CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 159	Date: October 9, 2009
	Change Request 6613

SUBJECT: Add Physician Specialty Code 27 (Geriatric Psychiatry) to CROWD Form F (Participating Physicians/Supplier Report)

I. SUMMARY OF CHANGES: This Change Request updates the Physician Specialty Code Table to include Specialty Code 27 (Geriatric Psychiatry)

NEW / REVISED MATERIAL

EFFECTIVE DATE: *April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

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	6/390.1/Purpose and Scope
R	6/400.3/Specialty Codes
R	6/420/Exhibits

III. FUNDING:

SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

Business Requirements Manual Instruction

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

Attachment - Business Requirements

SUBJECT: Add Physician Specialty Code 27 (Geriatric Psychiatry) to CROWD Form F (Participating Physician/Supplier Report)

EFFECTIVE DATE: April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

I. GENERAL INFORMATION

A. Background:

Contractors (Carriers and Part B A/B MACs), annually report by Specialty Code, via CROWD Form F, the number of participating and non-participating physicians, non-physician practitioners, and suppliers. Specialty Code 27 (Geriatric Psychiatry) is being added to Chapter 6, Section 400.3 - Specialty Codes and Section 420 - Exhibits.

B. Policy:

This Change Request is a response to Provider Enrollment's CR 6533 which adds this Specialty Code to CMS 855I, under which physicians self-designate their Medicare physician specialty. As noted in Background, CROWD has to be updated to include this additional Specialty Code.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)						n each			
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н	1	Syst	tem		ER
		В	Е		R	Н	M	aint			
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
6613.1	Contractors shall add Specialty Code 27 (Geriatric	X			X						CRO
	Psychiatry) to their annual CROWD Form F submission										WD
	in accordance with Chapter 6, Sections 400.3 and 420.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		Α	D	F	C	R	R Shared-			OTH	
		/	M	I	A	Н	System			ER	
		В	Е		R	Н	Maintainers 1		ers		
					R	I	F	M	V	C	
		M	M		I		Ι	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None										

IV. SUPPORTING INFORMATION

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

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Ken Frank @ 410.786.5659 (<u>kenneth.frank@cms.hhs.gov</u>)

Post-Implementation Contact(s): Ken Frank @ 410.786.5659 (<u>kenneth.frank@cms.hhs.gov</u>)

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.

390.1 - Purpose and Scope

(Rev.159, Issued: 10-09-09, Effective: 04-01-10, Implementation: 04-05-10)

This report enables CMS to gather data for administrative purposes on the number of Physicians, Non-Physician Practitioners and Suppliers, by Specialty Code, electing to participate in CMS' Participating Physician/Supplier Program.

400.3 – Specialty Codes

(Rev.159, Issued: 10-09-09, Effective: 04-01-10, Implementation: 04-05-10)

For the list of Physician, Non-Physician Practitioner and Supplier Specialty Codes, see Pub. 100-04, Medicare Claims Processing Manual, Chapter 26, Sections 10.8.2 and 10.8.3.

The contractor counts individual participants by specialty. It does not count an individual more than once, even if the individual practices in more than one setting.

* Mass Immunization Roster Biller – Can be designated as either a Physician or a Supplier.

Note: Refer to the pre-April 2010 version for DMERC activity (Calendar Years 1993-2007)

420 – Exhibits

(Rev.159, Issued: 10-09-09, Effective: 04-01-10, Implementation: 04-05-10)

Exhibit 1 - 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 Therapy
- 13 Neurology
- 14 Neurosurgery
- 15 Speech Language Pathologist
- 16 Obstetrics/Gynecology
- 17 Hospice and Palliative Care
- 18 Ophthalmology
- 19 Oral Surgery
- 20 Orthopedic Surgery
- 21 Reserved
- 22 Pathology
- 23 Reserved
- 24 Plastic *and Reconstructive* Surgery

[
						Par	Non-Par	
SPECIALTY	Participants			Non-P	articipants	Drop-Out	Sign-Up	Par
CODE/GROUP	Prior	Current		Prior	Current	Current	Current	Disenrolls
	III I					(6)	(7)	(8)
	(1)	(2)	(3)	(4)	(5)	(0)	(,,	(0)
12-PHY								
13-PHY								
14-PHY								
14-РП 1								
15-NPP								
16-PHY								
17-PHY								
18-PHY								
19-PHY								
20-PHY								
21-RES								
22-PHY								
23-RES								
24-PHY								

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

SPECIALTY		Participa	nnts	Non-P	articipants	Par Drop-Out	Non-Par Sign-Up	Par
CODE/GROUP	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)	Current (6)	Current (7)	Disenrolls (8)
25-PHY								
26-PHY								
27-РНҮ								
28-PHY								
29-PHY								
30-PHY								
31-RES								
32-NPP								
33-PHY								
34-PHY								
35-PHY								
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		Participa	nts	Non-P	articipants	Par Drop-Out		Par
CODE/GROUP	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)	Current (6)	Current (7)	Disenrolls (8)
38-PHY								
39-PHY								
40-PHY								
41-PHY								
42-NPP								
43-NPP								
44-PHY								
45-SUP								
46-PHY								
47-SUP								
48-PHY								
49-SUP								
50-NPP								

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

SPECIALTY		Participa	ants	Non-P	articipants	Par Drop-Out		Par
CODE/GROUP	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)	Current (6)	Current (7)	Disenrolls (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 Reserved
- 75 Reserved
- 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

SPECIALTY		Participa			articipants	Par Drop-Out		Par
CODE/GROUP	Prior (1)	Current (2)	Contin. (3)	Prior (4)	Current (5)	Current (6)	Current (7)	Disenrolls (8)
72-PHY								
73- <i>PHY/SUP</i>								
74- <i>RES</i>								
75- <i>RES</i>								
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 Supplier/Provider
- 89 Certified Clinical Nurse Specialist
- 90 Medical Oncology
- 91 Surgical Oncology
- 92 Radiation Oncology
- 93 Emergency Medicine
- 94 Interventional Radiology
- 95 Reserved
- 97 Physician Assistant
- 98 Gynecological Oncology
- 99 Unknown Physician Specialty

SPECIALTY	Participants			Non-Participants		Par Drop-Out	Non-Par	Par
CODE/GROUP	Participants							Disenrolls
CODE/GROUP		Current		Prior	Current	Current	Current	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
85-PHY								
86-PHY								
88-SUP								
89-NPP								
90-PHY								
91-PHY								
92-PHY								
93-PHY								
94-PHY								
95- <i>RES</i>								
97-NPP								
98-PHY								
99-PHY								

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 NPPs - The contractor enters in the appropriate column the total of all specialty codes applicable to NPPs.

Total Physicians/NPPs - The contractor enters in the appropriate column the sum of all physicians and NPPs.

Total Suppliers - The contractor enters in the appropriate column the total of all specialty codes applicable to suppliers.

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

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