

2207. CODING SPECIALTY CODES

- A. General Requirements.--Specialty codes are self-designated and describe the kind of medicine physicians, non-physician practitioners or other healthcare providers/suppliers practice. Appropriate use of specialty codes helps reduce inappropriate suspensions and improves the quality of utilization data.

A physician, non-physician practitioner or other healthcare provider or supplier will submit a specialty code change via the Form CMS-855 application. Update the specialty code that is submitted to CWF on the Part B Claim Record and the one used for prepayment and post payment medical review. This should also be consistent with your UPIN files and provider files. Follow the most cost-effective method for updating specialty codes.

Do not add any specialty codes to the list. Send all requests for expansion of the list to your regional office (RO). Your RO will forward the list to central office (CO). CO will consider whether the requestor has the authority to bill independently; the reason or purpose for the code expansion and if a current code would suffice; the requester is/are recognized by another organization, such as the American Board of Medical Specialties; and whether the specialty treats a significant volume of the Medicare population.

All physicians that have an UPIN must have a specialty code other than 70 multi-specialty "Clinic" or "Group Practice". Contact physicians who are listed as specialty 70 and obtain a valid specialty. Osteopathic codes and health care prepayment plans codes have been phased-out and been replaced with new codes.

- B. Primary/Secondary Codes.--Physicians are allowed to choose a primary and a secondary specialty code. If your provider file can accommodate only one specialty code, then assign the code that corresponds to the greater amount of allowed charges. For example, if the practice is 50 percent ophthalmology and 50 percent otolaryngology, compare the total allowed charges for the previous year for ophthalmology and otolaryngology services. Assign the code that corresponds to the greater amount of the allowed charges.

C. Physician Specialty Codes. -

Code	Physician Specialty
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 Therapy
13	Neurology
14	Neurosurgery
15	Unassigned
16	Obstetrics/Gynecology
17	Unassigned
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
21	Unassigned
22	Pathology
23	Unassigned
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Unassigned

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28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
31	Unassigned
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery

41	Optometry
44	Infectious Disease
46	Endocrinology
48	Podiatry
66	Rheumatology
70	Multispecialty Clinic or Group Practice
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
90	Medical Oncology
91	Surgical Oncology

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92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
99	Unknown Physician Specialty