

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3480	Date: March 18, 2016
	Change Request 9509

SUBJECT: Instructions for Downloading the Medicare ZIP Code File for July 2016

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 2016 quarter. The attached Recurring Update Notification applies to Chapter 15, Section 20.1.5 (B).

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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SUBJECT: Instructions for Downloading the Medicare ZIP Code File for July 2016

EFFECTIVE DATE: July 1, 2016

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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/Medicare/Medicare-Fee-for-Service-Payment/ProsperMedicareFeeSvcPmtGen/index.html> 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.

ZIP Code files are catalogued on the Baltimore Data Center (BDC) 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.

NOTE: The July 2016 ZIP5 and ZIP9 Code files will reflect a small change in existing filler space in anticipation of potential future system changes. No system changes are needed at this time.

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
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		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	
9509.1	Contractors shall use the most recent version of the Medicare ZIP5 code files to process ambulance claims.	X	X			X				
9509.1.1	Contractors shall do jurisdictional pricing for other benefit categories where instructions direct the use of the ZIP code files.	X	X			X				
9509.2	Contractors shall search the ZIP Code file on the BDC mainframe approximately six (6) weeks before the beginning of each calendar quarter.		X		X	X				
9509.2.1	Contractors shall confirm that the release number (the last 5 digits) corresponds to the upcoming calendar quarter.		X		X	X				
9509.2.2	Contractors shall notify Wendy Knarr by 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				
9509.2.3	Contractors shall notify Virtual Data Centers that the following files are available and Virtual Data Centers shall download and incorporate the files into their testing regime for the upcoming model release: <ul style="list-style-type: none"> 1. The ZIP5 file for the July 2016 release: <u>MU00.@AAA2390.ZIP5.LOCALITY.V20163</u> (The release number for this file is 20163, i.e., release 3 for the year 2016). 2. The ZIP9 file for the July 2016 release: <u>MU00.@AAA2390.ZIP9.LOCALITY.V20163</u> (The release number for this file is 20163, i.e., release 3 for the year 2016). 		X		X	X				BDC, VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C W F

		A	B	H H H	M A C	I
	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

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).

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