

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2891	Date: February 28, 2014
	Change Request 8543

SUBJECT: Instructions for Downloading the Medicare ZIP Code File for July 2014

I. SUMMARY OF CHANGES: The purpose of this change request is to provide instruction for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the July 2014 quarter. The attached Recurring Update Notification applies to Chapter 15, Section 20.1.5 (B).

EFFECTIVE DATE: July 1, 2014

IMPLEMENTATION DATE: July 7, 2014

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 obliged 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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

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SUBJECT: Instructions for Downloading the Medicare ZIP Code File for July 2014

EFFECTIVE DATE: July 1, 2014

IMPLEMENTATION DATE: July 7, 2014

I. GENERAL INFORMATION

A. Background: Each calendar quarter, the Centers for Medicare & Medicaid Services (CMS) issues an updated, 5-digit ZIP code file (ZIP5) and 9-digit ZIP code File (ZIP9) to be used for pricing Medicare claims.

Every 2 months, CMS obtains an updated listing of ZIP codes from the U.S. Postal Service (USPS). On the basis of the updated USPS file, CMS updates the Medicare ZIP code files and makes them available to contractors.

Under normal circumstances, approximately 6 weeks prior to the beginning of each calendar quarter (i.e., approximately 6 weeks prior to January 1, April 1, July 1, and October 1), CMS will make available the updated ZIP5 and ZIP9 files. Thus, the updated files will be available on approximately November 15th for the January 1 release, approximately February 15th for the April 1 release, approximately May 15th for the July 1 release, and approximately August 15th for the October 1 release.

In addition to the 5 and 9-digit ZIP code files, CMS will post on the CMS Web site at http://www.cms.gov/prospmedicarefeesvcpmtgen/01_overview.asp a list of the 5-digit ZIP codes that require a 4-digit extension, and a list of the most recent additions and deletions to that file. Under normal circumstances, these two files will also be posted approximately 6 weeks prior to the beginning of each calendar quarter.

When the updated files are loaded to the Connect: Direct, it will add to the inventory of ZIP code files on the mainframe. The name of the ZIP5 file is MU00.@AAA2390.ZIP5.LOCALITY.Vyyyyr, where “yyyy” equals the calendar year and “r” equals the release number with January = 1, April = 2, July = 3, and October = 4. Also, the name of the ZIP9 file is MU00.@AAA2390.ZIP9.LOCALITY.Vyyyyr.

NOTE: Even the most recently updated ZIP code files will not contain ZIP codes established by the USPS after CMS compiled the file. Therefore, for ZIP codes reported on claims that are not on the most recent ZIP code files, follow the instructions in the CMS Manual System, Publication 100-4, Chapter 15, section 20.1.5.

B. Policy: This instruction describes the process for updating the Medicare ZIP Code files.

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	
8543.1	Contractors shall use the most recent version of the Medicare ZIP5 code files to process ambulance claims.	X	X			X				
8543.1.1	Contractors shall do jurisdictional pricing for other benefit categories where instructions direct the use of the ZIP code files.	X	X			X				
8543.2	Contractors shall go to the Connect: Direct and search for the ZIP code files approximately six (6) weeks before the beginning of each calendar quarter.		X		X	X				
8543.2.1	Contractors shall confirm that the release number (the last 5 digits) corresponds to the upcoming calendar quarter.		X		X	X				
8543.2.2	Contractors shall notify Wendy Knarr by dialing National Relay at # 711 then have agent dial 410-786-0843 or email at Wendy.Knarr@cms.hhs.gov, if the release number (the last 5 digits) does not correspond to the upcoming calendar quarter.		X		X	X				
8543.2.3	<p>Contractors shall notify EDC/Data Centers that the following files are available and EDC/Data Centers shall download and incorporate the files into their testing regime for the upcoming model release:</p> <ol style="list-style-type: none"> The ZIP5 file for the July 2014 release: <u>MU00.@AAA2390.ZIP5.LOCALITY.V20143</u> (The release number for this file is 20143, i.e., release 3 for the year 2014). The ZIP9 file for the July 2014 release: <u>MU00.@AAA2390.ZIP9.LOCALITY.V20143</u> (The release number for this file is 20143, i.e., release 3 for the year 2014). 		X		X	X				CDC, CDS, EDCs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		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:
N/A	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr, Wendy.Knarr@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

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.