CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 3547	Date: June 22, 2016	
	Change Request 9355	

Transmittal 3544, dated June 15, 2016, is being rescinded and replaced by Transmittal 3547 to change the effective date to July 1, 2016 for MCS. All other information remains the same.

# SUBJECT: New Physician Specialty Code for Dentist

**I. SUMMARY OF CHANGES:** The intent of this Change Request is to create a new physician specialty code for Dentist (C5).

**EFFECTIVE DATE: July 1, 2016 for MCS; January 1, 2017 for MACs** *\*Unless otherwise specified, the effective date is the date of service.* **IMPLEMENTATION DATE: July 5, 2016 for MCS, January 3, 2017 for MACs** 

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	N/D CHAPTER / SECTION / SUBSECTION / TITLE	
R	26/10.8.2/Physician Specialty Codes	

#### **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**

Pub. 100-04	Transmittal: 3547	Date: June 22, 2016	Change Request: 9355
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SUBJECT: New Physician Specialty Code for Dentist

**EFFECTIVE DATE: July 1, 2016 for MCS; January 1, 2017 for MACs** *\*Unless otherwise specified, the effective date is the date of service.* **IMPLEMENTATION DATE: July 5, 2016 for MCS, January 3, 2017 for MACs** 

### I. GENERAL INFORMATION

**A. Background:** Physicians self-designate their Medicare physician specialty on the Medicare enrollment application (CMS-855I or CMS-855O) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. Physicians are assigned a Medicare specialty code when they enroll. The specialty code becomes associated with the claims submitted by that physician. Medicare physician specialty codes describe the specific/unique types of medicine that physicians practice. Specialty codes are used by the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing purposes.

**B. Policy:** The CMS has established a new physician specialty code for Dentist (C5).

# II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC		MAC		MAC N		DShared-MSystemEMaintaine				Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F			
9355.04.1	Contractors shall make all necessary changes to recognize and use the new physician specialty code C5 as a valid primary specialty code for Dentist.		X				X			CROWD, PECOS		
9355.04.2	Contractors shall accept specialty code Dentist - C5 as a secondary code.		X				X			CROWD, PECOS		
9355.04.3	The Provider Enrollment Chain of Ownership System shall make the necessary changes to recognize and use the new physician specialty code C5 as a valid specialty code for Dentist.									PECOS		

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		7		
			A/B MA(		D M E	C E D
		A	B	H H H	M A C	Ι
9355.04.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning- Network-MLN/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 5 business days after receipt of the notification from CMS announcing the availability of the 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			

## 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	
Number	

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

# V. CONTACTS

Pre-Implementation Contact(s): Andrew Stouder, 410-786-0222 or andrew.stouder2@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**

# **10.8.2 - Physician Specialty Codes**

(Rev.3547 Issued: 06-22-16, Effective: 07-01-16, Implementation 07-05-16)

### 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 Medicine
- 13 Neurology
- 14 Neurosurgery
- 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
- 25 Physical Medicine and Rehabilitation
- 26 Psychiatry
- 27 Geriatric Psychiatry
- 28 Colorectal Surgery (formerly proctology)
- 29 Pulmonary Disease
- 30 Diagnostic Radiology
- 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 Single or 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

# Code Physician Specialty

- 84 Preventive Medicine
- 85 Maxillofacial Surgery
- 86 Neuropsychiatry
- 90 Medical Oncology
- 91 Surgical Oncology
- 92 Radiation Oncology
- 93 Emergency Medicine
- 94 Interventional Radiology
- 98 Gynecological/Oncology
- 99 Unknown Physician Specialty
- C0 Sleep Medicine
- C3 Interventional Cardiology
- C5 Dentist