

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-06 Medicare Financial Management</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 209</b>	<b>Date: April 27, 2012</b>
	<b>Change Request 7600</b>

**SUBJECT: New Physician Specialty Code for Sleep Medicine and Sports Medicine**

**I. SUMMARY OF CHANGES:** Addition of C0 Sleep Medicine Specialty will add changes to the CROWD report.

**EFFECTIVE DATE: April 1, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	6/150/Part D(1) - Claims Processing Timeliness - All Claims
R	6/170.3/Part E - Interest Payment Data
R	6/260.1/Classification of Claims for Accounting
R	6/400.4/Physician/Limited License Physician Specialty Codes
R	6/400.5/Non-Physician Practitioner/Supplier Specialty Codes
R	6/420/Exhibit
R	6/470.4/Definitions of Provider Specialty Codes for Opt Out Reporting
R	6/470.5/Exhibit

**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

Pub. 100-06	Transmittal: 209	Date: April 27, 2012	Change Request: 7600
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**SUBJECT: New Physician Specialty Code for Sleep Medicine and Sports Medicine**

**Effective Date: April 1, 2012**

**Implementation Date: October 1, 2012**

## I. GENERAL INFORMATION

**A. Background:** Physicians self-designate their Medicare physician specialty on the Medicare enrollment application (CMS-855I) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. Non-physician practitioners are assigned a Medicare specialty code when they enroll. 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.

**B. Policy:** The Centers for Medicare & Medicaid Services (CMS) will establish a new physician specialty code for Sleep Medicine. The new physician specialty code for Sleep Medicine will be C0.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R	Shared-System Maintainers				OTHER
		/	M	I	A	H	F	M	V	C	
		B	E		R	I	I	C	M	W	
		M	M		I		S	S	S	F	
		A	A		E		S	S	S	F	
		C	C		R		S	S	S	F	
7600.1	Contractors shall include Physician Specialty Code C0 (Sleep Medicine) with their submissions for CROWD Forms 'F' (Participating Physicians) and '8' (Opt Out), in accordance with Publication 100-06, Chapter 6.	X			X						CROWD

### 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 I E R	R H I	Shared-System Maintainers				OTHER
						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: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Ken Frank (410.786.5659) [kenneth.frank@cms.hhs.gov](mailto:kenneth.frank@cms.hhs.gov) or Tiffany Stouder (410) 786-1854 Tiffany.Stouder1@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

### 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.

## **150 - Part D(1) - Claims Processing Timeliness - All Claims** *(Rev.)*

Pages 2-9 of the CMS-1565 include data on its activity in processing all claims to completion during the reporting period. A claim is counted as processed to completion on the scheduled payment date, which is the date the check is mailed, deposited in the provider's account, or transferred electronically. For non-paid claims, the date of completion is the date the MSN or other notice of final action on the claim is mailed. Data shown must be based on reliable counts of all claims (real and replicate) processing activity. The carrier does not estimate claim counts. It reports only data relating to initial claims (real and replicate) actions. It does not report data on requests for, or dispositions of, reviews, hearings, or reopenings of initial claim actions.

"Clean" claims are defined as those that do not require investigation or development external to the carrier's operation on a prepayment basis. Claims which do not meet the definition of "clean" are "other" claims. Claims paid are those for which some payment was made (i.e., payment greater than zero). Claims not paid are those for which no payment was made (i.e., claim charges applied completely toward deductible or fully denied).

On pages 2-9, the carrier reports:

- In column 1, the total number of claims processed to completion;
- In column 2, the number of "clean" claims paid;
- In column 3, the number of "other" claims paid;
- In column 4, the number of "clean" claims not paid;
- In column 5, the number of "other" claims not paid; and
- In column 6, the number of "clean" or "other" claims processed to completion, which were received via electronic media from providers or their billing agencies and read directly into the carrier's claims processing system. The carrier does not count on this line claims that it received in hardcopy and entered using an OCR device. It does not count any claims received in hardcopy and transformed into electronic media by any entity working for it directly or under subcontract.

The data in lines 1 through 37 of pages 2 through 9 represent the number of claims processed in the number of days shown on that line, counting from the date of receipt. Line 38 represents the sum of lines 1 -37. The date of receipt is defined for hard-copy and magnetic tape claims as the date of receipt in the mailroom. For EMC billed via terminal or equivalent, it is the date the claim passes all front-end edits. For split claims, whether required or replicate, the date of receipt is the date of receipt of the original claim material, not the date of the split.

To calculate the processing time for a claim, the carrier subtracts the Julian receipt date from the processed to completion Julian date. When the processed to completion date falls in the year following the year of receipt, it adds 365 to the Julian date of completion (or 366 if the year of receipt is a leap year). If a claim is processed to completion on the same day it is received, the processing time is one day. This definition applies to all lines of the report, including line 39.

On line 39, the carrier reports the mean processing time (PT) to one decimal place for each column. To calculate the mean PT, it adds the processing times for the claims shown in line 38 of that column, and divides by the number in line 38. It does not use the categories on the report to

calculate the mean PT. Because of the aggregation of claims in lines 34-37, it uses the processing times for individual claims, as explained below, to make this calculation.

Mean PT Calculation for All Claims - To determine the mean PT for all claims:

- Subtract the Julian date of receipt from the Julian date of payment or equivalent action for those not paid for each claim.
- Accumulate the result to cell counter for number of days for all claims.
- Divide this result by the total number of claims.
- Round to one decimal place.

**EXAMPLE:**

Claim	Julian Date Receipt	Paid	Counter by Days	Counter by Claims
A	87103	87133	30	1
B	87105	87206	101	2
C	87115	87177	62	3
D	87120	87213	93	4
E	87122	87215	93	5
F	87130	87223	93	6

Total Days = 30 + 101 + 62 + 93 + 93 + 93 = 472

Mean = 472/6 = 78.6666 = 78.7

The carrier completes the report for each of the following claim types:

- Page 2. **Assigned Physician** - It shows the number of assigned claims included on page 9 which involved services billed by physicians. Physicians are identified by specialty codes 01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98, 99 or **CO**.
- Page 3. **Assigned DME** - It shows the number of assigned claims included on page 9 which involved services billed by DME suppliers. DME suppliers are identified by specialty codes 51-58, 87, 88, 96, A0-A8 or B2-B5.
- Page 4. **Assigned Lab** - It shows the number of assigned claims included on page 9 which involved services billed by an independent laboratory. Independent laboratories are identified by specialty code 69.
- Page 5. **Assigned Ambulance** - It shows the number of assigned claims included on page 9 which involved services billed by ambulance service suppliers. Ambulance service suppliers are identified by specialty code 59.
- Page 6. **Assigned Other** - It shows the number of assigned non-physician claims included on page 9 but not represented on pages 3, 4, or 5.
- Page 7. **Unassigned** - It shows the number of unassigned claims (real and replicate) included on page 9.
- Page 8. **Participating Physician** - It shows the number of claims included on page 9 involving services rendered by physicians enrolled in the Medicare Physician/Supplier Participation Program.

Page 9. **All Claims** - It shows the total number of claims (real and replicate) processed during the month.

### **170.3 - Part E - Interest Payment Data**

*(Rev.)*

The carrier reports on Page 12 of the CMS-1565 data on the claims on which it paid interest because it paid the claims after the required payment date per §9311 of the Omnibus Reconciliation Act of 1986 (OBRA 1986). It bases data shown on reliable counts of all claims processing activity, not on estimates. It reports data on initial claims only. It includes in the report all claims requiring interest payments in the month. It reports claims in the month the date of payment falls. (For a discussion of interest payments refer to the Medicare Claims Processing Manual, Publication 100-04, Chapter 1, Sections 80.2.2 and 80.2.2.1).

The carrier completes the report for each column as follows:

- Column 1. Total - Data for all claims (real and replicate) for which interest payments were made during the month.
- Column 2. Assigned Physician - Data for the assigned claims included in column 1 which involved services billed by physicians. Physicians are identified by specialty codes 01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98, 99 or *C0*.
- Column 3. Assigned DME - Data for the assigned claims included in column 1 that involved services billed by DME suppliers. DME suppliers are identified by specialty codes 51-58, 87, 88, 96, A0-A8 or B2-B5.
- Column 4. Assigned Lab - Data for the assigned claims included in column 1 that involved services billed by an independent laboratory. Independent laboratories are identified by specialty code 69.
- Column 5. Assigned Ambulance - Data for the assigned claims included in column 1 that involved services billed by ambulance service suppliers. Ambulance service suppliers are identified by specialty code 59.
- Column 6. Assigned Other - Data for the assigned non-physician claims included in column 1 but not represented in columns 3, 4, or 5.
- Column 7. Unassigned - Data for the unassigned claims included in column 1.
- Column 8. Participating Physician - Data for claims involving services rendered by physicians enrolled in the Medicare Physician/Supplier Participation Program.

On line 1, the carrier shows the number of claims on which it paid interest in the reporting month. It reports on line 2 the number of claims included in line 1 for which it made payment one day after the required payment date (e.g., the required payment date is 17 days after receipt for participating physician claims received in FY 1992.) (See §9311 of OBRA 1986.) Data for lines 3-10 are similar to those for line 2.

The carrier calculates the number of days late by subtracting the Julian date of the required payment date from the Julian date of payment.

On line 11, it shows the amount paid in interest for claims reported in line 1. On lines 12-20, it shows the amount paid in interest for claims reported in lines 2-10, respectively. It shows dollar amounts on lines 11-20 to the nearest penny, and includes the decimal point.

## **260.1 - Classification of Claims for Counting**

*(Rev.)*

All claims data entered on the CMS-1565C must represent counts of claims (real and replicate) as defined in the Medicare Claims Processing Manual, Publication 100-04, Chapter 1, Section 70. The carrier classifies the claims on the report form as follows: (1) An assigned claim submitted by a non-participating physician or supplier; (2) An unassigned claim, usually submitted by a beneficiary and accompanied by bills from one or more physicians or suppliers; or (3) A claim submitted by a participating physician or supplier.

The terms "participating" and "non-participating" refer to whether or not the physician/supplier has signed an agreement to follow the provisions of the Medicare Physician/Supplier Participation Program. The carrier classifies claims as follows:

- A claim in which all services were provided when the physician/supplier was "participating" as a participant claim, and
- A claim with a mix of participant and non-participant services (including those cases where a physician/supplier has changed status) as a participant claim.

**NOTES:** An exception to the above is the unassigned claim involving services by a participating physician/supplier. If the carrier denies this type of claim, it classifies it as a non-participant, unassigned claim. When the corresponding claim is submitted by the beneficiary's physician (supplier), it classifies it as a participant claim.

The above classification rules apply only to claims. Services, covered charges, and disallowed charges should be allocated according to the participation status of the physician/supplier at the time the service was provided.

The carrier makes the distinction between physician and non-physician claims and services according to the coding used for the Bill Summary Record. It classifies those entities with specialty codes of 01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98, 99 or *CO* as physicians. It considers all others to be non-physicians.

**400.4 - Physician/Limited License Physician Specialty Codes**  
*(Rev.)*

The following list of codes and narrative describe the kind of medicine physicians practice.

<b>Code</b>	<b>Physician/Limited License Physician (LLP) Specialty Codes</b>
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Medicine
13	Neurology
14	Neurosurgery
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (Dentists only) (LLP)
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry
28	Colorectal Surgery (formerly Proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
33	Thoracic Surgery
34	Urology
35	Chiropractic (LLP)
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry (LLP)
44	Infectious Disease
46	Endocrinology
48	Podiatry (LLP)

<b>Code</b>	<b>Physician/Limited License Physician (LLP) Specialty Codes</b>
66	Rheumatology
70	Single or Multispecialty Clinic or Group Practice
72	Pain Management
73	Mass Immunization Roster Biller
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivist)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery (LLP)
86	Neuropsychiatry
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
99	Unknown Physician Specialty
<i>C0</i>	<i>Sleep Medicine</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 supplier code "69".

**400.5 - Non-Physician Practitioner/Supplier Specialty Codes**  
*(Rev.)*

The following list of 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 Specialty Codes</b>
15	<i>Speech Language Pathologist in Private Practice</i>
31	Intensive Cardiac Rehabilitation (ICR)
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
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
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
95	Reserved
97	Physician Assistant

**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 supplier code "69".















**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 LLPs** - The contractor enters in the appropriate column the total of all specialty codes applicable to limited license physicians.

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

**Total Physicians/LLPs/NPPs** - The contractor enters in the appropriate column the sum of all physicians, LLPs 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)	Contin. (3)	Prior (4)	Current (5)			
TOTALs								
PHYS*								
LLPs*								
NPPs*								
PHYS/LLPS/NPPs*								
SUPs*								

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

## **470.4 - Definitions of Provider Specialty Codes for Opt Out Reporting** *(Rev.)*

The carrier/A/B MAC counts individual providers by the specialties listed below. The contractor does not count an individual more than once, even if the individual practices in more than one setting. The specialties specific to opt outs are listed below.

### **Carrier/A/B MAC**

**General Practice** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 01.

**General Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 02.

**Allergy/Immunology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 03.

**Otolaryngology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 04.

**Anesthesiology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 05.

**Cardiology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 06.

**Dermatology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 07.

**Family Practice** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 08.

**Interventional Pain Management** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 09.

**Gastroenterology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 10.

**Internal Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 11.

**Osteopathic Manipulative Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 12.

**Neurology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 13.

**Neurosurgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 14.

**Obstetrics/Gynecology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 16.

**Hospice & Palliative Care** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 17.

**Ophthalmology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 18.

**Oral Surgery (Dentists Only)** - The carrier/A/B MAC enters in the appropriate column all dentists with specialty code 19.

**Orthopedic Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 20.

**Cardiac Electrophysiology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 21.

**Pathology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 22.

**Sports Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 23.

**Plastic and Reconstructive Therapy** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 24.

**Physical Medicine and Rehabilitation** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 25.

**Psychiatry** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 26.

**Geriatric Psychiatry** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 27.

**Colorectal Surgery (Formerly Proctology)** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 28.

**Pulmonary Disease** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 29.

**Diagnostic Radiology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 30.

**Anesthesiologist Assistants** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 32.

**Thoracic Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 33.

**Urology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 34.

**Nuclear Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 36.

**Pediatric Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 37.

**Geriatric Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 38.

**Nephrology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 39.

**Hand Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 40.

**Optometry** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 41.

**Certified Nurse Midwife** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 42.

**Certified Registered Nurse Anesthetist (CRNA) Anesthesia Assistant** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 43.

**Infectious Disease** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 44.

**Endocrinology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 46.

**Podiatry** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 48.

**Nurse Practitioner** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 50.

**Clinical Psychologist (Independent)** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 62.

**Rheumatology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 66.

**Clinical Psychologist** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 68.

**Registered Dietitian/Nutrition Professional** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 71.

**Pain Management** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 72.

**Peripheral Vascular Disease** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 76.

**Vascular Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 77.

**Cardiac Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 78.

**Addiction Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 79.

**Licensed Clinical Social Worker** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 80.

**Critical Care (Intensivist)** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 81.

**Hematology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 82.

**Hematology/Oncology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 83.

**Preventative Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 84.

**Maxillofacial Surgery** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 85.

**Neuropsychiatry** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 86.

**Unknown Supplier/Provider** - The carrier/A/B MAC enters in the appropriate column all suppliers/providers with specialty code 88.

**Certified Clinical Nurse Specialist** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 89.

**Medical Oncology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 90.

**Surgical Oncology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 91.

**Radiation Oncology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 92.

**Emergency Medicine** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 93.

**Interventional Radiology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 94.

**Physician Assistant** - The carrier/A/B MAC enters in the appropriate column all practitioners with specialty code 97.

**Gynecological Oncology** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 98.

**Unknown Physician Specialty** - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 99.

*Sleep Medicine - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code C0.*

**Total Physicians and Non-Physician Practitioners** - The carrier/A/B MAC enters in the appropriate month column (columns 1, 2 & 3) the total of all specialty codes applicable to physicians and non-physician practitioners.

**470.5 - Exhibit**  
**(Rev.)**

**Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 1**

**SCREEN 1**  
**PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT**  
**CONTRACTOR NO. \_\_\_\_\_ STATE: \_\_\_\_\_**  
**EXPLANATION OF SPECIALTY CODES:**

- |                       |                                      |
|-----------------------|--------------------------------------|
| 01 General Practice   | 08 Family Practice                   |
| 02 General Surgery    | 09 Interventional Pain Management    |
| 03 Allergy/Immunology | 10 Gastroenterology                  |
| 04 Otolaryngology     | 11 Internal Medicine                 |
| 05 Anesthesiology     | 12 Osteopathic Manipulative Medicine |
| 06 Cardiology         | 13 Neurology                         |
| 07 Dermatology        | 14 Neurosurgery                      |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS				
Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
01-PHY					
02-PHY					
03-PHY					
04-PHY					
05-PHY					
06-PHY					
07-PHY					
08-PHY					
09-PHY					
10-PHY					
11-PHY					
12-PHY					
13-PHY					
14-PHY					

For further definition of specialty categories, see Section 470.3.

**Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 2**

**SCREEN 2**

**PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT**

**CONTRACTOR NO. \_\_\_\_\_ STATE: \_\_\_\_\_**

**EXPLANATION OF SPECIALTY CODES:**

- 16 Obstetrics/Gynecology
- 17 Hospice & Palliative Care
- 18 Ophthalmology
- 19 Oral Surgery (Dentists Only)
- 20 Orthopedic Surgery
- 21 Cardiac Electrophysiology
- 22 Pathology

- 23 Sports Medicine
- 24 Plastic and Reconstructive Therapy
- 25 Physical Medicine and Rehabilitation
- 26 Psychiatry
- 27 Geriatric Psychiatry
- 28 Colorectal Surgery
- 29 Pulmonary Disease
- 30 Diagnostic Radiology

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
16-PHY						
17-PHY						
18-PHY						
19-PHY						
20-PHY						
21-PHY						
22-PHY						
23-PHY						
24-PHY						
25-PHY						
26-PHY						
27-PHY						
28-PHY						
29-PHY						
30-PHY						

For further definition of specialty categories, see Section 470.3.

**Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 3**

**SCREEN 3**

**PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT**

**CONTRACTOR NO. \_\_\_\_\_ STATE: \_\_\_\_\_**

**EXPLANATION OF SPECIALTY CODES:**

32 Anesthesiologist Assistants  
 33 Thoracic Surgery  
 34 Urology  
 36 Nuclear Medicine  
 37 Pediatric Medicine  
 38 Geriatric Medicine  
 39 Nephrology

40 Hand Surgery  
 41 Optometry  
 42 Certified Nurse Midwife  
 43 CRNA Anesthesia Assistant  
 44 Infectious Disease  
 46 Endocrinology  
 48 Podiatry

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
32-NPP						
33-PHY						
34-PHY						
36-PHY						
37-PHY						
38-PHY						
39-PHY						
40-PHY						
41-PHY						
42-NPP						
43-NPP						
44-PHY						
46-PHY						
48-PHY						

For further definition of specialty categories, see Section 470.3.

**Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 4**

**SCREEN 4**

**PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT**

**CONTRACTOR NO. \_\_\_\_\_ STATE: \_\_\_\_\_**

**EXPLANATION OF SPECIALTY CODES:**

- |  |                                    |
|--|------------------------------------|
| 50 Nurse Practitioner                  | 76 Peripheral Vascular Disease     |
| 62 Clinical Psychologist (Independent) | 77 Vascular Surgery                |
| 66 Rheumatology                        | 78 Cardiac Surgery                 |
| 68 Clinical Psychologist               | 79 Addiction Medicine              |
| 71 Registered Dietitian                | 80 Licensed Clinical Social Worker |
| 72 Pain Management                     | 81 Critical Care (Intensivist)     |
|  | 82 Hematology                      |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
50-NPP						
62-NPP						
66-PHY						
68-PHY						
71-NPP						
72-PHY						
76-PHY						
77-PHY						
78-NPP						
79-NPP						
80-NPP						
81-PHY						
82-PHY						

For further definition of specialty categories, see Section 470.3.

**Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 5**

**SCREEN 5**

**PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT**

**CONTRACTOR NO.** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**EXPLANATION OF SPECIALTY CODES:**

- |  |                                |
|--|--------------------------------|
| 83 Hematology/Oncology                 | 92 Radiation Oncology          |
| 84 Preventive Medicine                 | 93 Emergency Medicine          |
| 85 Maxillofacial Surgery               | 94 Interventional Radiology    |
| 86 Neuropsychiatry                     | 97 Physician Assistant         |
| 88 Unknown Supplier/Provider           | 98 Gynecological Oncology      |
| 89 Certified Clinical Nurse Specialist | 99 Unknown Physician Specialty |
| 90 Medical Oncology                    | <i>C0 Sleep Medicine</i>       |
| 91 Surgical Oncology                   |                                |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
83-PHY						
84-PHY						
85-PHY						
86-PHY						
88-NPP						
89-NPP						
90-PHY						
91-PHY						
92-PHY						
93-PHY						
94-PHY						
97-NPP						
98-PHY						
99-PHY						
<i>C0-PHY</i>						
Total						

For further definition of specialty categories, see Section 470.3.