CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-07 State Operations Provider Certification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 29	**Date: OCTOBER 12, 2007**
	Change Request 5490

Note: Transmittal 25, dated April 20, 2007, is rescinded and replaced with transmittal 29. Information regarding the Transplant Centers new series 9800-9899 was incorrectly added. The new series will only be used by CMS. Also the Transplant Centers will bill on the hospital number; and therefore, the FIs do not need to make any changes for this. All other information remains the same.

SUBJECT: New Number Series and State Codes for CMS Certification Numbers (formerly OSCAR Provider Numbers)

I. SUMMARY OF CHANGES: The National Provider Identifier (NPI) will replace the Medicare/Medicaid Provider Number on Medicare claims. The NPI will assume the Medicare/Medicaid Provider Number's role as a primary identifier. However, the Medicare/Medicaid Provider Number will continue to be issued to providers and used to verify Medicare/Medicaid certification on all survey and certification, and resident/patient assessment transactions. In order to avoid confusion with the NPI, the Medicare/Medicaid Provider Number (also known as the OSCAR Provider Number, Medicare Identification Number or Provider Number) has been renamed the CMS Certification Number (CCN). The CCN continues to serve a critical role in verifying that a provider has been Medicare certified and for what type of services.

A new provider type entitled Transplant Centers has been identified, and a new CCN series has been assigned. New state codes have been assigned to the following states: California, Iowa, Minnesota. and Illinois

New / Revised Material
Effective Date: *October 1, 2007
Implementation Date: October 1, 2007

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
R	2/Table of Contents
R	2/ 2779/ RO Assignment of CMS Certification Numbers

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY

2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction
**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-07	Transmittal: 29	Date: October 12, 2007	Change Request: 5490

Note: Transmittal 25, dated April 20, 2007, is rescinded and replaced with transmittal 29. Information regarding the Transplant Centers new series 9800-9899 was incorrectly added. The new series will only be used by CMS. Also the Transplant Centers will bill on the hospital number; and therefore, the FIs do not need to make any changes for this. All other information remains the same.

SUBJECT: New State Codes for CMS Certification Numbers (formerly OSCAR Provider Numbers)

Effective Date: October 1, 2007

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

A. Background: The National Provider Identifier (NPI) will replace the Medicare/Medicaid Provider Number on all Medicare claims. The NPI will assume the Medicare/Medicaid Provider Number's role as a primary identifier. However, the Medicare/Medicaid Provider Number will continue to be issued to providers and used to verify Medicare/Medicaid certification on all survey and certification, and resident/patient assessment transactions. In order to avoid confusion with the NPI, the Medicare/Medicaid Provider Number (also known as the OSCAR Number, Medicare Identification Number, or Provider Number) has been renamed the CMS Certification Number (CCN). The CCN continues to serve a critical role in verifying that a provider has been Medicare certified and for what type of services. This number is used throughout the various components of CMS, and maintaining this number is integral to CMS' business operations.

B. Policy: New state codes have been assigned to the following states: California, Iowa, and Minnesota. These new state codes are in addition to the state codes that already exist for these states. The new state codes are:

- 75 – California;
- 76 – Iowa;
- 77 – Minnesota; and
- 78 – Illinois.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5490.1	The Medicare systems (e.g., Medicare claims processing systems, state systems, financial			X			X	X	X	X	X	

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	systems, etc.) shall make the necessary changes to accept the following new state codes as part of the CCN. The state codes are listed below: • 75 – California; • 76 – Iowa; • 77 – Minnesota; and • 78 – Illinois.											

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	None											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): Cheryl Hatcher

Post-Implementation Contact(s): Cheryl Hatcher

VI. FUNDING

A. Title XVIII Contractors:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 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.

State Operations Manual
Chapter 2 - The Certification Process

Table of Contents
(Rev. 29, 10-12-07)

2779 - RO Assignment of *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

2779A - Numbering System for CMS Certification Numbers

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The CMS Certification number (CCN) replaces the term Medicare Provider Number, Medicare Identification Number or OSCAR Number. The CCN is used to verify Medicare/Medicaid certification for survey and certification, assessment-related activities and communications. The RO assigns the CCN and maintains adequate controls.

2779A1 – *CMS Certification Numbers* for Providers

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The CCN 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, 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	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)
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 Non-medical 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
9800-9899	*Transplant Centers*
9900-9999	*Reserved for Future Use*

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

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

EXCEPTION - Organ procurement organizations (OPOs) are assigned a 6-digit alphanumeric *CCN*. 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.

2779A2 – *CMS Certification Numbers* for Suppliers

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

Suppliers that are paid by Part B carriers have a 10-digit alphanumeric *CCN*. The first 2 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 7 digits are the unique facility identifier. *(Exception: CLIA numbers will continue to be used for fee and certificate issuance.)*

The RO assigns the following alpha-characters in the third position as indicated: *(**Exception**: CLIA numbers are system generated by the database that maintains the CLIA application.)*

C - Ambulatory Surgical Centers
D - Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories
X - Portable X-Ray Facilities

The last 7 digits of the *CCN for the above suppliers will be within the number series* 0000001-9999999.

Examples:

ASC	10C0001062
CLIA	45D0634589
Portable X-Ray	21X0009807

2779B – *CMS Certification Numbers* for Medicaid Providers

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

For certification purposes, title XIX-only providers are identified by a 6-digit alphanumeric *CCN*. The first 2 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 3 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)

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

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

An alpha character in the third position of the *CCN* 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 Hospital
R - Rehabilitation Unit in Critical Access Hospital
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

2779D - Assigning LTC *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The RO assigns only one *CCN* 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 alphanumeric series (XX-A000 or XX-E000 or XX-G000) for Medicaid-only facilities, as shown in the following charts:

FREE STANDING LTC FACILITIES

FACILITY TYPE	18 or 18/19 SNF	19 NF	ICF/MR
CCN	XX-5000	XX-A000 or XX-E000	XX-G000

SNF/NF DUALLY-PARTICIPATING AND/OR DISTINCT PART FACILITIES

FACILITY TYPE	18/19 SNF/NF Dually participating	18 SNF or 18/19 Dually participating with SNF or NF DP	18 or 18/19 Dually participating with SNF or NF DP
CCN	XX-5000	XX-5000	XX-5000

FACILITY TYPE	19 NF	19 NF With ICF/MR DP
CCN	XX-A000	XX-A000 or XX-E000 or XX-G000*

***EXCEPTION**: As the chart indicates, the RO always assigns a separate ICF/MR (XX-G000) number to an ICF/MR or ICF/MR DP.

NOTE: When a LTC facility is a unit of a hospital, the RO issues a number separate from the hospital number according to the above guidelines. A hospital is permitted to have only one hospital-based SNF DP and one hospital-based NF DP.

2779E - Assigning Emergency Hospital *CMS Certification Numbers* (Non-Participating Hospitals)

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The *CCN* for emergency hospitals is a 6-position alphanumeric code. The first 2 digits are the State code. The third, fourth, and fifth digits represent a sequence number. The first emergency number in a State would contain the sequence number 001. In the sixth position use the letter "E" for non-Federal emergency hospitals, or "F" for Federal emergency hospitals. For example, the 34th emergency hospital issued a *CCN* in Maryland would have the number "21-034E." The RO assigns the *CCN* in strict numerical sequence without regard to the Federal or non-Federal status. If a terminated facility again qualifies as an emergency hospital, the RO issues a new *CCN*. For a non-participating hospital that is now fully participating, see subsection I.

2779F - Merger of Facilities or CHOW

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The RO does not change the *CCN* merely because the institution has been sold, or has changed ownership or its form of business organization. If 2 or more pre-existing provider enterprises have merged, but continue to operate as separate facilities, each will have a separate provider agreement and will keep its original number. This is true even though the merged-but-separate facilities may adopt a common name.

However, if the merged facilities operate as a single institution, it must submit a single cost report, which necessitates a single provider agreement/*CCN*.

When the RO assigns a single *CCN*, the notices of utilization mailed to beneficiaries will not identify which component rendered the service but will show the name of the organization to which the *CCN* is assigned (which may be entirely different from the name of the component). To avoid misunderstanding on the part of beneficiaries, CMS must approve, in advance, some method devised by the provider for informing its Medicare patients as to the designation on the notices of utilization. The RO uses the *CCN* previously assigned to the larger of the merging facilities or, in the case of the merger of 2 provider corporations, uses the *CCN* of the surviving corporation and retires the other number or numbers.

These principles also apply if providers merge with previous non-providers. In a merger of corporations where the non-provider corporation is the surviving corporation and the facilities will use a common number, retain the original number.

This rule does not, however, preclude retention of a separate number for a distinct part SNF, or for a distinct part of a psychiatric hospital.

2779G - Notification of Change in *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

To notify the intermediary of a correction of a *CCN*, or the assignment of any number different from that initially sent to a hospital, the RO prepares a CMS-2007. Follow the procedure in §2783 noting in Item V of CMS-2007 the reason for the number change.

2779H - Retirement of *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The *CCN* will be classified as **retired** in these situations:

- The provider agreement is terminated;

  EXCEPTION: Where a terminated facility is subsequently reinstated as a provider of services **fully retroactive** to the day of its termination, the RO reassigns the original *CCN* as there has been no break in the period of participation. When this occurs, show "reinstated with no break in participation," in item 24 of Form CMS-1539:

- An erroneous assignment that is **used** by the facility is subsequently replaced by the RO with a correct number; or

- A non-participating hospital or SNF now meets the requirements and wishes to participate. The RO assigns a new number and retires the old number.

2779I - Control of *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

The RO may give responsibility for assigning the *CCN* to one person, with sufficient alternates so that a trained person will always be available. This control may be maintained electronically or manually. The following is a suggested manual control:

Prepare a loose-leaf ledger for the numbers with a tab divider for each State. Maintain separate pages for each type of provider, including non-participating emergency hospitals, and make entries in strict numerical sequence.

2779J - ESRD *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

It is important for both reimbursement and survey purposes to assign the ESRD facility the correct *CCN* in accordance with the guidelines contained in §2779.A.1.
ESRD facilities and their *CCN* are as follows:

0001-0879	Short Term (General and Specialty) Hospitals
2000-2299	Long Term Hospitals
2300-2499	Chronic Renal Disease Facilities (Hospital-Based)
2500-2899	Non-Hospital Renal Disease Treatment Centers
2900-2999	Independent Special Purpose Renal Disease Facilities
3300-3399	Children's Hospitals
3500-3699	Renal Disease Treatment Centers (Hospital Satellites)
3700-3799	Hospital-Based Special Purpose Renal Dialysis Facilities

1 - Hospital-Based Renal Dialysis Facilities, 2300-2499

The CMS is required to make determinations concerning hospital-based and independent ESRD facilities to determine their proper reimbursement in accordance with §1881(b)(7), 42 CFR 413.174, and §2287. Please note that in accordance with 42 CFR 413.174(d)(3). The physical location of an ESRD facility on the premises of a hospital is not considered when determining if the ESRD facility is hospital-based. In accordance with 42 CFR 413.174, hospital corporate control is a critical factor in determining whether an ESRD facility is hospital-based. Hospitals may have a lease arrangement for the management of a hospital-based ESRD facility by a non-hospital manager.

ESRD CCN 2300-2499, for Hospital-Based Renal Dialysis Facilities are used for ESRD facilities that have been determined by the CMS to be hospital-owned, hospital-administered ESRD facilities physically located on the hospital's premises as opposed to independent ESRD facilities and Hospital-Based Renal Disease Satellite Facilities. The satellites are hospital-based, but are physically located off the hospital's premises.

2 - Hospital-Based Renal Dialysis Satellite Facilities, 3500-3699

ESRD CCN 3500-3699 for Hospital-Based Renal Dialysis Satellite Facilities are used for those ESRD facilities that are hospital-owned and hospital administered, but that are not located on the hospital's premises. This is why they are referred to as hospital-based satellites. In determining whether such a satellite facility is hospital-based, use the same criteria as you would in making a hospital-based determination under the 2300-2499 series, except that you would assign a 3500-3699 number to such a facility because it is off the premises of the hospital to which it is based. The word premises per se is not defined in the statute, regulations, or in the SOM, but there is a definition of "furnishes on the premises" at 42 CFR 405.2102 that states "the ESRD facility furnishes services on its main premises; or its other premises that are: (a) contiguous with or in immediate

proximity to the main premises, and under the direction of the same professional staff and governing body as the main premises, or (b) approved on a time-limited basis as a special purpose renal dialysis facility." Thus, in addition to the regulations, which should assist you in determining whether the facility is an integral part of the hospital, you may use the "furnishes on the premises" definition to distinguish between a hospital-based entity under the 2300-2499 series as opposed to an entity under the 3500-3699 number series. Also, we do not believe that these satellites will be furnishing inpatient dialysis services. The CMS will make or approve the determination that a particular ESRD facility meets the requirements to be hospital-based, and if it is off the hospital's premises, a hospital-based satellite.

It is conceivable that a hospital-based ESRD facility could have a 2300-2499 number assigned to the location on the hospital's premises, and one or more 3500-3699 numbers for those locations (satellites) off the premises (each satellite is given a separate 3500-3699 number). If an ESRD facility that is assigned a 2300-2499 number moves off the hospital's premises and is determined to be a satellite, it should receive a number in the 3500-3699 series. However, if a satellite changes its address but is still considered off the hospital's premises, it should retain the 3500-3699 number it was originally issued rather than being issued a new 3500-3699 number. Any questions concerning billing should be referred to the RO financial component or the fiscal intermediary as you determine appropriate.

NOTE: In determining whether an entity is hospital-based for reimbursement purposes, the requirements at §2287 must be met.

3 - Hospital-Based Special Purpose Renal Dialysis Facilities, 3700-3799

In order to be classified as a Hospital-Based Special Purpose Renal Dialysis Facility and issued a number under the 3700-3799 series, an ESRD facility must be determined to be hospital-based, and meet the definition at 42 CFR 405.2102, and the requirements at 42 CFR 405.2164 for such a facility. A facility under this category *should bill Medicare under the CCN* of the hospital to which it is based. There should be very few of these facilities.

4 - Independent Renal Dialysis Facilities, 2500-2899

Independent Renal Dialysis Facilities, issued a number under the 2500-2899 series, are independent ESRD facilities. These facilities do not meet the definition of hospital-based irrespective of whether they are located on or off the hospital's premises. A determination of independent, as opposed to hospital-based, will be based on the statutory and regulatory provisions and manual instructions. Independent facilities bill under their own numbers. ESRD facilities located at skilled nursing facilities will be determined to be independent.

5 - Independent Special Purpose Renal Dialysis Facilities, 2900-2999

The same requirements that apply to a Hospital-Based Special Purpose Renal Dialysis Facility apply to a facility of the same type which is independent except that the independent facility by virtue of its independent status, bills under its own number which is in the 2900-2999 series.

6 - Other

When an ESRD facility proposes to change from hospital-based to independent or vice-versa, an onsite survey is not necessary unless there is a physical relocation of the facility. However, a determination as to the proper facility definition and if necessary, the changing of the number designation, must be made in accordance with the guidance described here and in §2287. If an ESRD facility proposes to add a location that has not been previously surveyed, an onsite inspection would be required. In the absence of an onsite survey and certification, the proposed facility has no authority to bill Medicare for ESRD services provided at the proposed site. (See §3222.) There are some instances when an ESRD facility's *CCN* requires a change as a result of an action taken by the ESRD facility. If a hospital-based facility converts to an independent ESRD facility or if an independent ESRD facility converts to a hospital-based ESRD facility, there must be a *CCN* change. Satellite ESRD facilities must be hospital owned and are considered hospital-based. A hospital may have more than one ESRD satellite facility.

The *CCN* of the ESRD facility may remain the same in the following situations:

- A hospital-based ESRD facility retains ownership of the facility but contracts with another entity for management of the facility;
- The hospital closes the dialysis facility but retains its transplant program. The CMS terminates the outpatient dialysis services but retains the ESRD *CCN* for the still active transplant program;
- The hospital closes the transplant program but retains the ESRD facility. In such case, CMS terminates the transplant program but keeps the ESRD *CCN* active for the dialysis program;
- The ESRD facility is purchased by another ESRD facility of the same type. For example, independent by independent or hospital-based by hospital-based; and
- The geographic location of the ESRD facility is changed within the same state. A recertification survey is always required when a dialysis facility relocates within a state. If a geographic location is changed to another state, the ESRD facility at the old location must be terminated and the relocated ESRD facility must qualify as a new applicant with a new identification number in the state to which it moved.

Information contained in Medicare approval letters of ESRD facilities that are issued numbers under the above categories is essential in central office for data collection and program information purposes. Therefore, please send a copy of all Medicare approval letters issued in your region to:

Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Information Systems Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, Maryland 21244-1850.

You should also send to the Office of Clinical Standards and Quality (OCSQ) notices of any numbers that are terminated or changed (e.g., hospital-based to independent or vice-versa) for whatever reasons. In addition, it would be helpful if all ESRD facility notices, including those sent to the fiscal intermediary, contain the *CCN* of the ESRD facility to which the notice applies (numbers of both the ESRD facility and the hospital to which it is based, when applicable). You should apprise the appropriate ESRD network of the information mentioned above at the same time that you notify OCSQ. A Form CMS-855A must be completed by the ESRD facility when there is a change, addition, or deletion affecting an ESRD facility. You should follow the instructions for issuing a "Provider Tie-In Notice," Form CMS-2000, when an ESRD facility is being added, deleted, or changed. This is particularly important because fiscal intermediaries often cross regional boundaries.

NOTE: The RO refers **all** Forms CMS-1539 that report changes in provider status to its data entry section for input into the ASPEN data system.

When ROs send correspondence concerning certification to ESRD facilities, the following information should always appear:

- The assigned *CCN* with caption;
- CMS cross reference *CCN* with caption (if applicable);
- Medicare approval date;
- Number of stations;
- Services offered;
- Name of facility;
- Facility's physical location address;
- Facility's mailing address;

- Facility's type or status (hospital-based/independent/satellite);
- Facility contact for ESRD network;
- Facility ownership (corporation/partnership/sole proprietorship/etc.; and
- RO contact (name and phone number).

EXAMPLE

Maryland
Short-Term Hospitals

CCN	***Name and Address of Provider***	**Date # Assigned**
21-0001	Calvert Hospital 101 Chase Street Baltimore, Maryland	4/10/66
21-0002	Red River Hospital 401 River Road Baltimore, Maryland	4/11/66

2779K – HHA Branch *CMS Certification Numbers*

(Rev. 29, Issued: 04-20-07; Effective/Implementation Dates: 10-01-2007)

HHA Branches are identified by the assignment of a 10-digit alpha-numeric number. Each branch is numbered with the same *CCN* as the parent or subunit with 2 modifications: (1) The letter "Q" will be in the third position between the state code and the 4-digit provider designation; and (2) three additional digits are added to the end of the number. The last 3 digits are a one-up number for each consecutive branch. These digits allow the capability of assigning up to 999 branches to one parent or subunit HHA. The branch *CCN* will be used only once. In the event that an HHA branch closes, its unique branch *CCN* is terminated and will not be reused to identify another branch of that HHA or subunit.

Example: ABC Home Health Agency has three branches. Its *CCN* is 017001. ABC's three branches would be assigned the numbers 01Q7001001, 01Q7001002, and 01Q7001003.

2779L – Outpatient Physical Therapy (OPT) Extension *CMS Certification Numbers*

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OPT extensions are identified by the assignment of a 10-digit alpha-numeric number. Each extension is numbered with the same *CCN* as the parent with two modifications: (1) The letter "P" will be in the third position between the state code and the 4-digit provider designation; and (2) three additional digits are added to the end of the number. The last 3 digits are a one-up sequence number for each extension number starting with 001. These digits allow the capability of assigning up to 999 extensions to one OPT. The extension *CCN* will be used only once. In the event that an OPT extension closes, its unique extension identification number is terminated and will not be reused to identify another extension of that OPT.

OPT extension *CCN* are not used for reimbursement purposes.

Example: Vibrant Physical Therapy has three extensions. Its CCN is 556599. Vibrant's three extensions would be assigned the numbers 55P6599001, 55P6599002, and 55P6599003.