CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2721	**Date: June 12, 2013**
	Change Request 8282

Transmittal 2697, dated May 3, 2013, is being rescinded and replaced by Transmittal 2721, dated June 12, 2013 to correct the name of the specialty code from "Complimentary Insurer" to "Indirect Payment Procedure"; and to change the word "enrollment" to "registration". All other information remains the same.

SUBJECT: New Non-Physician Specialty Code for Indirect Payment Procedure (IPP)

I. SUMMARY OF CHANGES: Complimentary Insurers shall self-designate their Medicare specialty on the Medicare registration application (Registration For Eligible Entities That Provide Health Insurance Coverage Complementary To Medicare Part B – CMS 855C) when they register in the Medicare program. IPPs are assigned a Medicare specialty code when they register. The specialty code becomes associated with the claims submitted by that health plan. Specialty codes are used by CMS for programmatic and claims processing purposes.

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 7, 2013

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	26/10.8.3/Non-physician Practitioner, Supplier, and Provider Specialty Codes

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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. 100-04	Transmittal: 2721	Date: June 12, 2013	Change Request: 8282

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SUBJECT: New Non-Physician Specialty Code for Indirect Payment Procedure

EFFECTIVE DATE: October 1, 2013
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I. GENERAL INFORMATION

A. Background: The process by which the Centers for Medicare & Medicaid Services (CMS) accepts and processes claims submitted by entities that provide coverage complementary to Medicare Part B is called the indirect payment procedure (IPP). If an entity (1) meets all of the requirements of the regulation at 42 CFR § 424.66, (2) and submits claims in accordance with required Medicare claims specifications, then Medicare may pay that IPP entity for Part B items and services furnished to a Medicare beneficiary by a physician or other supplier.

B. Policy: Registered IPP entities shall self-designate their Medicare specialty on the Medicare registration application (Registration For Eligible Entities That Provide Health Insurance Coverage Complementary To Medicare Part B – CMS 855C) when they register in the Medicare program. IPP entities are assigned a Medicare specialty code when they register. The specialty code becomes associated with the claims submitted by that health plan. Specialty codes are used by CMS for programmatic and claims processing purposes.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8282-04.1	Contractors shall make all necessary changes to recognize and use the new non-physician specialty code C2 as valid primary and/or secondary specialty code for an IPP.		X			X						
8282-04.2	The Provider Enrollment, Chain and Ownership System shall make the necessary changes to recognize and use the new non-physician specialty code C2 as a valid specialty code for an IPP.											PECOS

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8282-04.3	Contractors shall add and recognize the new non-physician specialty code for an IPP.									X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
8282-04.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote 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): Tolla Anderson, 410-786-1786 or Tolla.Anderson@cms.hhs.gov (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; Contractors activities are to be carried out with 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 do 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.

10.8.3 – Non-physician Practitioner, Supplier, and Provider Specialty Codes

(Rev.2721, Issued, 06-12-13 Effective: 10-01-13, Implementation: 10-07-13)

The following list of 2-digit codes and narrative describe the kind of medicine non-physician practitioners or other healthcare providers/suppliers practice.

Code	Non-physician Practitioner/Supplier/Provider Specialty
15	Speech Language Pathologists
31	Intensive Cardiac Rehabilitation
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
51	Medical supply company with orthotic personnel certified by an accrediting organization
52	Medical supply company with prosthetic personnel certified by an accrediting organization
53	Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
55	Individual orthotic personnel certified by an accrediting organization
56	Individual prosthetic personnel certified by an accrediting organization
57	Individual prosthetic/orthotic personnel certified by an accrediting organization
58	Medical Supply Company with registered pharmacist
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
87	All other suppliers, e.g., Drug Stores
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
95	Open
96	Optician
97	Physician Assistant
A0	Hospital
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Nursing Facility, Other

Code	Non-physician Practitioner/Supplier/Provider Specialty
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
B2	Pedorthic Personnel
B3	Medical Supply Company with Pedorthic Personnel
B4	Rehabilitation Agency
B5	Ocularist
C1	Centralized Flu
C2	*Indirect Payment Procedure*

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 type of supplier code "69".