

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 191	Date: July 13, 2011
	Change Request 7233

Transmittal 181, dated January 4, 2011, is rescinded and replaced by Transmittal 191 to remove Non-Physician Practitioner/Supplier Specialty Code 95 from section 400.5 and to include section 420 in this Change Request to add Physician Specialty Codes 21 and 23 to the Exhibit. All other information remains the same.

SUBJECT: Add Physician Specialty Codes for Cardiac Electrophysiology (21) and Sports Medicine (23) to CROWD Forms "F" (ParDoc) and "8" (OptOut).

I. SUMMARY OF CHANGES: The CMS is recognizing two new physician specialty codes: (21) Cardiac Electrophysiology and (23) Sports Medicine. Physicians self-designate their Medicare specialty on either the Medicare Enrollment Application or via the Internet-based, Provider Enrollment, Chain and Ownership System, when they enroll in the Medicare program.

EFFECTIVE DATE: *July 1, 2011

IMPLEMENTATION DATE: July 5, 2011

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	Table of Contents
R	6/150 - Part D(1) - Claims Processing Timeliness - All Claims
R	6/170.3 - Part E - Interest Payment Data
R	6/260.1 - Classification of Claims for Counting
R	6/390 - Participating Physician/Supplier Report
R	6/390.1 - Purpose and Scope
R	6/390.2 - Due Date
R	6/400.3 - Specialty Codes
N	6/400.4 - Physician/Limited License Physician Specialty Codes

N	6/400.5 - Non-Physician Practitioner/Supplier Specialty Codes
R	6/410 - Checking Reports
R	6/420 - Exhibit
R	6/470.4 - Definitions of Provider Specialty Codes for Opt Out Reporting
R	6/470.5 - Exhibit

III. FUNDING:

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.

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

Pub. 100-06	Transmittal: 191	Date: July 13, 2011	Change Request: 7233
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SUBJECT: Add Physician Specialty Codes for Cardiac Electrophysiology (21) and Sports Medicine (23) to CROWD Forms “F” (ParDoc) and “8” (OptOut).

EFFECTIVE DATE: July 1, 2011

IMPLEMENTATION DATE: July 5, 2011

I. GENERAL INFORMATION

A. Background:

Medicare physician specialty codes describe the specific/unique types of medicine that physicians practice. Specialty codes are used by CMS for programmatic and claims processing purposes. They are used in expenditure analysis, such as determining the drivers of growth under the Sustainable Growth Rate. Medicare contractors use specialty code data to develop claims processing edits to help identify potentially duplicative care provided by members of the same specialty.

B. Policy:

The CMS is recognizing two new physician specialty codes: (21) Cardiac Electrophysiology and (23) Sports Medicine. Physicians self-designate their Medicare specialty on either the Medicare Enrollment Application or via the Internet-based, Provider Enrollment, Chain and Ownership System, when they enroll in the Medicare program.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	R H H I E R	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7233.1	Contractors shall include Specialty Codes 21 (Cardiac Electrophysiology) and 23 (Sports Medicine) with their submissions for CROWD Forms “F” and “8”, in accordance with Publication 100-06, Chapter 6.	X			X						CROWD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I S S	Shared-System Maintainers				OTHER
		F	M	V	C	W	S	S	S	F	
	N/A										

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

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

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

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carrier*:

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.

Medicare Financial Management Manual

Chapter 6 - Intermediary and Carrier Financial Reports

Table of Contents *(Rev.191, Issued: 07-13-11)*

400.4 - Physician/Limited License Physician Specialty Codes

400.5 - Non-Physician Practitioner/Supplier Specialty Codes

470.5 - Exhibit

150 - Part D (1) - Claims Processing Timeliness - All Claims

(Rev191, Issued: 07-13-11., Issued: Effective: 07-01-11, Implementation: 07-05-11)

Pages 2-9 of the CMS-1565 include data on its activity in processing all claims to completion during the reporting period. A claim is counted as processed to completion on the scheduled payment date, which is the date the check is mailed, deposited in the provider's account, or transferred electronically. For non-paid claims, the date of completion is the date the MSN or other notice of final action on the claim is mailed. Data shown must be based on reliable counts of all claims (real and replicate) processing activity. The carrier does not estimate claim counts. It reports only data relating to initial claims (real and replicate) actions. It does not report data on requests for, or dispositions of, reviews, hearings, or reopenings of initial claim actions.

"Clean" claims are defined as those that do not require investigation or development external to the carrier's operation on a prepayment basis. Claims which do not meet the definition of "clean" are "other" claims. Claims paid are those for which some payment was made (i.e., payment greater than zero). Claims not paid are those for which no payment was made (i.e., claim charges applied completely toward deductible or fully denied).

On pages 2-9, the carrier reports:

- In column 1, the total number of claims processed to completion;
- In column 2, the number of "clean" claims paid;
- In column 3, the number of "other" claims paid;
- In column 4, the number of "clean" claims not paid;
- In column 5, the number of "other" claims not paid; and
- In column 6, the number of "clean" or "other" claims processed to completion, which were received via electronic media from providers or their billing agencies and read directly into the carrier's claims processing system. The carrier does not count on this line claims that it received in hardcopy and entered using an OCR device. It does not count any claims received in hardcopy and transformed into electronic media by any entity working for it directly or under subcontract.

The data in lines 1 through 37 of pages 2 through 9 represent the number of claims processed in the number of days shown on that line, counting from the date of receipt. Line 38 represents the sum of lines 1 -37. The date of receipt is defined for hard-copy and magnetic tape claims as the date of receipt in the mailroom. For EMC billed via terminal or equivalent, it is the date the claim passes all front-end edits. For split claims, whether required or replicate, the date of receipt is the date of receipt of the original claim material, not the date of the split.

To calculate the processing time for a claim, the carrier subtracts the Julian receipt date from the processed to completion Julian date. When the processed to completion date falls in the year following the year of receipt, it adds 365 to the Julian date of completion (or 366 if the year of receipt is a leap year). If a claim is processed to completion on the same day it is received, the processing time is one day. This definition applies to all lines of the report, including line 39.

On line 39, the carrier reports the mean processing time (PT) to one decimal place for each column. To calculate the mean PT, it adds the processing times for the claims shown in line 38 of that column, and divides by the number in line 38. It does not use the categories on the report to

calculate the mean PT. Because of the aggregation of claims in lines 34-37, it uses the processing times for individual claims, as explained below, to make this calculation.

Mean PT Calculation for All Claims - To determine the mean PT for all claims:

- Subtract the Julian date of receipt from the Julian date of payment or equivalent action for those not paid for each claim.
- Accumulate the result to cell counter for number of days for all claims.
- Divide this result by the total number of claims.
- Round to one decimal place.

EXAMPLE:

Claim	Julian Date Receipt	Paid	Counter by Days	Counter by Claims
A	87103	87133	30	1
B	87105	87206	101	2
C	87115	87177	62	3
D	87120	87213	93	4
E	87122	87215	93	5
F	87130	87223	93	6

Total Days = 30 + 101 + 62 + 93 + 93 + 93 = 472

Mean = 472/6 = 78.6666 = 78.7

The carrier completes the report for each of the following claim types:

- Page 2. **Assigned Physician** - It shows the number of **assigned** claims included on page 9 which involved services billed by physicians. Physicians are identified by specialty codes *01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98 or 99.*
- Page 3. **Assigned DME** - It shows the number of assigned claims included on page 9 which involved services billed by DME suppliers. DME suppliers are identified by specialty codes *51 - 58, 87, 88, 96, A0-A8, or B2-B5.*
- Page 4. **Assigned Lab** - It shows the number of assigned claims included on page 9 which involved services billed by an independent laboratory. Independent laboratories are identified by specialty code 69.
- Page 5. **Assigned Ambulance** - It shows the number of assigned claims included on page 9 which involved services billed by ambulance service suppliers. Ambulance service suppliers are identified by specialty code 59.
- Page 6. **Assigned Other** - It shows the number of assigned non-physician claims included on page 9 but not represented on pages 3, 4, or 5.
- Page 7. **Unassigned** - It shows the number of unassigned claims (real and replicate) included on page 9.
- Page 8. **Participating Physician** - It shows the number of claims included on page 9 involving services rendered by physicians enrolled in the Medicare Physician/Supplier Participation Program.

Page 9. **All Claims** - It shows the total number of claims (real and replicate) processed during the month.

170.3 - Part E - Interest Payment Data

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

The carrier reports on Page 12 of the CMS-1565 data on the claims on which it paid interest because it paid the claims after the required payment date per §9311 of the Omnibus Reconciliation Act of 1986 (OBRA 1986). It bases data shown on reliable counts of all claims processing activity, not on estimates. It reports data on initial claims only. It includes in the report all claims requiring interest payments in the month. It reports claims in the month the date of payment falls. (For a discussion of interest payments refer to the Medicare Claims Processing Manual, Publication 100-04, Chapter 1, Sections 80.2.2 and 80.2.2.1).

The carrier completes the report for each column as follows:

- Column 1. Total - Data for all claims (real and replicate) for which interest payments were made during the month.
- Column 2. Assigned Physician - Data for the **assigned** claims included in column 1 which involved services billed by physicians. Physicians are identified by specialty codes *01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98 or 99.*
- Column 3. Assigned DME - Data for the assigned claims included in column 1 that involved services billed by DME suppliers. DME suppliers are identified by specialty codes *51-58, 87, 88, 96, A0-A8, or B2-B5.*
- Column 4. Assigned Lab - Data for the assigned claims included in column 1 that involved services billed by an independent laboratory. Independent laboratories are identified by specialty code 69.
- Column 5. Assigned Ambulance - Data for the assigned claims included in column 1 that involved services billed by ambulance service suppliers. Ambulance service suppliers are identified by specialty code 59.
- Column 6. Assigned Other - Data for the assigned non-physician claims included in column 1 but not represented in columns 3, 4, or 5.
- Column 7. Unassigned - Data for the unassigned claims included in column 1.
- Column 8. Participating Physician - Data for claims involving services rendered by physicians enrolled in the Medicare Physician/Supplier Participation Program.

On line 1, the carrier shows the number of claims on which it paid interest in the reporting month. It reports on line 2 the number of claims included in line 1 for which it made payment one day after the required payment date (e.g., the required payment date is 17 days after receipt for participating physician claims received in FY 1992.) (See §9311 of OBRA 1986.) Data for lines 3-10 are similar to those for line 2.

The carrier calculates the number of days late by subtracting the Julian date of the required payment date from the Julian date of payment.

On line 11, it shows the amount paid in interest for claims reported in line 1. On lines 12-20, it shows the amount paid in interest for claims reported in lines 2-10, respectively. It shows dollar amounts on lines 11-20 to the nearest penny, and includes the decimal point.

260.1 - Classification of Claims for Counting

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

All claims data entered on the CMS-1565C must represent counts of claims (real and replicate) as defined in the Medicare Claims Processing Manual, Publication 100-04, Chapter 1, Section 70. The carrier classifies the claims on the report form as follows: (1) An assigned claim submitted by a non-participating physician or supplier; (2) An unassigned claim, usually submitted by a beneficiary and accompanied by bills from one or more physicians or suppliers; or (3) A claim submitted by a participating physician or supplier.

The terms "participating" and "non-participating" refer to whether or not the physician/supplier has signed an agreement to follow the provisions of the Medicare Physician/Supplier Participation Program. The carrier classifies claims as follows:

- A claim in which all services were provided when the physician/supplier was "participating" as a participant claim, and
- A claim with a mix of participant and non-participant services (including those cases where a physician/supplier has changed status) as a participant claim.

NOTES: An exception to the above is the unassigned claim involving services by a participating physician/supplier. If the carrier denies this type of claim, it classifies it as a non-participant, unassigned claim. When the corresponding claim is submitted by the beneficiary's physician (supplier), it classifies it as a participant claim.

The above classification rules apply only to claims. Services, covered charges, and disallowed charges should be allocated according to the participation status of the physician/supplier at the time the service was provided.

The carrier makes the distinction between physician and non-physician claims and services according to the coding used for the Bill Summary Record. It classifies those entities with specialty codes of *01-14, 16-30, 33-41, 44, 46, 48, 66, 70, 72, 76-79, 81-86, 90-94, 98 or 99* as physicians. It considers all others to be non-physicians.

390 - Participating Physician/Supplier Report

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

Unless otherwise requested, the carrier/*A/B MAC* prepares and transmits to CMS each year a report updating the number and category of participating physicians and suppliers. It completes a separate report for each office assigned a separate carrier number.

390.1 - Purpose and Scope

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

This report enables CMS to gather data for administrative purposes on the number of physicians, *limited license physicians*, non-physician practitioners and suppliers, by specialty code, electing to participate in CMS' Participating Physician/Supplier Program.

390.2 - Due Date

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

The carrier/*A/B MAC* transmits data about the Participating Physician/Supplier Program to CO via PC or terminal. It uses instructions in the Contractor Reporting of Operational and Workload Data (CROWD) System User's Guide.

The report is due 45 days after the end of the enrollment period. It includes updated data as of the end of the most recent enrollment period.

The carrier/*A/B MAC* does not submit hard copies of the report.

400.3 - Specialty Codes

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

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.

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

400.4 - Physician/Limited License Physician Specialty Codes

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

The following list of codes and narrative describe the kind of medicine physicians practice.

<i>Code</i>	<i>Physician/Limited License Physician (LLP) Specialty Codes</i>
<i>01</i>	<i>General Practice</i>
<i>02</i>	<i>General Surgery</i>
<i>03</i>	<i>Allergy/Immunology</i>
<i>04</i>	<i>Otolaryngology</i>
<i>05</i>	<i>Anesthesiology</i>
<i>06</i>	<i>Cardiology</i>
<i>07</i>	<i>Dermatology</i>
<i>08</i>	<i>Family Practice</i>
<i>09</i>	<i>Interventional Pain Management</i>
<i>10</i>	<i>Gastroenterology</i>
<i>11</i>	<i>Internal Medicine</i>
<i>12</i>	<i>Osteopathic Manipulative Medicine</i>
<i>13</i>	<i>Neurology</i>
<i>14</i>	<i>Neurosurgery</i>
<i>16</i>	<i>Obstetrics/Gynecology</i>
<i>17</i>	<i>Hospice and Palliative Care</i>
<i>18</i>	<i>Ophthalmology</i>
<i>19</i>	<i>Oral Surgery (Dentists only) (LLP)</i>
<i>20</i>	<i>Orthopedic Surgery</i>
<i>21</i>	<i>Cardiac Electrophysiology</i>

<i>Code</i>	<i>Physician/Limited License Physician (LLP) Specialty Codes</i>
22	<i>Pathology</i>
23	<i>Sports Medicine</i>
24	<i>Plastic and Reconstructive Surgery</i>
25	<i>Physical Medicine and Rehabilitation</i>
26	<i>Psychiatry</i>
27	<i>Geriatric Psychiatry</i>
28	<i>Colorectal Surgery (formerly Proctology)</i>
29	<i>Pulmonary Disease</i>
30	<i>Diagnostic Radiology</i>
33	<i>Thoracic Surgery</i>
34	<i>Urology</i>
35	<i>Chiropractic (LLP)</i>
36	<i>Nuclear Medicine</i>
37	<i>Pediatric Medicine</i>
38	<i>Geriatric Medicine</i>
39	<i>Nephrology</i>
40	<i>Hand Surgery</i>
41	<i>Optometry (LLP)</i>
44	<i>Infectious Disease</i>
46	<i>Endocrinology</i>
48	<i>Podiatry (LLP)</i>
66	<i>Rheumatology</i>
70	<i>Single or Multispecialty Clinic or Group Practice</i>
72	<i>Pain Management</i>
73	<i>Mass Immunization Roster Biller</i>
76	<i>Peripheral Vascular Disease</i>
77	<i>Vascular Surgery</i>
78	<i>Cardiac Surgery</i>
79	<i>Addiction Medicine</i>
81	<i>Critical Care (Intensivist)</i>
82	<i>Hematology</i>
83	<i>Hematology/Oncology</i>
84	<i>Preventive Medicine</i>
85	<i>Maxillofacial Surgery (LLP)</i>
86	<i>Neuropsychiatry</i>
90	<i>Medical Oncology</i>
91	<i>Surgical Oncology</i>
92	<i>Radiation Oncology</i>
93	<i>Emergency Medicine</i>
94	<i>Interventional Radiology</i>
98	<i>Gynecological/Oncology</i>
99	<i>Unknown Physician Specialty</i>

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".

400.5 - Non-Physician Practitioner/Supplier Specialty Codes
(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

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 Pathologists
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	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
88	Unknown Supplier/Provider
89	Certified Clinical Nurse Specialist
97	Physician Assistant

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".

07-PHY								
08-PHY								
09-PHY								
10-PHY								
11-PHY								

Exhibit 1 - Participating Physician/Supplier Report - Screen 8

**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)			
TOTALs								
PHYS*								
LLPs*								
NPPs*								
PHYS/LLPS/NPPs *								
SUPs*								

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

470.4 - Definitions of Provider Specialty Codes for Opt Out Reporting *(Rev191, Issued: 07-13-11., Issued: Effective: 07-01-11, Implementation: 07-05-11)*

The carrier/*A/B MAC* counts individual providers by the specialties listed below. The contractor does not count an individual more than once, even if the individual practices in more than one setting. The specialties specific to opt outs are listed below.

Carrier/*A/B MAC*

General Practice - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 01.

General Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 02.

Allergy/Immunology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 03.

Otolaryngology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 04.

Anesthesiology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 05.

Cardiology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 06.

Dermatology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 07.

Family Practice - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 08.

Interventional Pain Management - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 09.

Gastroenterology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 10.

Internal Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 11.

Osteopathic Manipulative Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 12.

Neurology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 13.

Neurosurgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 14.

Obstetrics/Gynecology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 16.

Hospice & Palliative Care - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 17.

Ophthalmology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 18.

Oral Surgery (Dentists Only) - The carrier/*A/B MAC* enters in the appropriate column all dentists with specialty code 19.

Orthopedic Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 20.

Cardiac Electrophysiology - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 21.

Pathology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 22.

Sports Medicine - The carrier/A/B MAC enters in the appropriate column all physicians with specialty code 23.

Plastic and Reconstructive Therapy - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 24.

Physical Medicine and Rehabilitation - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 25.

Psychiatry - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 26.

Geriatric Psychiatry - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 27.

Colorectal Surgery (Formerly Proctology) - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 28.

Pulmonary Disease - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 29.

Diagnostic Radiology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 30.

Anesthesiologist Assistants - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 32.

Thoracic Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 33.

Urology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 34.

Nuclear Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 36.

Pediatric Medicine - The carrier/*A/B MAC* MAC enters in the appropriate column all physicians with specialty code 37.

Geriatric Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 38.

Nephrology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 39.

Hand Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 40.

Optometry - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 41.

Certified Nurse Midwife - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 42.

Certified registered Nurse Anesthetist (CRNA) Anesthesia Assistant - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 43.

Infectious Disease - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 44.

Endocrinology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 46.

Podiatry - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 48.

Nurse Practitioner - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 50.

Clinical Psychologist (Independent) - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 62.

Rheumatology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 66.

Clinical Psychologist - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 68.

Registered Dietitian/Nutrition Professional - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 71.

Pain Management - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 72.

Peripheral Vascular Disease - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 76.

Vascular Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 77.

Cardiac Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 78.

Addiction Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 79.

Licensed Clinical Social Worker - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 80.

Critical Care (Intensivist) - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 81.

Hematology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 82.

Hematology/Oncology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 83.

Preventative Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 84.

Maxillofacial Surgery - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 85.

Neuropsychiatry - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 86.

Unknown Supplier/Provider - The carrier/*A/B MAC* enters in the appropriate column all suppliers/providers with specialty code 88.

Certified Clinical Nurse Specialist - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 89.

Medical Oncology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 90.

Surgical Oncology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 91.

Radiation Oncology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 92.

Emergency Medicine - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 93.

Interventional Radiology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 94.

Physician Assistant - The carrier/*A/B MAC* enters in the appropriate column all practitioners with specialty code 97.

Gynecological Oncology - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 98.

Unknown Physician Specialty - The carrier/*A/B MAC* enters in the appropriate column all physicians with specialty code 99.

Total Physicians and Non-Physician Practitioners - The carrier/*A/B MAC* enters in the appropriate month column (columns 1, 2 & 3) the total of all specialty codes applicable to physicians and non-physician practitioners.

470.5 - Exhibit

(Rev. 191, Issued: 07-13-11, Issued: Effective: 07-01-11, Implementation: 07-05-11)

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 1

SCREEN 1

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

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

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
01-PHY						
02-PHY						
03-PHY						
04-PHY						
05-PHY						
06-PHY						
07-PHY						
08-PHY						
09-PHY						
10-PHY						
11-PHY						
12-PHY						
13-PHY						
14-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 2

SCREEN 2

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|-------------------------------------|---|
| 16 Obstetrics/Gynecology | <i>23 Sports Medicine</i> |
| 17 Hospice & Palliative Care | 24 Plastic and Reconstructive Therapy |
| 18 Ophthalmology | 25 Physical Medicine and Rehabilitation |
| 19 Oral Surgery (Dentists Only) | 26 Psychiatry |
| 20 Orthopedic Surgery | 27 Geriatric Psychiatry |
| <i>21 Cardiac Electrophysiology</i> | 28 Colorectal Surgery |
| 22 Pathology | 29 Pulmonary Disease |
| | 30 Diagnostic Radiology |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
16-PHY						
17-PHY						
18-PHY						
19-PHY						
20-PHY						
<i>21-PHY</i>						
22-PHY						
<i>23-PHY</i>						
24-PHY						
25-PHY						
26-PHY						
27-PHY						
28-PHY						
29-PHY						
30-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 3

SCREEN 3

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--------------------------------|------------------------------|
| 32 Anesthesiologist Assistants | 40 Hand Surgery |
| 33 Thoracic Surgery | 41 Optometry |
| 34 Urology | 42 Certified Nurse Midwife |
| 36 Nuclear Medicine | 43 CRNA Anesthesia Assistant |
| 37 Pediatric Medicine | 44 Infectious Disease |
| 38 Geriatric Medicine | 46 Endocrinology |
| 39 Nephrology | 48 Podiatry |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
32-NPP						
33-PHY						
34-PHY						
36-PHY						
37-PHY						
38-PHY						
39-PHY						
40-PHY						
41-PHY						
42-NPP						
43-NPP						
44-PHY						
46-PHY						
48-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 4

SCREEN 4

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--|------------------------------------|
| 50 Nurse Practitioner | 76 Peripheral Vascular Disease |
| 62 Clinical Psychologist (Independent) | 77 Vascular Surgery |
| 66 Rheumatology | 78 Cardiac Surgery |
| 68 Clinical Psychologist | 79 Addiction Medicine |
| 71 Registered Dietitian | 80 Licensed Clinical Social Worker |
| 72 Pain Management | 81 Critical Care (Intensivist) |
| | 82 Hematology |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
50-NPP						
62-NPP						
66-PHY						
68-PHY						
71-NPP						
72-PHY						
76-PHY						
77-PHY						
78-NPP						
79-NPP						
80-NPP						
81-PHY						
82-PHY						

For further definition of specialty categories, see Section 470.3.

Exhibit 1 Quarterly Opt Out Report – Carrier/A/B MAC – Screen 5

SCREEN 5

PHYSICIAN/NON PHYSICIAN PRACTITIONER QUARTERLY OPT OUT REPORT

CONTRACTOR NO. _____ STATE: _____

EXPLANATION OF SPECIALTY CODES:

- | | |
|--|--------------------------------|
| 83 Hematology/Oncology | 91 Surgical Oncology |
| 84 Preventive Medicine | 92 Radiation Oncology |
| 85 Maxillofacial Surgery | 93 Emergency Medicine |
| 86 Neuropsychiatry | 94 Interventional Radiology |
| 88 Unknown Supplier/Provider | 97 Physician Assistant |
| 89 Certified Clinical Nurse Specialist | 98 Gynecological Oncology |
| 90 Medical Oncology | 99 Unknown Physician Specialty |

SPECIALTY CODE/GROUP	PHYSICIAN/NON PHYSICIAN PRACTITIONER OPT OUTS					
	Carrier/A/B MAC	Month # 1 of the Quarter	Month # 2 of the Quarter	Month # 3 of the Quarter	Quarter Total	Total on File
83-PHY						
84-PHY						
85-PHY						
86-PHY						
88-NPP						
89-NPP						
90-PHY						
91-PHY						
92-PHY						
93-PHY						
94-PHY						
97-NPP						
98-PHY						
99-PHY						
Total						

For further definition of specialty categories, see Section 470.3.