

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12701	Date: June 27, 2024
	Change Request 13685

SUBJECT: New State Codes for Arizona, California, Nevada, and Texas

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to notify the Medicare Administrative Contractors (MACs) and downstream systems that new hospice state codes have been assigned for Arizona, California, Nevada, and Texas. This change request is subsequent to CR 12644 (April 2022 Release).

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

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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SUBJECT: New State Codes for Arizona, California, Nevada, and Texas

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to notify the Medicare Administrative Contractors (MACs) and downstream systems that new hospice state codes have been assigned for Arizona, California, Nevada, and Texas. This change request is subsequent to CR 12644 (April 2022 Release).

The new state codes are as follows:

Arizona – D9

California - D6, D7, D8

Nevada – E1

Texas – E2, E3

The new state codes are in addition to the state codes the state already possesses.

B. Policy: Not applicable.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
13685.1	Contractors shall be aware that new state codes have been assigned for the following states: Arizona – D9	X		X		X				X	BCRC, CERT, CVM, CWF Host, FPS, IDR, MAS, NCH, PECOS,	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	California - D6, D7, D8 Nevada – E1 Texas – E2, E3 The new state codes are in addition to the state codes the state already possesses.								PS&R, QIES, RAC	

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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