January 3, 2017, but the implementation date remains July 5, 2016 for MCS.
January 31, 2016	Initial article post

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