

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0046</b>	<b>Date: August 31, 2007</b>
<b>Planned Web Site Address <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a></b>	<b>Release planned: 09/17/07</b>

**PROGRAM AREA: Claims Processing**

**SUBJECT: Revisions to 9-Digit ZIP Code list Provided in Change Request 5208**

**APPLIES TO: CORF, HHA, IDTF, SNF, Hospic, Hospital, Physician and Non-Physician Practitioner**

**I. SUMMARY OF DOCUMENT:** This CR instructs contractors to educate providers, physicians, and non-physician practitioners on revisions to the list of ZIP codes provided in CR 5208 that will require 9-digit ZIP code information in order to be processed.

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE

**III. CLEARANCES:**

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter/(410) 786-4164/CMM
Agency POC	Leslie Trazzi/(410)786-6138/CMM/PBG/DPS

**IV. TYPE (Check appropriate boxes for type of guidance)**

<input type="checkbox"/>	<b>Audit Guide</b>
<input checked="" type="checkbox"/>	<b>Change Request</b>
<input type="checkbox"/>	<b>HPMS</b>
<input type="checkbox"/>	<b>Joint Signature Memorandum/Technical Director Letter</b>
<input type="checkbox"/>	<b>Manual Transmittal/Non-Change Request</b>
<input type="checkbox"/>	<b>State Medicaid Director Letters</b>
<input type="checkbox"/>	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY:** [include the citation of what statute or regulation is being interpreted. If not applicable, indicate N/A]

# Attachment – One-Time Notification

<b>Pub. 100-04</b>	<b>Transmittal:</b>	<b>Date:</b>	<b>Change Request: 5730</b>
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**SUBJECT: Revisions to 9-Digit ZIP Code List Provided in Change Request (CR) 5208**

**Effective Date:** 30 days from issuance

**Implementation Date:** 30 days from Issuance

## I. GENERAL INFORMATION

**A. Background:** Medicare contractors have been directed to determine payment locality for services paid under the MPFS and anesthesia services by using the ZIP code on the claim of where the service was performed. It has come to the attention of CMS that some ZIP codes fall into more than one payment locality. The CMS ZIP code file uses the convention of the United States Postal Service which assigns these ZIP codes into dominant counties. In some cases, though the service may actually be rendered in one county, per the ZIP code it is assigned into a different county. This causes a payment issue when each of the counties has a different payment locality and therefore a different payment amount.

In order to correct this, CMS will require the submission of 9-digit ZIP codes to carriers/A/B MACs for services paid under the MPFS and anesthesia services only when the services are provided in those ZIP code areas with which there is a problem except for services provided in Place of Service (POS) “Home,” and for any other places of service that contractors currently consider to be the same as “Home.” (Currently, there is no requirement for the submission of a ZIP code when the POS is “Home.”)

Fiscal intermediaries/A/B MACs determine locality based upon the ZIP code of the provider’s physical address. This address, including the ZIP code, is stored on the provider file as the master address.

CR 5208, issued March 09, 2007, had attached to it the list of ZIP codes that would require the 9-digit ZIP codes effective for claims with dates of service on or after October 1, 2007. This CR provides a small number of updates to the list found in CR 5208. Contractors will need to notify physicians, practitioners, non-physician practitioners, and providers of these changes so that they may take appropriate action. When the 9-digit ZIP code file is available for download by the contractors, it will take into account these revisions.

**B. Policy:** The CR represents no change to CMS payment policy.

## II. BUSINESS REQUIREMENTS TABLE

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	R	I	I	S	S	M	W
		M	M		I	C		S	S	S	F	
		A	A		E			S				
		C	C		R							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5730.1	Through provider education as outlined below, contractors shall educate providers of the revision to the ZIP code list on the attached list so that they may update the practice location ZIP code on the provider file master address file through the submission of a CMS-855A.	X		X								
5730.2	Through provider education as outlined below, contractors shall educate providers of the revision to the ZIP code list on the attached list so that they may code their claims correctly with 9-digit ZIP codes when necessary.	X			X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5730.3	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X							

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
CR 5208	Contractors should refer to CR 5208 for additional information on claims processing with 9-digit ZIP codes.

**B. For all other recommendations and supporting information, use this space: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Carrier/A/B MAC claims processing – Leslie Trazzi at [Leslie.Trazzi@cms.hhs.gov](mailto:Leslie.Trazzi@cms.hhs.gov). FI/A/B/MAC claims processing – Susan Guerin at Susan.Guerin@cms.hhs.gov.

**Post-Implementation Contact(s):** Appropriate Regional Office.

## **VI. FUNDING**

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:**

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

**B. For Medicare Administrative Contractors (MAC), use the following statement:**

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 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

Attachment

Addition to ZIP Code List in CR 5208 Requiring 9-Digit ZIP Codes

30132  
51001  
51023  
57533  
58639  
58649  
60502  
60503  
60585  
60586  
67762  
69128  
69145  
69343  
77578  
78653  
78660  
82701  
98068

Deletions to ZIP Code List in CR 5208 Requiring 9-Digit ZIP Codes

01432  
19525  
62231  
68755  
77550  
78657