

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1553	Date: November 5, 2015
	Change Request 9300

SUBJECT: New State Code for CT, MA, NJ, PR, GA, NC, SC, TN, AR, OK, CO, CA, OR, LA, NM, TX and WA

I. SUMMARY OF CHANGES: A new State Code is assigned CT, MA, NJ, PR, GA, NC, SC, TN, AR, OK, CO, CA, OR, LA, NM, TX and WA. The new State Codes are in addition to the State Code the state already possesses.

EFFECTIVE DATE: April 1, 2016

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 4, 2016

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
N/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The following States have exhausted its supply of CMS Certification Numbers (CCNs) for multiple provider types. Consequently, we are assigning a new State Code for Connecticut, Massachusetts, New Jersey, Puerto Rico, Georgia, North Carolina, South Carolina, Tennessee, Arkansas, Oklahoma, Colorado, California, Oregon, Louisiana, New Mexico, Texas and Washington. The new State Codes are as follows: Connecticut- 81, Massachusetts- 82, New Jersey- 83, Puerto Rico- 84, Georgia- 85, North Carolina- 86, South Carolina- 87, Tennessee- 88, Arkansas- 89, Oklahoma- 90, Colorado- 91, California- 92, Oregon- 93, Washington- 94, Louisiana- 95, New Mexico- 96, Texas- 97

The new State Codes are in addition to the State Code the state already possesses.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F
9300.1	<p>The Medicare Systems (e.g., Medicare claims processing systems, state systems, financial systems, etc.) shall make the necessary changes to accept the following new state code as part of the CCN. The State Code is listed below: Connecticut- 81, Massachusetts- 82, New Jersey- 83, Puerto Rico- 84, Georgia- 85, North Carolina- 86, South Carolina- 87, Tennessee- 88, Arkansas- 89, Oklahoma- 90, Colorado- 91, California- 92, Oregon- 93, Washington- 94, Louisiana- 95, New Mexico- 96, Texas- 97</p> <p>The new State Codes are in addition to the State Code the state already possesses.</p>	X		X		X				X	All applications and business owners listed in the background section of this CR., CCSQ, CEDI, CERT, COBA, HIGLAS, IDR, IPPS Pricer, LTCH Pricer, OPSS Pricer, QIES, VDC, VDCs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
9300.1	Refer to SOM Section 2779A1 - CMS Certification Numbers for Medicare Providers

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

V. CONTACTS

Pre-Implementation Contact(s): Kimberlie Jasmin, 410-786-2748 or Kimberlie.Jasmin@cms.hhs.gov, Edward Mortimore, 410-786-3509 or Edward.Mortimore@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