



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

## **MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)**

The New York State Department of Health invites interested physicians, midwives, and nurse practitioners meeting certain eligibility and practice requirements to apply to participate in the Medicaid Obstetrical and Maternal Services (MOMS) program.

### **PROGRAM DESCRIPTION**

The Medicaid Obstetrical and Maternal Services (MOMS) program features enhanced fees for participating obstetricians, family physicians, midwives, and nurse practitioners. PRACTITIONERS PARTICIPATING IN THE MOMS program are required to refer Medicaid eligible pregnant women for non-medical health supportive services such as nutrition and psychosocial assessment and counseling, health education, and care coordination. Health supportive services are provided by approved agencies such as county health departments, certified home health agencies and prenatal clinics certified under Article 28. These agencies are also able to determine presumptive eligibility for Medicaid and assist patients with the Medicaid application process as well as arrange transportation for prenatal care visits and follow-up on missed appointments. Reimbursement for health supportive services are on a separate fee schedule and are not included in fees for obstetrical care. A current list of approved health supportive service providers is attached. For more information or to request an application packet please contact: New York State Department of Health, Perinatal Health Unit, Corning Tower, Albany, New York 12237 or call (518) 474-1911.

### **REIMBURSEMENT**

The obstetrical provider participating in the MOMS program will receive enhanced Medicaid fees for obstetrical care. For reimbursement information please refer to the appropriate provider manual available at [www.emedny.org](http://www.emedny.org).

MOMS participating obstetrical providers also receive enhanced fees for obstetrical medical ancillary services including sonograms, fetal non-stress test, and biophysical profiles.

### **BILLING**

Participating MOMS providers are assigned a new specialty code that enables them to claim the higher fees for obstetrical procedures using the customary Medicaid procedure codes.

## **ELIGIBILITY AND PRACTICE REQUIREMENTS**

The MOMS eligibility and practice requirements for physicians, midwives, and nurse practitioners are on the following pages.

### **APPLICATION**

The interested physician, midwife, or nurse practitioner may apply to participate in the MOMS program by completing the State Department of Health form, "Application for Enrollment as a Medical (or Dental) Specialist" AND the MOMS Addendum. Every provider applying to participate in MOMS must complete these two forms.

### **NOTIFICATION**

A letter of decision regarding the application will be sent by this Department to the applicant's address as listed on the application. If the application for Medicaid enrollment and MOMS participation are made at the same time, the letter of decision regarding the Medicaid application will be sent first, followed at a later date by the letter of decision regarding MOMS participation.

### **QUESTIONS**

For additional information regarding the Medicaid Obstetrical and Maternal Services (MOMS) program, you may call this Department weekdays between 8:30 and 4:30 p.m. at (518) 474-1911.

## ELIGIBILITY AND PRACTICE REQUIREMENTS

### Physicians who participate must:

- Be board certified or an active candidate for board certification by the American College of Obstetrics and Gynecologists or board certified or eligible for board certification by the American Academy of Family Practice Physicians for a period of no more than five years from completion of a post graduate training period in obstetrics and gynecology or family practice;
- Have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Provide medical care in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists (ACOG);
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to participate in managed care programs if the managed care programs are operational within the physician's geographic practice area;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

### Midwives who participate must :

- Be a licensed midwife with the New York State Education Department's Division of Professional Licensing Services, and practice in accordance with section 6951 of Education Law;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for a period of no more than five years from completion of a post graduate training program in obstetrics/gynecology and who have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as an authorized representative for the Medicaid application.

- Provide medical coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

**Nurse practitioners who participate must:**

- Be licensed and currently registered as a registered professional nurse in New York State and certified as a nurse practitioner by the Department of Education;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for board certification by the American College of Obstetricians and Gynecologists; or board certified or eligible for board certification by the American Academy of Family Practice for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or family practice and who has active hospital admitting privileges in an appropriately accredited hospital which includes maternity services.
- Provide twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

**MEDICAID OBSTETRICAL AND MATERNAL SERVICES PROGRAM (MOMS)**  
**Applicants to MOMS must complete this ADDENDUM to:**

**APPLICATION FOR ENROLLMENT AS A MEDICAL or DENTAL SPECIALIST**  
 New York State Department of Health

- INSTRUCTIONS:**
1. Type or print the information in the space provided.
  2. Attach required documentation.
    - (a) certification by an appropriate specialty board;
    - (b) notice of admissibility to final examination from appropriate specialty board;
    - or
    - (c) evidence of satisfactory completion of residency or fellowship training (family practitioners);
  3. Submit a copy of your current license registration.
  4. Sign and date the Assurances.
  5. Submit completed application, Addendum and required documentation to NYS Department of Health, Bureau of Women’s Health, Corning Tower – 18<sup>th</sup> Floor, Empire State Plaza, Albany, New York 12237.
  6. Application process is approximately 120 days.

**SECTION A – IDENTIFYING INFORMATION**

1. Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_
2. Business Address \_\_\_\_\_
3. Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
4. (a) License No. \_\_\_\_\_ (b) State \_\_\_\_\_
5. Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_
6. Please complete this question **if you are** an enrolled Medicaid provider:  
 National Provider Identifier (NPI) \_\_\_\_\_ MMIS Provider # \_\_\_\_\_

**SECTION B – PRACTICE INFORMATION**

7. If you employ/use the services of one or more nurse practitioners, midwives, and/or physician assistants, please give name(s) and license(s) below:

NAME	LICENSE #	STATE

**SECTION C – ACTIVE HOSPITAL PRIVILEGE (Check one)**

8.  As a physician or licensed midwife, I have an active admitting privilege at an accredited hospital with maternity services. A current copy of my hospital appointment letter is attached.
  
- As a Nurse Practitioner, I have a collaborative agreement with a Medicaid enrolled physician who is board certified by the American College of Obstetrics and Gynecologists or an active candidate for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or board certified by the American Board of Family Practice and who has active admitting privileges at an accredited hospital with maternity services. I assure that for the purposes of this program, my practice will be limited to provision of prenatal and postpartum care.
  
- A copy of this agreement and the physician’s hospital letter are attached.

## SECTION D – ASSURANCES

1. I recognize that I continue to be bound by the rights, obligations, duties, or interests accrued or conferred as a result of my enrollment in the New York State Medicaid Program.
2. As an obstetrical care physician, midwife, or nurse practitioner, I assure the provision of comprehensive medical care services to Medicaid patients who are pregnant or postpartum, in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists or the American Academy of Family Practice Physicians or the American College of Nurse Midwives.
3. I assure that I will provide prenatal diagnostic and treatment services including but not limited to the following:
  - (i) an initial comprehensive assessment including history, review of systems, and physician examinations;
  - (ii) standard laboratory tests and procedures;
  - (iii) needed special laboratory tests as indicated by comprehensive assessment and initial or preliminary test findings;
  - (iv) evaluation of risk;
  - (v) discussion with the woman of options for treatment, care and technological support that are expected to be available at the time of labor and delivery together with the advantages and disadvantages of each option;
  - (vi) postpartum counseling, evaluation and referral to professional care and services, as required, to include preconception counseling as appropriate.
4. As an obstetrical care physician, midwife, or nurse practitioner, I agree to provide medical care coordination as a part of my care, such medical care coordination to include at a minimum: the scheduling of elective hospital admissions; where possible, assistance with emergency admissions; management of and/or participation in hospital care and discharge planning; scheduling of referral appointments with written referral as necessary and with request for follow-up report; and the maintenance of a complete medical record to include but not to be limited to notation of referrals and hospitalizations, and copies of test results and reports.
5. As a participating practitioner, I assure that all Medicaid eligible women under my care will have access to non-medical health supportive services such as health education, nutrition assessment and counseling, psychological assessment and counseling, non-medical case management, determining presumptive eligibility for Medicaid, acting as authorized representative for the Medicaid application process, and HIV counseling and testing. I understand that I may apply to provide this service directly or that I will have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28. I understand that this agreement requires me to refer all women in this category by means of a written referral. I understand that the New York State Department of Health has provided me with a list of approved health supportive service providers. If I do not provide these services directly, I agree to sign an agreement with one or more of these providers to accept referrals from me of pregnant Medicaid recipients. I agree to list at No. 14a of this application a health supportive service provider with which is will sign an agreement. If not in a Health Supportive Services Provider arrangement, but providing services through subcontract with a prenatal care clinic certified under Article 28, please list the name of the prenatal care clinic certified under Article 28 at No. 14.b

## SECTION D – ASSURANCES, Continued...

6. As an obstetrical care physician, licensed midwife, or nurse practitioner, I assure that I will maintain twenty-four hour telephone coverage which will include timely access to a practitioner qualified to respond to the Medicaid patient's health concerns. I recognize that this requirement cannot be met by a recording referring patients to the emergency room.
7. I assure that I will request, as necessary, from the New York State Department of Health, and display conspicuously on my premises, designated informational materials that serve to inform the public regarding Medicaid eligibility and services for pregnant women and children.
8. I assure that I will notify the New York State Department of Health within thirty (30) days of circumstances resulting in my *ineligibility* to continue this agreement and/or my *inability* to perform the activities and services required under this agreement.
9. I recognize that the State may determine new visit types and rates during the term of this agreement and that the new visit types and rates may supersede those available at the time of this agreement.
10. I assure that I will abide by all reasonable policies, procedures, and instructions provided by the State to implement and execute the Medicaid Obstetrical and Maternal Services program, and will bill Medicaid in accordance with the reimbursement methodology established by the State.
11. I recognize that the New York State Department of Health may cancel my participation in the Medicaid Obstetrical and Maternal Services program at any time, giving me not less than thirty (30) days written notice that on or after the date therein specified, my participation will end. I accept that cause for cancellation of my participation in the Medicaid Obstetrical and Maternal Services program will include but not be limited to my failure to comply with these assurances.
12. I recognize that I may request cancellation of participation in the Medicaid Obstetrical and Maternal Services program when there are extenuating circumstances, giving the New York State Department of Health not less than thirty (30) days of written notice. I assure that such cancellation will include a description of the basis for the termination. I assure that I will assist patients to maintain continuity of care; provide them with information to assist them to transfer their care; and make timely transfer of their records upon request.
13. I accept that, upon my designation by the New York State Department of Health to participate in the Medicaid Obstetrical and Maternal Services program, these ASSURANCES will be effective beginning with the date of this application (Item 17) and may continue in effect thereafter with the consent of both parties and so long as Federal financial participation is available. I accept that services rendered prior to October 1, 1992 will not be eligible for reimbursement through the Medicaid Maternal and Obstetrical Services program.

**SECTION D – ASSURANCES, Continued...**

14. a. I agree to refer all pregnant Medicaid recipients (or those who may be eligible) to an approved MOMS Health Supportive Services Provider.:

Name of Health Supportive Service Provider: \_\_\_\_\_

b. If applying for MOMS as a prenatal care clinic certified under Article 28 subcontractor, please list the name of the prenatal care clinic certified under Article 28. As a prenatal care clinic certified under Article 28 subcontractor, I understand that I am only eligible to bill Medicaid for deliveries.

There are no health supportive service providers or prenatal care clinics certified under Article 28 in my area; please contact me.

Please send an application to provide health supportive services.

15. PRINT NAME \_\_\_\_\_

16. SIGNATURE \_\_\_\_\_

17. DATE \_\_\_\_\_

# DIRECTORY OF MOMS HEALTH SUPPORTIVE SERVICE PROVIDERS

NEW YORK STATE DEPARTMENT OF HEALTH

5 / 2010

EMEDNY-405301

**DIRECTORY OF APPROVED MOMS  
HEALTH SUPPORTIVE SERVICES PROVIDERS**

**ALBANY COUNTY**

Northeast Health Care (Cohoes FHC)	Virginia Dunigan	518-271-0063
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**ALLEGANY COUNTY**

Jones Memorial Hospital	Nancy Saupe	585-596-4017
VNA of Western New York	Rose Julius	716-630-8705

**BROOME COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
PP of South Central NY	Sarah Bohnert	607-336-8269

**CATTARAUGUS COUNTY**

Cattaraugus County Health Department	Sue Andrews	716-373-8050
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**CAYUGA COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
Cayuga County Health Department	Brenda Kelly	315-253-1560

**CHAUTAUQUA COUNTY**

Chautauqua County Health Department	Christine Schuyler	716-753-4314
VNA of Western New York	Rose Julius	716-630-8705

**CHEMUNG COUNTY**

Arnot Ogden Medical Center	Lucy Keith	607-737-8180
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**CHENANGO COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
P.P. of South Central NY	Sarah Bohnert	607-336-8269

**CLINTON COUNTY**

Clinton County Department of Health	Nancy Jarvis	518-565-4848
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**CORTLAND COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
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**ERIE COUNTY**

VNA of Western New York	Rose Julius	716-630-8705
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**ESSEX COUNTY**

Clinton County Department of Public Health	Nancy Jarvis	518-565-4848
Essex County Public Health Nursing Services	Kathy Daggett	518-873-3500

**FRANKLIN COUNTY**

PP of North Country New York, Inc	Sylvia King	518-561-4430 x145
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**GENESEE COUNTY**

Genesee County Health Department	Kay Kriner	585-344-2580
United Memorial Medical Center (formerly Genesee Memorial Hosp)	Pat Cable	585-344-5355
VNA of Western New York	Rose Julius	716-630-8705
Wyoming County Community Hospital	Ann Judkins	585-786-3230

**JEFFERSON COUNTY**

Jefferson County Public Health	Patricia Barton	315-786-3720
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**LEWIS COUNTY**

Lewis County Public Health Agency	Carol Paluk	315-376-5453
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**LIVINGSTON COUNTY**

Nicholas Noyes Memorial Hospital	Heather Wagner	585-335-4249
Wyoming County Community Hospital	Ann Judkins	716-786-3230

**MADISON COUNTY**

Madison Co. Department of Health	Cheryl Geiler	315-336-2261
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**NIAGARA COUNTY**

VNA of Western New York	Rose Julius	716-635-8705
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**ONEIDA COUNTY**

Oneida County Health Department	Joan Gallimo	315-798-5826
Faxton St. Lukes Memorial Hospital	Kathleen Dean	315-624-6241

**ONONDAGA COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
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**ONTARIO COUNTY**

Ontario County Public Health Nursing Services	Laurel Doley	716-396-4343
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**ORLEANS COUNTY**

United Memorial Medical Center (formerly Genesee Memorial Hosp)	Pat Cable	585-344-5355
VNA of Western New York	Rose Julius	716-630-8705

**RENSELAER COUNTY**

Northeast Health Care (Cohoes FHC)	Virginia Dunigan	518-271-0063
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**SCHUYLER COUNTY**

Schuyler Hospital	Indiana Miner	607-535-4645
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**SENECA COUNTY**

Lifetime Health Care Home Health	Toni McGhan	315-332-2505
Schuyler Hospital	Indiana Miner	607-535-4645

**ST. LAWRENCE COUNTY**

St. Lawrence County Public Health	Patricia Smith	315-386-2325
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**STEBEN COUNTY**

Guthrie Health Services	Karen Guthrie	570-882-2904
St. James Mercy Hospital	Pam Manktelow	607-324-8760
Steuben County Public Health Nursing Service	Gail Wechsler	607-664-2438

**TIOGA COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
Guthrie Health Services	Karen Guthrie	570-882-2665

**TOMPKINS COUNTY**

Cortland County Health Department	Sarah Waller	607-753-5028
Tompkins County Health Department	Sue Woodard	607-274-6622

**WARREN COUNTY**

Warren County Health Services	Patricia Auer	518-761-6415
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**WASHINGTON COUNTY**

Washington County Public Health Services	Patricia Hunt	518-746-2400
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**WAYNE COUNTY**

Lifetime Care Home Health	Toni McGhan	315-332-2505
Wayne County Public Health Services	Susan Sheets	315-946-5749

**WYOMING COUNTY**

United Memorial Medical Center (formerly Genesee Memorial Hospital)	Pat Cable	716-344-5355
Wyoming County Community Hospital	Ann Judkins	585-786-3230

**YATES COUNTY**

Schuyler Hospital	Indiana Miner	607-535-4645
Yates County Public Health	Deborah Minor	315-536-5160

## New York State Department of Health Application for Enrollment as a Specialist

1. Type or print the information requested in the space provided.
2. Submit a copy of one of the following appropriate documents:
  - a. certification by an appropriate specialty board; or
  - b. notice of admissibility to final examination from appropriate specialty board; or
  - c. evidence of satisfactory completion of residency or fellowship training.

### Section A - Applicant Information

1. Name \_\_\_\_\_  
Last First MI
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. License Number \_\_\_\_\_ State \_\_\_\_\_  
National Provider Identifier (NPI) \_\_\_\_\_ Provider # \_\_\_\_\_
4. Social Security # \_\_\_\_\_
5. Specialty(ies) Requested \_\_\_\_\_  
Code Numbers (see page 2) \_\_\_\_\_

### Section B - Education and Training Institutions

- Medical/Dental – Name & City, State \_\_\_\_\_
- Degree/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY
- Internship – Name & City, State \_\_\_\_\_
- Degree/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY
- Residency – Name & City, State \_\_\_\_\_
- Degree/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY
- Fellowship – Name & City, State \_\_\_\_\_
- Degree/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY

### Section C - Hospital Appointment Information (for last five years only)

- Name & City, State \_\_\_\_\_ Hours/Week \_\_\_\_\_
- Title/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY
- Name & City, State \_\_\_\_\_ Hours/Week \_\_\_\_\_
- Title/Specialty \_\_\_\_\_ From      /      /      to      /      /       
MM / YY MM / YY

### Section D - U.S. Specialty Board Certification(s)

- Name of Board \_\_\_\_\_ Certification Date      /      /       
MM / DD / YY
- Name of Board \_\_\_\_\_ Certification Date      /      /       
MM / DD / YY

### Section E - Orthodontists Only

- If not in exclusive practice, what % of practice is devoted to orthodontics? \_\_\_\_\_ %
- General Practice From      /      /      to      /      /       
MM / DD / YY MM / DD / YY
- Orthodontics From      /      /      to      /      /       
MM / DD / YY MM / DD / YY

Original Signature \_\_\_\_\_

Date \_\_\_\_\_

## PROVIDER SPECIALTY CODES PHYSICIAN SPECIALTY CODES

<u>CODE</u>	<u>SPECIALTY</u>	<u>CODE</u>	<u>SPECIALTY</u>
010	<b>ALLERGY AND IMMUNOLOGY</b>		<b>PEDIATRICS</b>
		150	Pediatrics
020	<b>ANESTHESIOLOGY</b>	151	Pediatric Cardiology
		152	Pediatric Hematology-Oncology
102	<b>ASTHMA EDUCATOR</b>	<b>154</b>	Pediatric nephrology
		155	Neonatal-Perinatal Medicine
	<b>DERMATOLOGY</b>	156	Pediatric Endocrinology
040	Dermatology	157	Pediatric Pulmonology
041	Dermatopathology	161	Pediatric Critical Care
		163	Pediatric Gastroentology
103	<b>DIABETES EDUCATOR</b>		
		160	<b>PHYSICAL MEDICINE &amp; REHABILITATION</b>
250	<b>EMERGENCY MEDICINE</b>		
		162	<b>OSTEOPATHIC MANIPULATIVE MEDICINE</b>
050	<b>FAMILY PRACTICE</b>		
			<b>PREVENTIVE MEDICINE</b>
	<b>INTERNAL MEDICINE</b>		General Preventive Medicine
060	Internal Medicine	182	Occupational Health
062	Cardiovascular Disease	183	Public Health
063	Endocrinology & Metabolism	184	Aerospace Medicine
064	Gastroenterology	185	
065	Hematology		
066	Infectious Disease		
067	Nephrology		
068	Pulmonary Disease	191	<b>PSYCHIATRY AND NEUROLOGY</b>
069	Rheumatology	192	Child Psychiatry
241	Medical Oncology	193	Psychiatry
		194	Child Neurology y
		195	Neurology
080	<b>NUCLEAR MEDICINE</b>		Psychiatry and Neurology
	<b>OBSTETRICS AND GYNECOLOGY</b>		
089	Obstetrics and Gynecology		
092	Maternal & Fetal Medicine	200	<b>RADIOLOGY</b>
093	Reproductive Endocrinology	201	Radiology
242	Gynecologic Oncology	202	Diagnostic Radiology
			Diagnostic Radiology with Special Competence in Nuclear Radiology
100	<b>OPHTHALMOLOGY</b>	205	Therapeutic Radiology
120	<b>OTOLARYNGOLOGY</b>	187	<b>MEDICAL GENETICS</b>
	<b>PATHOLOGY</b>		<b>SURGERY</b>
131	Blood Banking	030	Colon and Rectal Surgery
135	Clinical Pathology	070	Neurological Surgery
136	Forensic Pathology	110	Orthopedic Surgery
137	Hematology	153	Pediatric Surgery
138	Chemical Pathology	170	Plastic Surgery
139	Medical Microbiology	210	General Surgery
141	Neuropathology	220	Thoracic Surgery
142	Anatomic Pathology		
143	Dermatopathology	230	<b>UROLOGY</b>
146	Anatomic & Clinical Pathology		
148	Radioisotopic Pathology		

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## DENTAL SPECIALTY CODES

<u>CODE</u>	<u>SPECIALTY</u>	<u>CODE</u>	<u>SPECIALTY</u>
801	Orthodontics	806	Periodontics
802	Endodontics	807	Public Health
803	Oral Pathology	808	Oral Surgery
804	Pedodontics	809	Dental Anesthesiology
805	Prosthodontics	810	Parenteral Conscious Sedation