Medicare
State Operations Manual
Provider Certification

Transmittal 26   **Date: March 1, 2001**

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
2779 - 2779 (Cont.)	2-163 - 2-166 (4 pp.)	2-163 - 2-166 (4 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE:* April 14, 2001

Section 2779, RO Assignment of Provider and Supplier Identification Numbers, is revised to:

- Include an additional State code for Florida (68).
- Include an additional State code for Maryland (80).
- Add a State code for the Commonwealth of the Northern Marianas Islands (66).
- Change the name of Rural Primary Care Hospitals to Critical Access Hospitals.
- Change the name of Christian Science Sanatoria (Hospital Services) to Religious Nonmedical Health Care Institutions (Hospital Services).
- Reserve for future use the block of numbers (6990-6999) that was formerly used for the Christian Science Sanatoria providers.
- Change the assignment of provider number block 9000-9999. This block of numbers was formerly assigned to Home Health Agencies (HHA). 9000-9499 is assigned to HHAs, and 9500-9999 is reserved for Future Use.
- Delete HHA Branches from the Numbering System for Medicaid Providers.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

HCFA-Pub. 7

Deficiencies and Plan of Correction, Form HCFA-2567, to ensure that the SA's documentation supports the SA certification recommendation, acceptable plan of correction (PoC), or waiver request. The RO notes the timeliness and quality of SA processing, and extract information relating to administrative or program problems that the case reveals so that identified program problems can be corrected on the regional or national level.

In Medicaid-only cases, the SA certifies its determination as to the provider's compliance with the participation requirements. The SMA must accept certification determinations as final and may not enter into a provider agreement with a NF or ICF/MR unless the SA has certified the provider as in compliance with applicable requirements for program participation. It may, however, for good cause, refuse to execute an agreement with a NF or ICF/MR certified by the SA. (See 42 CFR Part 442.12(d)).

Certification documents are official statements of the SA which may not to be altered. The RO uses the Request for Additional Information, Form HCFA-1666 (Exhibit 15), to request additional information or documentation. (See §2776.)

If a deficiency is subsequently corrected, the corrective action will be shown on Form HCFA-2567 or the Post-Certification Revisit Report, Form HCFA-2567B, as appropriate. If the deficiencies have not been corrected at the time of the revisit, they are shown on a new Form HCFA-2567. The OSCAR system accumulates data on the ability of providers and suppliers to meet program participation requirements at the time of the survey. OSCAR data from Form HCFA-2567 and Form HCFA-2567B are used to measure the extent of progress providers and suppliers make in complying with program requirements.

In case of an unreconciled interpretive disagreement with the SA, the RO can arrive at a determination disagreeing with the SA, provided there is evidence to support a contrary decision. If the RO disagrees with the SA certification, it justifies its rejection in writing and attempts to resolve the disagreement. If necessary, a disagreement over interpretive policy can be referred to HCFA CO for resolution.

2779. RO ASSIGNMENT OF PROVIDER AND SUPPLIER IDENTIFICATION NUMBERS

    A. Numbering System For Medicare Providers and Suppliers of Service.--Processing of requests for payment is keyed to the identification number. The RO enters provider and supplier identification numbers on all forms and communications and maintains adequate controls.

        1. Provider Identification Numbers.--The identification numbers for providers and suppliers paid under Part A have six digits. The first two digits identify the State in which the provider is located. The last four digits identify the type of facility.

Following is a list of all State Codes:

Alabama	01	New Hampshire	30
Alaska	02	New Jersey	31
Arizona	03	New Mexico	32
Arkansas	04	New York	33
California	05, 55	North Carolina	34
Colorado	06	North Dakota	35
Connecticut	07	Ohio	36
Delaware	08	Oklahoma	37
District of Columbia	09	Oregon	38
Florida	10, 68	Pennsylvania	39
Georgia	11	Puerto Rico	40
Hawaii	12	Rhode Island	41

Idaho	13	South Carolina	42
Illinois	14	South Dakota	43
Indiana	15	Tennessee	44
Iowa	16	Texas	45, 67
Kansas	17	Utah	46
Kentucky	18	Vermont	47
Louisiana	19	Virgin Islands	48
Maine	20	Virginia	49
Maryland	21, 80	Washington	50
Massachusetts	22	West Virginia	51
Michigan	23	Wisconsin	52
Minnesota	24	Wyoming	53
Mississippi	25	Canada	56
Missouri	26	Mexico	59
Montana	27	American Samoa	64
Nebraska	28	Guam	65
Nevada	29	Commonwealth of the Northern Marianas Islands	66

Assign the last four digits sequentially from within the appropriate block of numbers.

Use the following blocks of numbers for the types of facilities indicated:

0001-0879	Short-term (General and Specialty) Hospitals
0880-0899	Reserved for hospitals participating in ORD demonstration project
0900-0999	Multiple Hospital Component in a Medical Complex (Numbers Retired)
1000-1199	Reserved for future use
1200-1224	Alcohol/Drug Hospitals (Numbers Retired)
1225-1299	Medical Assistance Facilities
1300-1399	Critical Access Hospitals
1400-1499	Continuation of Community Mental Health Centers (4900-4999 series)
1500-1799	Hospices
1800-1989	Federally Qualified Health Centers
1990-1999	Religious Nonmedical Health Care Institutions (formerly Christian Science Sanatoria (Hospital Services)
2000-2299	Long-Term Hospitals (Excluded from PPS)
2300-2499	Chronic Renal Disease Facilities (Hospital Based)
2500-2899	Non-Hospital Renal Disease Treatment Centers
2900-2999	Independent Special Purpose Renal Dialysis Facility 1/
3000-3024	Formerly Tuberculosis Hospitals (Numbers Retired)
3025-3099	Rehabilitation Hospitals (Excluded from PPS)
3100-3199	Continuation of Subunits of Nonprofit and Proprietary Home Health Agencies (7300-7399) Series 3/
3200-3299	Continuation of Comprehensive Outpatient Rehabilitation Facilities (4800-4899) Series
3300-3399	Children's Hospitals (Excluded from PPS)
3400-3499	Continuation of Rural Health Clinics (Provider-based) (3975-3999) Series
3500-3699	Renal Disease Treatment Centers (Hospital Satellites)
3700-3799	Hospital Based Special Purpose Renal Dialysis Facility 1/
3800-3974	Rural Health Clinics (Free-Standing)
3975-3999	Rural Health Clinics (Provider-Based)
4000-4499	Psychiatric Hospitals (Excluded from PPS)

1/ These facilities (SPRDFs) will be assigned the same provider number whenever they are recertified.

4500-4599	Comprehensive Outpatient Rehabilitation Facilities
4600-4799	Community Mental Health Centers
4800-4899	Continuation of Comprehensive Outpatient Rehabilitation Facilities (4500-4599 Series)
4900-4999	Continuation of Community Mental Health Centers (4600-4799) Series
5000-6499	Skilled Nursing Facilities (See §1060.D.)
6500-6989	Outpatient Physical Therapy Services
6990-6999	Numbers Reserved (formerly Christian Science Sanatoria (Skilled Nursing Services)
7000-7299	Home Health Agencies 2/
7300-7399	Subunits of "Nonprofit" and "Proprietary" Home Health Agencies 3/
7400-7799	Continuation of Home Health Agencies (7000-7299) Series
7800-7999	Subunits of State and Local Governmental Home Health Agencies 3/
8000-8499	Continuation of Home Health Agencies (7400-7799) Series
8500-8899	Continuation of Rural Health Clinics (Provider-Based) (3400-3499) Series
8900-8999	Continuation of Rural Health Clinics (Free-Standing) (3800-3974) Series
9000-9499	Continuation of Home Health Agencies (8000-8499) Series
9500-9999	Reserved for Future Use

Before the reserved numbers identified above are used, obtain clearance from CO.

NOTE: Religious Nonmedical Health Care Institutions (RNHCI) are not certified by SAs. The provider numbers for RNHCIs are assigned by the Boston RO.

EXCEPTION: Organ procurement organizations (OPOs) are assigned a six-digit alpha-numeric identification number. The first two digits identify the State code. The third digit is the alpha character "P". The remaining three digits are the unique facility identifier.

       2.   Supplier Identification Numbers.--Suppliers that are paid by Part B carriers have a ten digit alpha-numeric identification number. The first two digits identify the State in which the supplier is located. (See list of State codes under subsection 1.) The third digit is an alpha character that identifies the type of facility. The remaining seven digits are the unique facility identifier.

The RO assigns the following alpha-characters in the third position as indicated:

C	-	Ambulatory Surgical Centers
D	-	Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories
J	-	Physical Therapists in Independent Practice/Occupational Therapists in Independent Practice
X	-	X-Ray Facilities

2/   In Virginia (49) the series 7100-7299 has been reserved for Statewide Subunit Components of the Virginia State HHAs.

3/   Parent agency must have a number in the 7000-7299 or 7400-7799, 8000-8499 or 9000-9999 series.

The last seven digits of the identification numbers for the above suppliers will be within the number series 0000001-9999999. Examples:

ASC	- 10C0001062
CLIA	- 45D0634589
PTIP	- 14J0000001
X-Ray	- 21X0009807

B.   Numbering System For Medicaid Providers.-- For certification purposes, title XIX-only providers are identified by a six digit alpha-numeric identification number. The first two digits identify the State in which the provider is located. The third position, which is an alpha character, identifies the type of facility by level or type of care being provided. The last three digits make up a sequential number series beginning with 001.

The RO uses the following groups of alpha-numeric numbers for the type of facility as indicated:

A001-A999	NF (Formerly assigned to Medicaid SNF)
B001-B999	NF (Formerly assigned to Medicaid SNF) Expansion of A001-A999
E001-E999	NF (Formerly assigned to ICF)
F001-F999	NF (Formerly assigned to ICF) Expansion of E001-E999
G001-G999	ICF/MR
H001-H999	ICF/MR Expansion of G001-G999
K001-K999	Medicaid HHAs

C.   Special Numbering System For Units of Hospitals That Are Excluded From Prospective Payment System (PPS) and Hospitals With SNF Swing-Bed Designation.--An alpha character in the third position of the provider number identifies either hospitals with swing-bed approval, or rehabilitation units, or psychiatric units excluded from PPS payment. The first two digits identify the State in which the provider is located. The third position (which is alpha) identifies the type of unit or swing-bed designation. The last three digits must be exactly the same as the last three digits of the parent provider.

EXAMPLE: 21-0101 - ABC Hospital
              21-T101 - ABC Hospital Rehabilitation Unit

The RO assigns the following alpha-characters in the third position as indicated:

S	- Psychiatric Unit
T	- Rehabilitation Unit
U	- Swing-Bed Hospital Designation for Short-Term Hospitals
W	- Swing-Bed Hospital Designation for Long Term Care Hospitals
Y	- Swing-Bed Hospital Designation for Rehabilitation Hospitals
Z	- Swing-Bed Designation for Critical Access Hospitals

D.   Assigning LTC Provider Numbers.--The RO assigns only one provider number per facility. (For purposes of this section, "facility" means an institution providing SNF and/or NF or ICF/MR care at the same address.) Use XX-5000 series for facilities providing Medicare or Medicare/Medicaid services, and the alpha-numeric series (XX-A000 or XX-E000 or XX-G000) for Medicaid-only facilities, as shown in the following charts: