News Flash – It is not too late to participate in the 2010 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment. Eligible Professionals (EPs) may begin reporting eRx at any time throughout the 2010 program year (January 1 through December 31, 2010) to be incentive eligible. EPs do not need to sign up or pre-register to participate in the 2010 eRx. Intent to participate will be indicated by reporting one quality data code (G8553) for the eRx measure to the Centers for Medicare & Medicaid Services (CMS) through claims, or submission via a qualified registry or a qualified Electronic Health Record (EHR). To access all available educational resources on eRx please visit [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html) on the CMS website. Eligible Professionals are encouraged to check the eRx web page often for the latest information and downloads.

MLN Matters® Number: MM7209
Related Change Request (CR) #: 7209
Related CR Release Date: November 19, 2010
Effective Date: April 1, 2011
Related CR Transmittal #: R2098
Implementation Date: April 4, 2011

New Physician Specialty Codes for Cardiac Electrophysiology and Sports Medicine

Note: This article was updated on September 4, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

This article is for physicians and non-physician practitioners who bill Medicare carriers and Medicare Administrative Contractors (A/B MAC) for providing cardiac electrophysiology and sports medicine services to Medicare beneficiaries.

What You Need to Know

Medicare physician and 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 the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing.

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.
purposes, each code becoming associated with the claims that a physician or non-
physician practitioner submits.

NOTE: Physicians, who enroll in Medicare, self-designate their Medicare
physician specialty on the Medicare enrollment application (CMS-855I) or
Internet-based Provider Enrollment, Chain and Ownership System;
however, non-physician practitioners are assigned a Medicare specialty
code when they enroll.

CR 7209, from which this article is taken, announces that (effective April 1, 2011)
CMS will establish new physician specialty codes for Cardiac Electrophysiology
and Sports Medicine. These codes are:

- Cardiac Electrophysiology – 21; and

You should ensure that your billing staffs are aware of these new physician
specialty codes.

Additional Information

You can find CR 7209, located at http://www.cms.gov/Regulations-and-
Guidance/Guidance/Transmittals/downloads/R2098CP.pdf on the CMS
website. If you have any questions, please contact your carrier 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.

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.