
CMS Manual System

Pub. 100-07 Medicare State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 3

Date: OCTOBER 29, 2004

CHANGE REQUEST 3537

SUBJECT: Medicare Systems Acceptance of New Provider Numbers for Federally Qualified Health Centers (FQHC)

I. SUMMARY OF CHANGES: Section 2779 has been revised to assign a new provider number series for Federally Qualified Health Centers (FQHC). In addition to the provider number series that is currently assigned to FQHC, a new provider number series 1000-1199 has also been assigned. Identifiers have also been assigned for psychiatric and rehabilitation units in Critical Access Hospitals (CAH). The letter "M" in the third position of the CAH provider number identifies a psychiatric unit, and the letter "R" in the third position of the CAH provider number identifies a rehabilitation unit.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005

***IMPLEMENTATION DATE: April 4, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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):

(R = REVISED, N = NEW, D = DELETED)

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|--------------|--|
| R | 2/2779/2779A1/Provider Identification Numbers |
| R | 2/2779/2779C /Special Numbering System for Units of Hospitals That Are Excluded From Prospective Payment System (PPS) and Hospitals with SNF Swing-Bed Designation |

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

| | |
|----------|--------------------------------------|
| | Business Requirements |
| X | Manual Instruction |
| | Confidential Requirements |
| X | One-Time Notification |
| | Recurring Update Notification |

***Medicare contractors only**

Attachment – One-Time Notification

| | | | |
|-------------|----------------|------------------------|---------------------|
| Pub. 100-07 | Transmittal: 3 | Date: October 29, 2004 | Change Request 3537 |
|-------------|----------------|------------------------|---------------------|

SUBJECT: Medicare Systems Acceptance of New Provider Numbers for Federally Qualified Health Centers (FQHC)

I. GENERAL INFORMATION

A. Background: Currently, Federally Qualified Health Centers (FQHC) provider numbers use the following number series: 1800-1989. Some states are close to running out of provider numbers for these providers. To enable these states to continue assigning FQHC provider numbers to new providers, we propose adding an additional number series for FQHC. The new provider number series is 1000-1199.

B. Policy: N/A

C. Provider Education: N/A

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--|---|-------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 3537.1 | The Medicare systems shall make the necessary changes to accept the new provider number series (1000-1199) for Federally Qualified Health Centers. | X | | | | X | | | X | |
| 3537.2 | The Medicare claims processing systems shall recognize provider numbers xx-1000 through xx-1199, and apply all applicable claims processing systems edits. | X | | | | | | | X | |
| 3537.3 | The standard systems shall pay for services in a FQHC, Type of Bill 73x, identified by provider numbers xx-1000 through xx-1199. | X | | | | X | | | X | |

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--|---|-------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 3537.4 | Modify the financial system to accept the new FQHC provider range, xx-1000 to xx-1199. | | | | | X | | | | |

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

| | |
|---|--|
| Effective Date*: April 1, 2005 Implementation Date: April 4, 2005 Pre-Implementation Contact(s): Cheryl Hatcher Post-Implementation Contact(s): Cheryl Hatcher | Medicare Contractors shall implement these instructions within their current operating budgets. |
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*Unless otherwise specified, the effective date is the date of service.

2779A1 - Provider Identification Numbers

(Rev. 3, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

The identification numbers for providers and suppliers paid under Part A have 6 digits. The first 2 digits identify the State in which the provider is located. The last 4 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 4 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) |
| <i>1000-1199</i> | <i>Federally Qualified Health Centers (Continuation of 1800-1989 series)</i> |
| 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 1/ |
| 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 1/ |
| 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 §1060.D.) |
| 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 |
| 9800-9999 | Reserved for Future Use |

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

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 6 digit alphanumeric identification number. The first 2 digits identify the State code. The third digit is the alpha character "P." The remaining 3 digits are the unique facility identifier.

2779C - Special Numbering System for Units of Hospitals That Are Excluded From Prospective Payment System (PPS) and Hospitals with SNF Swing-Bed Designation

(Rev. 3, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

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 2 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 3 digits must be exactly the same as the last 3 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:

M – Psychiatric Unit in Critical Access Hospitals

R – Rehabilitation Unit in Critical Access Hospitals

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