

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



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted 18 new FAQs about HIPAA version 5010 implementation, and one PDF document containing 27 Q&As specific to the Wednesday, March 30, CMS-hosted 5010 national provider teleconference on provider testing and readiness. To review these FAQs, visit the CMS FAQ database at <http://questions.cms.gov/> and search for “5010.” For more information, you can also go to http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/033011_National_Call_Resource_Mailbox_Qs_and_As.pdf on the CMS website.

MLN Matters® Number: MM7175 **Revised**

Related Change Request (CR) #: 7175

Related CR Release Date: June 24, 2011

Effective Date: April 1, 2011

Related CR Transmittal #: R2248CP

Implementation Date: April 4, 2011

Specialty Code for Advanced Diagnostic Imaging Services

Note: This article was updated on August 16, 2012, to reflect current Web addresses. Previously, it was revised on June 30, 2011, to reflect a revised CR7175 issued on June 24, 2011. In this article, the CR release date, transmittal number, the effective and implementation dates, and the Web address for accessing CR7175 have changed. In addition, specialty code 95 is changed to “open” status.

Provider Types Affected

This article is for physicians, providers, and suppliers who submit claims to Medicare carriers, Fiscal Intermediaries (FI), or Medicare Administrative Contractors (A/B MAC) for providing the technical component of advanced diagnostic imaging services to Medicare beneficiaries.

What You Need to Know

The Centers for Medicare & Medicaid Services (CMS) will keep specialty code 95 as “open” as opposed to using it to designate Advanced Diagnostic Imaging (ADI) Accreditation. (**Note:** Previously, CMS had designated this specialty code for the Competitive Acquisition Program for drugs project.) Instead of gathering this information through a second Medicare enrollment under a separate specialty code,

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the information that is used to verify accreditation will be sent by the three recognized accrediting organizations that accredit these providers/suppliers.

Additional Information

The official instruction, CR 7175, issued to your carrier, FI, or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2248CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC 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.

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