CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 290	Date: July 14, 2017
	Change Request 9821

SUBJECT: New Specialty Code for Pharmacy

I. SUMMARY OF CHANGES: A new specialty code is being added for Pharmacy to align with the CMS-855B paper form. The Multi-Carrier System (MCS) shall receive the A5 code for Pharmacy from the Provider Enrollment Chain and Ownership System (PECOS) in the nightly extract file.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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	6/400.5/Non-Physician Practitioner/Supplier Specialty Codes
R	6/420/Exhibit

III. FUNDING:

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

Attachment - Business Requirements

SUBJECT: New Specialty Code for Pharmacy

EFFECTIVE DATE: January 1, 2018

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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

- **A. Background:** Providers and suppliers self-designate their Medicare specialty on the Medicare enrollment application (CMS-855B) or Internet-based Provider Enrollment Chain and Ownership System (PECOS) when they enroll in the Medicare program. Medicare provider and supplier specialty codes describe the specific/unique types of services the provider or supplier provides. Specialty codes are used by the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing purposes.
- **B.** Policy: CMS has established a new specialty code for Pharmacy (A5).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
			A/B		D		Sha			Other
		N	/IA	\mathbb{C}	M System E Maintainers					
		A	В	Н	E	Maintainers F M V C				
		A	Ь	Н	M		C	v M		
				Н	Α	S	S	S	F	
0021.1			37		С	S	37			CDOWD
9821.1	Contractors shall make all necessary changes to recognize and use the new provider/supplier specialty code A5 as a valid specialty code for Pharmacy.		X				X			CROWD, PECOS
9821.2	PECOS shall populate the MCS nightly extract file with the new specialty Pharmacy (A5).									PECOS
9821.2.1	After implementation of the change request (CR), PECOS shall convert all pharmacy providers currently enrolled under specialty 87 to A5. This conversion shall occur regardless of the provider's current enrollment status.									PECOS
9821.2.2	PECOS shall extract all converted pharmacy records to MCS to ensure both PECOS and MCS contain the accurate specialty.									PECOS
9821.2.3	PECOS shall produce and provide a list of pharmacy records (from the production environment) that will be converted from specialty code 87 to A5 to MACs and the STC 90 days prior to implementation. This list									PECOS

Number	Requirement	Re	espo	nsi	bilit					
	1		A/B	3	D			red-		Other
		N	ИAO	C	M E		•	tem aine		
		A	В	Н		F	M	t .	C	
				H H	M A	I S	C S	M S	W F	
				11	C	S	٥	٥	1	
	shall contain:									
	Contractor ID									
	Contractor Name									
	Legal Business Name of the pharmacy									
	National Provider Identifier									
	 Provider Transaction Access Number (PTAN), and 									
	Tax Identification Number									
	The list shall be sent to the contractors either through their Contracting Officer Representative (COR) or the Business Function Lead (BFL).									
9821.2.4	The contractor shall conduct positive and negative test cases to ensure that only the appropriate pharmacy specialty codes are changed from 87 to A5.		X							STC
9821.2.5	Contractors shall notify their Business Function Lead (BFL) if they have any concerns with records included on the PECOS data file, prior to the CR's implementation.		X							
9821.3	MCS shall process the A5 code for pharmacy from the nightly extract file from PECOS.						X			
9821.4	Contractors shall recognize the new specialty code, Pharmacy (A5) as a valid provider specialty.		X							
9821.5	Contractors shall include A5 code for pharmacy on the MCS participating provider's report (HVSRPARC) and corresponding CROWD Form F upload file.		X				X			
9821.6	Contractors shall include specialty code A5 (Pharmacy) with their submission for CROWD Form "F" (Participating Physician/Supplier Report), in accordance with Publication 100-06, Chapter 6.		X				X			CROWD

Number	Requirement	Re	Responsibil			
		N	A/B MAC		D M E	C E D
		A	В	H H H	M A C	1
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Alisha Banks, 410-786-0671 or alisha.banks@cms.hhs.gov , Sandhya Mathur, 410-786-3476 or sandhya.mathur@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

400.5 - Non-Physician Practitioner/Supplier Specialty Codes

(Rev. 290, Issued: 07-14-17, Effective: 01-01-18, Implementation: 01-02-18)

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

Code	Non-Physician Practitioner/Supplier Specialty Codes
15	Speech Language Pathologist in Private Practice
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	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 Provider
89	Certified Clinical Nurse Specialist
95	Unknown Supplier
97	Physician Assistant
A5	Pharmacy
C1	Centralized Flu
C2	Indirect Payment Procedure
C4	Restricted Use

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".

420 - Exhibit

(Rev. 290, Issued: 07-14-17, Effective: 01-01-18, Implementation: 01-02-18)

Exhibit - Participating Physician/Supplier Report - Screen 1

- 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

	Participants			Non-P	articipants	Par Drop-Out	Non-Par Sign-Up	Par
SPECIALTY	Prior	Current	Contin.	Prior	Current	Current	Current	Disenrolls
CODE/GROUP	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01-PHY								
02-PHY								
03-PHY								
04-PHY								
05-PHY								
06-PHY								
07-PHY								
08-PHY								
09-PHY								
10-PHY								
11-PHY								

- 12 Osteopathic Manipulative Medicine
- 13 Neurology
- 14 Neurosurgery
- 15 Speech Language Pathologist in Private Practice
- 16 Obstetrics/Gynecology
- 17 Hospice and Palliative Care
- 18 Ophthalmology
- 19 Oral Surgery (Dentists only)
- 20 Orthopedic Surgery
- 21 Cardiac Electrophysiology
- 22 Pathology
- 23 Sports Medicine
- 24 Plastic and Reconstructive Surgery

SPECIALTY		Participa	nnts	Non-P	articipants	Par Drop-Out	Non-Par Sign-Up	Par
CODE/GROUP	Prior (1)	Current (2)		Prior (4)	Current (5)	Current (6)		Disenrolls (8)
12-PHY								
13-PHY								
14-PHY								
15-NPP								
16-PHY								
17-PHY								
18-PHY								
19-LLP								
20-PHY								
21-PHY								
22-PHY								
23-PHY								
24-PHY								

- 25 Physical Medicine and Rehabilitation
- 26 Psychiatry
- 27 Geriatric Psychiatry
- 28 Colorectal Surgery (formerly Proctology)
- 29 Pulmonary Disease
- 30 Diagnostic Radiology
- 31 Intensive Cardiac Rehabilitation (ICR)
- 32 Anesthesiologist Assistant
- 33 Thoracic Surgery
- 34 Urology
- 35 Chiropractic
- 36 Nuclear Medicine
- 37 Pediatric Medicine

SPECIALTY CODE/GROUP	Prior (1)	Participa Current (2)	Non-P Prior (4)	articipants Current (5)	Par Drop-Out Current (6)	Non-Par Sign-Up Current (7)	Par Disenrolls (8)
25-PHY							
26-PHY							
27-PHY							
28-PHY							
29-PHY							
30-PHY							
31-SUP							
32-NPP							
33-PHY							
34-PHY							
35-LLP							
36-PHY							
37-PHY							

- 38 Geriatric Medicine
- 39 Nephrology
- 40 Hand Surgery
- 41 Optometry
- 42 Certified Nurse Midwife
- 43 Certified Registered Nurse Anesthetist (CRNA)
- 44 Infectious Disease
- 45 Mammography Screening Center
- 46 Endocrinology
- 47 Independent Diagnostic Testing Facility (DTL)
- 48 Podiatry
- 49 Ambulatory Surgical Center
- 50 Nurse Practitioner

SPECIALTY CODE/GROUP	Participants Prior Current Contin.				articipants	Par Drop-Out Current	Non-Par Sign-Up Current	Par Disenrolls
CODE/GROCI	(1)	(2)	Contin. (3)	Prior (4)	Current (5)	(6)	(7)	(8)
38-PHY								
39-PHY								
40-PHY								
41-LLP								
42-NPP								
43-NPP								
44-PHY								
45-SUP								
46-PHY								
47-SUP								
48-LLP								
49-SUP								
50-NPP								

- 59 Ambulance Service Supplier
- 60 Public Health/Welfare Agency
- 61 Volunteer Health/Charitable Agency
- 62 Psychologist (Billing Independently)
- 63 Portable X-Ray Supplier (Billing Independently)
- 64 Audiologist (Billing Independently)
- 65 Physical Therapist in Private Practice
- 66 Rheumatology
- 67 Occupational Therapist in Private Practice
- 68 Clinical Psychologist
- 69 Clinical Laboratory (Billing Independently)
- 70 Single or Multispecialty Clinic or Group Practice
- 71 Registered Dietitian/Nutrition Professional

						Par	Non-Par	_
SPECIALTY		Participa	ants	Non-P	articipants	Drop-Out		Par
CODE/GROUP	Prior	Current	Contin.	Prior	Current	Current	Current	Disenrolls
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
59-SUP								
60-SUP								
61-SUP								
62-NPP								
63-SUP								
64-NPP								
65-NPP								
66-PHY								
67-NPP								
68-NPP								
69-SUP								
70-PHY								
71-NPP								

- 72 Pain Management
- 73 Mass Immunization Roster Biller
- 74 Radiation Therapy Centers
- 75 Slide Preparation Facilities
- 76 Peripheral Vascular Disease
- 77 Vascular Surgery
- 78 Cardiac Surgery
- 79 Addiction Medicine
- 80 Licensed Clinical Social Worker
- 81 Critical Care (Intensivist)
- 82 Hematology
- 83 Hematology/Oncology 84 Preventative Medicine

						Par	Non-Par	
SPECIALTY	Participants			Non-Participants		Drop-Out		Par
CODE/GROUP	Prior	Current	Contin.	Prior	Current	Current	Current	Disenrolls
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
72-PHY								
73-SUP								
74-SUP								
75-SUP								
76-PHY								
77-PHY								
78-PHY								
79-PHY								
80-NPP								
81-PHY								
82-PHY								
83-PHY								
84-PHY								

- 85 Maxillofacial Surgery
- 86 Neuropsychiatry
- 88 Unknown Provider
- 89 Certified Clinical Nurse Specialist
- 90 Medical Oncology
- 91 Surgical Oncology
- 92 Radiation Oncology
- 93 Emergency Medicine
- 94 Interventional Radiology
- 95 Unknown Supplier
- 97 Physician Assistant
- 98 Gynecological Oncology
- 99 Unknown Physician Specialty

				-				
						Par	Non-Par	
SPECIALTY		Participa	ants	Non-Participants		Drop-Out	Sign-Up	Par
CODE/GROUP	Prior	Current	Contin.	Prior	Current	Current	Current	Disenrolls
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
85-LLP								
86-PHY								
88-NPP								
89-NPP								
90-PHY								
91-PHY								
92-PHY								
93-PHY								
94-PHY								
95-SUP								
97-NPP								
98-PHY								
99-PHY								

PARTICIPATING PHYSICIAN/SUPPLIER REPORT SPECIALTY CODES

A5 Pharmacy

- C0 Sleep Medicine
- C1 Centralized Flu
- C2 Indirect Payment Procedure
- C3 Interventional Cardiology
- C4 Restricted Use
- C5 Dentist
- C6 Hospitalist

SPECIALTY	Participants			Non-Participants		Par Drop-Out	Non-Par Sign-Up	Par
	Prior (1)	Current (2)		Prior (4)	Current (5)	Current (6)	Current (7)	Disenrolls (8)
A5-SUP								
C0-PHY								
C1-NPP								
C2-NPP								
С3-РНҮ								
C4-RES								
С5-РНҮ								
С6-РНҮ								

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.

						Par	Non-Par	
SPECIALTY	Participants			Non-Participants				Par
CODE/GROUP	Prior	Current	Contin.	Prior	Current	Current	Current	Disenrolls
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TOTALs								
PHYs*								
LLPs*								
NPPs*								
PHYs/LLPS/NPPs*								
SUPs*								

 $[\]ensuremath{^*}$ These lines do not represent specific specialty codes. They are the totals of the specialty sub-groups.