

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2030</b>	<b>Date: August 20, 2010</b>
	<b>Change Request 6891</b>

**SUBJECT: New Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Specialty Code for Ocularists**

**I. SUMMARY OF CHANGES:** The Centers for Medicare and Medicaid Services (CMS) will establish a new Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) specialty code for Ocularists. The new DMEPOS specialty code for Ocularists will be B5.

**EFFECTIVE DATE: April 1, 2011**

**IMPLEMENTATION DATE: January 3, 2011 – VMS to do Analysis and Design  
April 4, 2011 – Final Implementation**

*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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	26/10.8.3/Nonphysician Practitioner, Supplier, and Provider Specialty Codes

**III. FUNDING:**

**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.

**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

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**EFFECTIVE DATE: April 1, 2011**

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) will establish a new DMEPOS specialty code for Ocularists. The new DMEPOS specialty code for Ocularists will be B5.

**B. Policy:** Specialty codes are used by CMS for programmatic and claims processing purposes. They are used in expenditure analysis. Medicare contractors use specialty code data to develop claims processing edits. Medicare contractors will designate Ocularists as specialty code B5.

## 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 E A C	F I  M A C	C A R I E R	R H I  I  S	Shared-System Maintainers				OTHE R
						F I S S	M C S	V M S	C W F		
6891.1	Contractors shall make all necessary changes to recognize and use the new DMEPOS specialty code B5 as a valid primary and/or secondary specialty code for Ocularists.		X					X			
6891.2	The Provider Enrollment, Chain and Ownership System shall make the necessary changes to recognize and use the new DMEPOS specialty code B5 as a valid specialty code for Ocularists.									PECOS	
6891.3	VIPS shall add and recognize the new DMEPOS specialty code B5 as a valid specialty code for Ocularists.							X			

### 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	C A R R I E R	R H H I	Shared-System Maintainers				OTHE R
							F I S S	M C S	V M S	C W F	
6891.4	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>		X								

### IV. SUPPORTING INFORMATION

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

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	None

**Section B: For all other recommendations and supporting information, use this space: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Ann Marie Reimer (Vale) (410) 786-4898

**Post-Implementation Contact(s):** Ann Marie Reimer (Vale) (410) 786-4898

## **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)*, include the following statement:**

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.

**10.8.3 - Nonphysician Practitioner, Supplier, and Provider Specialty Codes**  
*(Rev. 2030, Issued: 08-20-10, Effective: 01-01-11, Implementation: 01-03-11 – VMS to do Analysis and Design, 04-04-11 – Final Implementation)*

The following list of 2-digit codes and narrative describe the kind of medicine non-physician practitioners or other healthcare providers/suppliers practice.

<b>Code</b>	<b>Non-physician Practitioner/Supplier/Provider Specialty</b>
15	Speech Language Pathologists
31	Intensive Cardiac Rehabilitation
32	Anesthesiologist Assistant
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
45	Mammography Screening Center
47	Independent Diagnostic Testing Facility (IDTF)
49	Ambulatory Surgical Center
50	Nurse Practitioner
51	Medical supply company with orthotic personnel certified by an accrediting organization
52	Medical supply company with prosthetic personnel certified by an accrediting organization
53	Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
55	Individual orthotic personnel certified by an accrediting organization
56	Individual prosthetic personnel certified by an accrediting organization
57	Individual prosthetic/orthotic personnel certified by an accrediting organization
58	Medical Supply Company with registered pharmacist

<b>Code</b>	<b>Non-physician Practitioner/Supplier/Provider Specialty</b>
59	Ambulance Service Supplier, e.g., private ambulance companies, funeral homes
60	Public Health or Welfare Agencies (Federal, State, and local)
61	Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities)
62	Clinical Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
71	Registered Dietician/Nutrition Professional
73	Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
80	Licensed Clinical Social Worker
87	All other suppliers, e.g., Drug Stores
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
95	Available
96	Optician
97	Physician Assistant
A0	Hospital

<b>Code</b>	<b>Non-physician Practitioner/Supplier/Provider Specialty</b>
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Nursing Facility, Other
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
B2	Pedorthic Personnel
B3	Medical Supply Company with Pedorthic Personnel
B4	Rehabilitation Agency
<i>B5</i>	<i>Ocularist</i>

**NOTE: Specialty Code Use for Service in an Independent Laboratory.** For services performed in an independent laboratory, show the specialty code of the physician ordering the x-rays and requesting payment. If the independent laboratory requests payment, use type of supplier code "69".