

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



MLN Matters® Number: MM 9716 **Revised** Related Change Request (CR) #: CR 9716
Related CR Release Date: November 25, 2016 Effective Date: April 1, 2017
Related CR Transmittal #: R3637CP and R276FM Implementation Date: April 3, 2017

New Physician Specialty Code for Hospitalist

Note: This article was updated on November 28, 2016, to reflect a revised CR9716, issued on November 25. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9716 announces that the Centers for Medicare & Medicaid Services (CMS) has established a new physician specialty code for Hospitalist. The new code for Hospitalist is C6. Make sure your billing staffs are aware of this physician specialty code.

Background

When they enroll in the Medicare program, physicians self-designate their Medicare physician specialty on the Medicare enrollment application (CMS-855I or CMS-855O), or in the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). CMS uses these Medicare physician specialty codes, which describe the specific/unique types of medicine that physicians (and certain other suppliers) practice, for programmatic and claims processing purposes.

Medicare will also recognize the new code of C6 as a valid specialty for the following edits:

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- Ordering/certifying Part B clinical laboratory and imaging, durable medical equipment (DME), and Part A home health agency (HHA) claims
- Critical Access Hospital (CAH) Method II Attending and Rendering claims
- Attending, operating, or other physician or non-physician practitioner listed on CAH claims

Additional Information

The official instruction, CR9716, issued to your MAC regarding this change consists of two transmittals. The first updates the “Medicare Claims Processing Manual” and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3637CP.pdf>. The second updates the “Medicare /Financial Management Manual” at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R276FM.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

Document History

- November 28, 2016 – This article was updated to reflect a revised CR9716, issued on November 25. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.
- October 28, 2016 – Initial issuance.

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