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|--|---|
| <b>CMS Manual System</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>Transmittal 1156</b>                      | <b>Date: JANUARY 12, 2007</b>                             |
|  | <b>Change Request 5465</b>                                |

**Subject: Revised Medicare Zip Code File to Download**

**I. SUMMARY OF CHANGES:** Because some zip codes were incorrectly placed in a geographic designation on the latest file, it is important to create a revised zip code file to ensure proper payment of claims.

New / Revised Material

Effective Date: January 1, 2007

Implementation Date: February 5, 2007

*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   |  |

**III. FUNDING:**

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

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment - Business Requirements

|                    |                          |                               |                            |
|--------------------|--------------------------|-------------------------------|----------------------------|
| <b>Pub. 100-04</b> | <b>Transmittal: 1156</b> | <b>Date: January 12, 2007</b> | <b>Change Request 5465</b> |
|--------------------|--------------------------|-------------------------------|----------------------------|

**SUBJECT: Revised Medicare Zip Code File to Download**

**Effective Date:** January 1, 2007

**Implementation Date:** February 5, 2007

## I. GENERAL INFORMATION

**A. Background:** Each calendar quarter, CMS issues an updated, 5-position zip code file 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 file and makes it available to contractors.

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 an updated 5-position Medicare zip code file. Thus, the updated file will be available in early November for the January 1 release, early February for the April 1 release, early May for the July 1 release, and early August for the October 1 release.

When an updated file is loaded to the Connect: Direct, it will add to the inventory of zip code files on the mainframe. The name of the 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.

**NOTE:** Even the most recently updated zip code file 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 file, follow the instructions in the CMS Manual System, Publication 100-4, chapter 15, section 20.1.5.

**Because some zip codes were incorrectly placed in a geographic designation on the latest file, it is important to create a revised zip code file to ensure proper payment of claims. Please note that a complete new file, with the same name as the file being replaced, will be available for your use upon the release of this One Time Notification.**

**B. Policy:** This instruction describes the process for updating the Medicare Zip Code file.

## 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<br>I<br>S<br>S | M<br>C<br>S | V<br>M<br>S | CWF |  |
|----------|---|---|--|---|---|--|---|---|------------------|-------------|-------------|-----|--|
| 5465.1   | Contractors shall use the most recent version of the Medicare zip code file to process ambulance claims, and shall do jurisdictional pricing for other benefit categories where instructions direct the use of the zip code file. | X |  | X | X |  |   |   | X                | X           | X           |     |  |
| 5465.2   | Approximately six (6) weeks before the beginning of each calendar quarter contractors shall go to the Connect: Direct and search for the zip code file.   | X |  | X | X |  |   |   | X                | X           | X           |     |  |
| 5465.2.1 | Contractors shall confirm that the release number (the last 5 digits) corresponds to the upcoming calendar quarter.   | X |  | X |   |  |   |   | X                | X           | X           |     |  |
| 5465.2.2 | If the release number (the last 5 digits) does not correspond to the upcoming calendar quarter, contractors shall notify Wendy Knarr at (410) 786-0843.   | X |  | X |   |  |   |   | X                | X           | X           |     |  |
| 5465.2.3 | Contractors shall download the file and incorporate the file into their testing regime for the upcoming model release.  | X |  | X |   |  | X | X | X                | X           | X           |     |  |
| 5465.2.4 | The name of the zip code file for the January 2007 release is <a href="#">MU00.@AAA2390.ZIP5.LOCALITY.V20071</a> . The release number for this file is 20071, i.e., release 1 for the year 2007.                                  | X |  | X |   |  | X | X | X                | X           | X           |     |  |
| 5465.2.5 | Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.                                    | X |  | X |   |  | X | X | X                | X           | X           |     |  |

### III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) |        |        |        |        |        |                              |       |
|--------|-------------|---|--------|--------|--------|--------|--------|------------------------------|-------|
|        |             | A<br>/  | D<br>M | F<br>I | C<br>A | D<br>M | R<br>H | Shared-System<br>Maintainers | OTHER |
|        |             |   |        |        |        |        |        |                              |       |

|  |       |  |  |  |  |  |  |  |  |                  |             |             |     |  |
|--|-------|--|--|--|--|--|--|--|--|------------------|-------------|-------------|-----|--|
|  |       |  |  |  |  |  |  |  |  | F<br>I<br>S<br>S | M<br>C<br>S | V<br>M<br>S | CWF |  |
|  | None. |  |  |  |  |  |  |  |  |                  |             |             |     |  |

**IV. SUPPORTING INFORMATION**

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**  
 Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
|                          |  |

**B. For all other recommendations and supporting information, use the space below:**

**V. CONTACTS**

**Pre-Implementation Contact(s):**  
 Glenn McGuirk, (410) 786-5723, [Glenn.McGuirk@cms.hhs.gov](mailto:Glenn.McGuirk@cms.hhs.gov)  
 Anne Tayloe, (410) 786-4546, [Anne.Tayloe@cms.hhs.gov](mailto:Anne.Tayloe@cms.hhs.gov)

**Post-Implementation Contact(s):** For availability of the file: Wendy Knarr (410) 786-0843; for the accuracy of zip code entries or for urban/rural designations: Glenn McGuirk (410) 786-5723.

**VI. FUNDING**

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

**B.** 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 specified 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.