

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Mells</i>	DATE <i>4-24-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  000675	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Bowling, Singletta</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

<b>APPROVALS</b> (only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St. Suite 4T20  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

April 23, 2007

Catawba Rehabilitation Services  
231 Herlong Avenue, P.O. Box 4305  
Rock Hill, SC 29732

RE: OPT/SP Provider No.: 42-6579

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) is assigning identification numbers to every existing extension location of a primary site outpatient therapy provider (OPT). The identification system is being implemented nationally and will uniquely identify every extension location of every OPT certified to participate in the Medicare outpatient therapy provider program. It will link the primary site to the extension locations.

Each extension location will be numbered with the same federally assigned provider number as the primary site with two modifications. There will be a "P" between the state code and four-digit provider designation plus three more digits for a 10-character extension location identifier. Extension location identification numbers will be used only once. In the event that an OPT extension location closes, its unique extension location identification number is terminated and not re-used to identify another extension location of that OPT.

On the next page, please review the information we have on file for your primary site and take note of your assigned extension location identification numbers.

Should you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace  
Associate Regional Administrator  
Division of Survey and Certification

NOTE TO THE FISCAL INTERMEDIARY:  
THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.

*Log-Well*  
*"Rec. Action"*  
*C. S. Bowling*  
*Singleton*  
**RECEIVED**  
APR 24 2007  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR  
PRIMARY SITE IS:**

**Name:                   Catawba Rehabilitation Services**

**Address:               231 Herlong Avenue, P.O. Box 4305, Rock Hill, SC 29732**

**Provider Number: 42-6579**

The following are your extension locations and Federally-assigned extension location  
identification number(s) associated with the above primary site OPT:

**Extension Location Name and Address**

Catawba Rehabilitation Services  
8351 Charlotte Highway  
Rock Hill, SC 29715

**Extension Location ID Number**

**42P6579001**