

<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 290</b>	<b>Date: July 14, 2017</b>
	<b>Change Request 9821</b>

**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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>shall contain:</p> <ul style="list-style-type: none"> <li>• Contractor ID</li> <li>• Contractor Name</li> <li>• Legal Business Name of the pharmacy</li> <li>• National Provider Identifier</li> <li>• Provider Transaction Access Number (PTAN), and</li> <li>• Tax Identification Number</li> </ul> <p>The list shall be sent to the contractors either through their Contracting Officer Representative (COR) or the Business Function Lead (BFL).</p>									
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 (HVSRRPARC) 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

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

**IV. SUPPORTING INFORMATION**

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**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):**

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**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
<i>A5</i>	<i>Pharmacy</i>
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".



















**Exhibit 1 - Participating Physician/Supplier Report - Screen 9**

**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)			
<b>TOTALs</b>								
<b>PHYS*</b>								
<b>LLPs*</b>								
<b>NPPs*</b>								
<b>PHYS/LLPS/NPPs*</b>								
<b>SUPs*</b>								

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