
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

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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	C a r r i e r	D M E R C	Shared System Maintainers				Other
		F I	M C	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	C a r r i e r	D M E R C	Shared System Maintainers				Other
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	Medicare Contractors shall implement these instructions within their current operating budgets.
Post-Implementation Contact(s): Cheryl Hatcher	

*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 (RNHCIs) 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