

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-07 Medicare State Operations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 62</b>	<b>Date: July 30, 2010</b>
	<b>Change Request 6989</b>

**SUBJECT: New State Code for Missouri; New CCN for Medicaid-Only Hospitals**

**I. SUMMARY OF CHANGES:** A new State code is assigned to the State of Missouri. The new code is 79. This code is in addition to state code 26 that Missouri already possesses. Missouri will now have two state codes.

CMS Certification Numbers (CCN) are being assigned to two new hospital provider types. The new CCN and hospital types are:

J001-J999 Medicaid-Only Psychiatric Hospitals; and  
N001-N999 Medicaid-Only Non-Psychiatric Hospitals.

**EFFECTIVE DATE: January 1, 2011**

**IMPLEMENTATION DATE: January 3, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	2/2779/2779.A1/ CMS Certification Numbers for Providers 2/2779/2779.B/ CMS Certification Numbers for Medicaid Providers

**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

<b>Pub. 100-07</b>	<b>Transmittal: 62</b>	<b>Date: July 30, 2010</b>	<b>Change Request: 6989</b>
--------------------	------------------------	----------------------------	-----------------------------

**SUBJECT: New State Code for Missouri; New CCN for Medicaid-Only Hospitals**

**Effective Date:** January 1, 2011

**Implementation Date:** January 3, 2011

## I. GENERAL INFORMATION

**A. Background:** The State of Missouri has exhausted its supply of CCNs for rural health clinics. Consequently, we are assigning a new State Code for Missouri. The new State code is 79. This code is in addition to State code 26 that Missouri already possesses. Missouri will now have two State codes.

Two new provider types have been mandated by regulation. They are Medicaid-Only Psychiatric Hospitals and Medicaid-Only Non-Psychiatric Hospitals. CMS Certification Numbers (CCN) have been assigned to these new providers. The new CCNs are: J000-J999 for Medicaid-Only Psychiatric Hospitals, and N000-N999 for Medicaid-Only Non-Psychiatric Hospitals.

**B. Policy:** Assign a new State code for Missouri. The new State code is 79. This code is in addition to State code 26 which Missouri already possesses.

Assign new CCN for Medicaid-Only Psychiatric Hospitals and Medicaid-Only Non-Psychiatric Hospitals. The new CCN are:

- J001-J999 Medicaid-Only Psychiatric Hospitals; and
- N001-N999 Medicaid-Only Non-Psychiatric Hospitals

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A	D	F	C	D	R	Shared-System Maintainers				OTHER	
		/	M	I	R	A	M	H					
		B	E		R	E	R	I	F	M	V	C	
		M	M		I	C			I	C	M	W	
		A	A		E				S	S	S	F	
		C	C		R				S				
6989.1	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: <ul style="list-style-type: none"> <li>• 79 – Missouri</li> </ul>	X		X				X	X			X	COBC

### 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	D M R R I C	R H H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	None										

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use the space below: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Cheryl Hatcher, 410-786-3106

**Post-Implementation Contact(s):** Cheryl Hatcher, 410-786-3106

### VI. FUNDING

**A. 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.

**B. Medicare Administrative Contractors:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

## 2779A1 – CMS Certification Numbers for Medicare Providers

*(Rev.62, Issued: 07-30-10, Effective: 01-01-11, Implementation: 01-03-11)*

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, 75	North Carolina	34
Colorado	06	North Dakota	35
Connecticut	07	Ohio	36, 72
Delaware	08	Oklahoma	37
District of Columbia	09	Oregon	38
Florida	10, 68, 69	Pennsylvania	39, 73
Georgia	11	Puerto Rico	40
Hawaii	12	Rhode Island	41
Idaho	13	South Carolina	42
Illinois	14, 78	South Dakota	43
Indiana	15	Tennessee	44
Iowa	16, 76	Texas	45, 67, 74
Kansas	17, 70	Utah	46
Kentucky	18	Vermont	47
Louisiana	19, 71	Virgin Islands	48
Maine	20	Virginia	49
Maryland	21, 80	Washington	50
Massachusetts	22	West Virginia	51
Michigan	23	Wisconsin	52
Minnesota	24, 77	Wyoming	53
Mississippi	25	Canada	56
Missouri	26, 79	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	Federally Qualified Health Centers
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	Hospital Based Renal Dialysis Facilities
2500-2899	Independent Renal Dialysis Facilities
2900-2999	Independent Special Purpose Renal Dialysis Facility <a href="#">1/</a>
3000-3024	Formerly Tuberculosis Hospitals (Numbers Retired)
3025-3099	Rehabilitation Hospitals (Excluded from PPS)
3100-3199	Home Health Agencies
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	Hospital Based Satellite Renal Dialysis Facilities
3700-3799	Hospital Based Special Purpose Renal Dialysis Facility <a href="#">1/</a>
3800-3974	Rural Health Clinics (Free-Standing)
3975-3999	Rural Health Clinics (Provider-Based)
4000-4499	Psychiatric Hospitals (Excluded from PPS)
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 <a href="#">§1060.D.</a> )
6500-6989	Outpatient Physical Therapy Services
6990-6999	Numbers Reserved (formerly Christian Science Sanatoria (Skilled Nursing Services))
7000-8499	Continuation of Home Health Agencies (3100-3199) 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
9000-9799	Continuation of Home Health Agencies (8000-8499) Series
9800-9899	Transplant Hospitals
9900-9999	Reserved for Future Use

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

**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 alphanumeric 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.

## **2779B – CMS Certification Numbers for Medicaid Providers**

***(Rev.62, Issued: 07-30-10, Effective: 01-01-11, Implementation: 01-03-11)***

For certification purposes, title XIX-only providers are identified by a 6-digit alphanumeric 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 alphanumeric 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
L001-L999	Psychiatric Residential Treatment Facilities (PRTF)
<i>J001-J999</i>	<i>Medicaid-Only Psychiatric Hospitals</i>
<i>N001-N999</i>	<i>Medicaid-Only Non-Psychiatric Hospitals</i>