

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1480	Date: MARCH 21, 2008
	Change Request 5970

Subject: Website for Additions and Deletions of ZIP Codes Requiring a Plus Four ZIP Code Extension

I. SUMMARY OF CHANGES: This CR provides the address of the CMS website where the additions and deletions to the ZIP codes requiring a plus four ZIP code extension are posted.

New / Revised Material

Effective Date: April 21, 2008

Implementation Date: April 21, 2008

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: 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:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1480	Date: March 21, 2008	Change Request: 5970
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SUBJECT: Website for Additions and Deletions of ZIP Codes Requiring a Plus Four ZIP Code Extension

Effective Date: April 21, 2008

Implementation Date: April 21, 2008

I. GENERAL INFORMATION

A. Background: Medicare contractors have been directed to determine payment locality for services paid under the Medicare Physician Fee Schedule and anesthesia services by using the ZIP code where the services were rendered. 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. Change request (CR) 5208, issued March 09, 2007, listed the ZIP codes that fall into more than one payment locality and require a plus four ZIP code extension. CR 5730 provided updates to the list provided in CR 5208.

This CR provides the address of the CMS website where the additions and deletions to the ZIP codes requiring a plus four ZIP code extension are posted. Additions and deletions can be found at http://www.cms.hhs.gov/prospmedicarefeesvcpmtgen/01_overview.asp by clicking on the “ZIP Code Changes” file. To view all ZIP codes requiring a plus four ZIP code extension, click on the “ZIP Codes Requiring +4 Ext” file. Upon the release of a new quarterly update, the previous quarter’s additions and deletions are no longer displayed on the “ZIP Code Changes” file since they are included on the “ZIP Codes Requiring +4 Ext” file.

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 / B M A C	D M A A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
5970.1	Contractors shall provide a direct link to the ZIP Code Changes and the ZIP Codes Requiring +4 Ext files on their website.	X		X	X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)
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		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5970.2	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 one 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	X					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): For FI/A/B MAC claims processing issues: Susan Guerin at susan.guerin@cms.hhs.gov; for Carrier/A/B MAC claims processing issues: Leslie Trazzi at leslie.trazzi@cms.hhs.gov.

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs):

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

Section B: For Medicare Administrative Contractors (MACs), use the following statement:

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.