

MLN Matters®

Information for Medicare Fee-For-Service Health Care Professionals



News Flash - The reporting period for the 2009 Physician Quality Reporting Initiative (PQRI) has begun. Eligible professionals choosing to participate in the 2009 PQRI through claims-based submission of individual quality measures should have started submitting appropriate 2009 Quality Data Codes on qualifying Part B claims with a date of service of January 1, 2009 or later. Information on the 153 2009 PQRI measures, release notes, detailed specifications, and a guide to assist implementing PQRI measure reporting are available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website. Information on alternative reporting periods and reporting criteria for satisfactory reporting of measures groups can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters Number: MM6303

Related Change Request (CR) #: 6303

Related CR Release Date: May 1, 2009

Effective Date: July 1, 2009

Related CR Transmittal #: R1725CP

Implementation Date: July 6, 2009

Note: This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

Requirements for Specialty Codes

Provider Types Affected

Physicians and non-physician practitioners submitting claims to Medicare Administrative Contractors (MACs) and/or carriers for services provided to Medicare beneficiaries.

Provider Action Needed

This article is informational only and is based on Change Request (CR) 6303 and alerts providers that the Centers for Medicare & Medicaid Services (CMS) is to 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.**

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

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 self-designate their Medicare physician specialty on their Medicare enrollment application (CMS-855I, which is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/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. Physicians and non-physician practitioners self-designate their Medicare physician/non-physician practitioner specialty on Form CMS-855I when they enroll in the Medicare program. The specialty code becomes associated with the claims submitted by that physician or non-physician practitioner. 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. Specialty codes are used by CMS for programmatic and claims processing purposes.

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. **Medicare Contractors (carriers and MACs) may not approve/disapprove any specialty code requests. They must send all requests specialty codes to CMS Central Office.**

Key Points of CR6303

- Your Medicare contractor has 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

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- Whether the specialty has a corresponding Healthcare Provider Taxonomy Code.

Additional Information

If you have questions, please contact your Medicare MAC or carrier at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website. The official instruction (CR6303) issued to your Medicare MAC and/or carrier is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1725CP.pdf> on the CMS website.

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