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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-06 Medicare Financial Management | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 159 | Date: October 9, 2009 |
| | Change Request 6613 |

SUBJECT: Add Physician Specialty Code 27 (Geriatric Psychiatry) to CROWD Form F (Participating Physicians/Supplier Report)

I. SUMMARY OF CHANGES: This Change Request updates the Physician Specialty Code Table to include Specialty Code 27 (Geriatric Psychiatry)

NEW / REVISED MATERIAL

EFFECTIVE DATE: *April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | Chapter / Section / Subsection / Title |
|-------|--|
| R | 6/390.1/Purpose and Scope |
| R | 6/400.3/Specialty Codes |
| R | 6/420/Exhibits |

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

| | | | |
|--------------------|-------------------------|------------------------------|-----------------------------|
| Pub. 100-06 | Transmittal: 159 | Date: October 9, 2009 | Change Request: 6613 |
|--------------------|-------------------------|------------------------------|-----------------------------|

SUBJECT: Add Physician Specialty Code 27 (Geriatric Psychiatry) to CROWD Form F (Participating Physician/Supplier Report)

EFFECTIVE DATE: April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

I. GENERAL INFORMATION

A. Background:

Contractors (Carriers and Part B A/B MACs), annually report by Specialty Code, via CROWD Form F, the number of participating and non-participating physicians, non-physician practitioners, and suppliers. Specialty Code 27 (Geriatric Psychiatry) is being added to Chapter 6, Section 400.3 - Specialty Codes and Section 420 - Exhibits.

B. Policy:

This Change Request is a response to Provider Enrollment's CR 6533 which adds this Specialty Code to CMS 855I, under which physicians self-designate their Medicare physician specialty. As noted in Background, CROWD has to be updated to include this additional Specialty Code.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|--------|--|---|---------------------------|---------------------------|-----------------------|---------------------------|------------------------------|---|---|---|-----------------------|-----------------------|
| | | A / B M A C | D M M A C | F I M A C | C A R E R | R H I S S | Shared-System Maintainers | | | | O T H E R | |
| | | F | M | V | C | I | S | S | S | W | F | |
| 6613.1 | Contractors shall add Specialty Code 27 (Geriatric Psychiatry) to their annual CROWD Form F submission in accordance with Chapter 6, Sections 400.3 and 420. | X | | | X | | | | | | | C R O W D |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|-------------|---|--------------------------------|---------------------------|---------------------------------|------------------|------------------------------|-------------|-------------|-------------|-----------|
| | | A / B M A C | D M E M A C | F I M A C | C A R R I E R | R H H I | Shared-System Maintainers | | | | OTH ER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | None | | | | | | | | | | |

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Ken Frank @ 410.786.5659 (kenneth.frank@cms.hhs.gov)

Post-Implementation Contact(s): Ken Frank @ 410.786.5659 (kenneth.frank@cms.hhs.gov)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

390.1 - Purpose and Scope

(Rev.159, Issued: 10-09-09, Effective: 04-01-10, Implementation: 04-05-10)

This report enables CMS to gather data for administrative purposes on the number of Physicians, Non-Physician Practitioners and Suppliers, by Specialty Code, electing to participate in CMS' Participating Physician/Supplier Program.

400.3 – Specialty Codes

(Rev.159, Issued: 10-09-09, Effective: 04-01-10, Implementation: 04-05-10)

For the list of Physician, Non-Physician Practitioner and Supplier Specialty Codes, see Pub. 100-04, Medicare Claims Processing Manual, Chapter 26, Sections 10.8.2 and 10.8.3.

The contractor counts individual participants by specialty. It does not count an individual more than once, even if the individual practices in more than one setting.

** Mass Immunization Roster Biller – Can be designated as either a Physician or a Supplier.*

Note: Refer to the pre-April 2010 version for DMERC activity (Calendar Years 1993-2007)

Exhibit 1 - Participating Physician/Supplier Report - Screen 8

**PARTICIPATING PHYSICIAN/SUPPLIER REPORT
SPECIALTY CODES**

Total Physicians - The contractor enters in the appropriate column the total of all specialty codes applicable to physicians.

Total NPPs - The contractor enters in the appropriate column the total of all specialty codes applicable to NPPs.

Total Physicians/NPPs - The contractor enters in the appropriate column the sum of all physicians and NPPs.

Total Suppliers - The contractor enters in the appropriate column the total of all specialty codes applicable to suppliers.

| SPECIALTY CODE/GROUP | Participants | | | Non-Participants | | Par Drop-Out Current (6) | Non-Par Sign-Up Current (7) | Par Disenrolls (8) |
|----------------------|--------------|-------------|--------------------|------------------|-------------|--------------------------|-----------------------------|--------------------|
| | Prior (1) | Current (2) | <i>Contin.</i> (3) | Prior (4) | Current (5) | | | |
| | | | | | | | | |
| TOTALs | | | | | | | | |
| | | | | | | | | |
| PHYS* | | | | | | | | |
| NPPs* | | | | | | | | |
| PHYS/NPPs* | | | | | | | | |
| | | | | | | | | |
| SUPs* | | | | | | | | |
| | | | | | | | | |

* These lines do not represent specific specialty codes. They are the totals of the specialty sub-groups.