

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13181	Date: April 25, 2025
	Change Request 14017

Transmittal 13152 issued April 10, 2025, is being rescinded and replaced by Transmittal 13181, dated April 25, 2025, to revise business requirement 14017.5 for CWF to add TOS F to codes listed in Attachment A, Table 3. All other information remains the same.

SUBJECT: April 2025 Update of the Ambulatory Surgical Center (ASC) Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2025 ASC payment system update.

EFFECTIVE DATE: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 2025

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

Pub. 100-04	Transmittal: 13181	Date: April 25, 2025	Change Request: 14017
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IMPLEMENTATION DATE: April 7, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2025 ASC payment system update.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2025 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. An April 2025 Ambulatory Surgical Center Fee Schedule (ASC FS) File, and an April 2025 Ambulatory Surgical Center Payment Indicator (PI) File will be issued with this transmittal.

B. Policy: 1. New HCPCS code for Simulation Angiogram for Radioembolization of Tumors, Effective April 1, 2025

CMS is establishing a new HCPCS code, C8004, to describe the simulation angiogram service using a pressure-generating catheter (e.g., one-way valve, intermittently occluding) for subsequent therapeutic radioembolization of tumors. Table 1, (see Attachment A: Policy Section Tables), lists the long descriptor, short descriptor, and ASC PI for HCPCS code C8004. This code, along with its short descriptor, ASC PI, and payment rate, can be found in the April 2025 ASC Addendum BB on the CMS website at:

<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

2. Revised Payment Rates for CPT Codes 0446T and 0448T, Implantable Interstitial Glucose Sensor System for Diabetic Patients, Effective April 1, 2025

For the April 2025 update, we are deleting G0564 and G0565 listed in Table 2 (see Attachment A: Policy Section Tables) and revising the ASC payment rate for 0446T and 0448T that describe the implantable glucose monitoring system to be consistent with the APC assignments for the G-codes we are deleting. The payment rates for 0446T and 0448T along with its short descriptor, and ASC PI can be found in the April 2025 ASC Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

3. Drugs, Biologicals, and Radiopharmaceuticals

a. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of April 1, 2025

In conformance with OPPS policy, five (5) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals will be separately payable effective April 1, 2025. These codes and ASC PI assignments will be changed effective April 1, 2025 to ASC PI=K2. These HCPCS codes and ASC PIs are listed in Table 3, (see Attachment A: Policy Section Tables).

b. Newly Qualifying Non-Opioid Treatment for Pain Relief Starting April 1, 2025

Section 4135 of the Consolidated Appropriations Act (CAA), 2023 established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief, and was finalized in the CY 2025 OPPS/ASC final rule with comment period. CMS has fully evaluated applicable non-opioid treatments against the statutory eligibility criteria and determined that, with the expiration of transitional pass-through status for HCPCS Code C9088 on March 31, 2025, C9088 meets the statutory definition of a Non-opioid Treatment for Pain Relief and should be paid according to the finalized policy. Section 1833(t)(16)(G)(iii) of the Act states that the separate payment amount specified in clause (ii), shall not exceed the estimated average of 18 percent of the OPD fee schedule amount for the OPD service (or group of services) with which the non-opioid treatment for pain relief is furnished, as determined by the Secretary. The long descriptor and finalized payment limitation amount for this product can be found in Table 4, (see Attachment A: Policy Section Tables), and will be updated annually.

c. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2025

Eleven (11) new drug, biological, and radiopharmaceutical HCPCS codes are established effective April 1, 2025, and are separately payable under the ASC payment system. These HCPCS codes, as well as the descriptors and ASC PIs, are listed in Table 5 (see Attachment A: Policy Section Tables).

d. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Payment Indicator Change to Non-Payable Effective April 1, 2025

One (1) drug, biological, and radiopharmaceutical HCPCS code will be revised to a non-payable payment indicator effective April 1, 2025. This HCPCS code is listed in Table 6 (see Attachment A: Policy Section Tables).

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of March 31, 2025

Eight (8) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on March 31, 2025. These HCPCS codes are listed in Table 7 (see Attachment A: Policy Section Tables).

f. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactively

The ASC PI for HCPCS code J1171 is reassigned from ASC PI=K2 to ASC PI=N1 retroactive from January 1, 2025, through March 31, 2025. The code, descriptor, and ASC PI are listed in Table 8 (see Attachment A: Policy Section Tables).

g. HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of April 1, 2025

One (1) drug, biological, and radiopharmaceutical HCPCS code will undergo a substantial descriptor change as of April 1, 2025. This HCPCS code is listed in Table 9 (see Attachment A: Policy Section Tables).

h. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2025, payment for the majority of nonpass-through drugs, biologicals, and therapeutic radiopharmaceuticals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). In CY 2025, a single payment of ASP plus 6 percent for pass-through drugs, biologicals, and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective April 1, 2025, can be found in the April 2025 ASC Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

i. Drugs, Biologicals, and Radiopharmaceuticals with Restated Payment Rates

Some drugs, biologicals, and radiopharmaceuticals will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs, biologicals, and radiopharmaceuticals with corrected payments rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/restated-drug-biological-payment-rates>

Suppliers that believe they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

4. Skin Substitutes

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$50 or the per day cost of \$833 for CY 2025.

a. New Packaged Skin Substitute Products Effective April 1, 2025

There are fourteen (14) new skin substitute HCPCS codes that will be active as of April 1, 2025. These codes are listed in Table 10, (see Attachment A: Policy Section Tables).

b. Skin Substitute Product Codes Deleted Effective March 31, 2025

One (1) skin substitute product code has been deleted as of March 31, 2025. This code is reported in Table 11, (see Attachment A: Policy Section Tables).

c. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2025

There is one (1) skin substitute HCPCS code that will be reassigned from the low-cost skin substitute group to the high-cost skin substitute group as of April 1, 2025. The code is listed in Table 12, (see Attachment A: Policy Section Tables).

5. Revisions to the CY 2025 ASC Wage Index effective January 1, 2025

In the CY 2025 OPPS/ASC final rule, we finalized our proposal to use the new CBSA delineations for the ASC payment system. In our January 2025 ASC payment system update, we used the new CBSA delineations and provided a comprehensive list of all county-to-CBSA delineations for CY 2025 (see Attachment B of CR 13934). However, certain counties that were reassigned into a new CBSA delineation could receive an ASC wage index that is significantly less than the ASC wage index from the CBSA to which the counties had been assigned. For CY 2025, we finalized our policy to limit ASC wage index declines to no more than 5 percent in a calendar year. Thirty-one (31) counties and county equivalents received an ASC wage index that declined more than 5 percent because the county or county equivalent was reassigned to a new CBSA for CY 2025. To limit the ASC wage declines to no more than 5 percent for these thirty-one counties and county equivalents, effective January 1, 2025, we are reassigning these counties and county equivalents to a transition CBSA that will provide the CY 2025 ASC wage index we finalized in the CY 2025 OPPS/ASC final rule with comment period which limits the ASC wage index decline to no more than 5 percent. Attachment B provides the list of the 31 county and county equivalents as well as the FIPS codes, state, CY 2025 Original CBSA codes and descriptions and their CY 2025 Transition CBSA codes and descriptions.

We are revising the January 2025 ASC Fee Schedule File to reflect the new payment rates for transition CBSA counties and county equivalents.

6. Coverage Determinations

The fact that a drug, device, procedure, or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

III. 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	
14017.1	Medicare contractors shall use the cloud service or multi-carrier system (MCS) to process January 2025 and April 2025 ASC Fee Schedule (FS) claims, based on CMS direction. Note: As a reminder, contractors get the January 2025 ASC FS payment rates and April 2025 ASC FS payment rates, as applicable, from the cloud. Mainframe ASC FS files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS.		X						

[illegible]

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	
	updated/converted to PECOS with the following data elements: (1) Contractor ID, (2) Medicare ID- current and end-dated (CGI is working under the assumption that all Medicare IDs that are associated to a CBSA Code conversion are current/active and end-dated.), (3) County Code (as stored in PECOS on the MCS Screen), and; (4) 2025 CBSA									
14017.10	PECOS (CGI) shall gather the list of all impacted supplier records AND make the necessary CBSA updates based off Attachment B.								PECOS	
14017.11	Medicare contractors shall update the CBSA assignment in PECOS as needed, if applicable for their jurisdictional ASCs, including for any non-automated 2025 CBSA conversion that may be required.		X							
14017.12	PECOS (CGI) will provide the list of ASCs that cannot be systematically updated to the new CBSA code.								PECOS	
14017.13	Medicare contractors shall perform manual updates in PECOS as needed for providers not listed on the CBSA master file in BR 13934.11.1.		X							
14017.14	Medicare contractors shall, if applicable upon making any manual CBSA update using the CBSA master file, default to any required PECOS sections to their best ability to avoid development to the provider until their normal re-validation period. This should include marking an AO as the Managing Employee, marking the MRCA as the correspondence, bypassing a site visit requirement, or similar action (e.g., 'Right Now'		X							

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	
	ticket to bypass the errors).” Note any "Right Now" tickets would be expedited.									
14017.15	Medicare contractors shall revise the 2025 CBSA Codes, as needed, for all impacted records as appropriate in the Provider Enrollment System (PES), based on the list of 2025 CBSA Codes received. • RRB shall apply the Effective Date of January 1, 2025 to the 2025 Revised CBSA Codes on each ASC record that has been converted NOTE: Reference Attachment B for County to Revised CBSA crosswalk.								RRB-SMAC	
14017.16	Medicare contractors shall reprocess any claims affected by the CBSA with dates of service from January 1, 2025 through March 31, 2025. The adjustments should be completed within 60 days.		X							
14017.17	Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that were processed with incorrect fees.		X							

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B

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

VI. CONTACTS

Pre-Implementation Contact(s): Yvette Cousar, 410-786-2160 or Yvette.Cousar@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. 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: 2

Attachment A – Policy Section Tables

Table 1. — New Covered Surgical Procedure Effective April 1, 2025

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C8004	Sim ang w/prs cath rad emb	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	J8

Table 2. — Covered Surgical Procedures Deleted Effective March 31, 2025

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
G0564	365 d implant glucose sensor	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	D5
G0565	Rem/ins glu snsr 365 dif sit	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	D5

Table 3. — Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of April 1, 2025

HCPCS Code	Long Descriptor	ASC PI
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	K2
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	K2
J9072	Injection, cyclophosphamide (avyxa), 5 mg	K2
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	K2
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	K2

Table 4. — HCPCS Code and Payment Limitation for Qualifying Non-Opioid Treatments for Pain Relief Effective April 1, 2025

HCPCS Code	Long Descriptor	CY 2025 Payment Limit Effective April 1, 2025
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	\$2,267.26

Table 5. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2025

New HCPCS Code	Old HCPCS Code	Long Descriptor	ASC PI
A9611		Flurpiridaz f 18, diagnostic, 1 millicurie	K2
C9302		Injection, zanidatamab-hrii, 2 mg	K2
C9303		Injection, zolbetuximab-clzb, 1mg	K2
C9304		Injection, marstacimab-hncq, subcutaneous, 0.5 mg	K2
J1072		Injection, testosterone cypionate (azmiro), 1 mg	K2
J1299	J1300	Injection, eculizumab, 2 mg	K2
J2351		Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	K2
J2428		Injection, paliperidone palmitate extended release (erzofri), 1 mg	K2
J9024		Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	K2
J9054		Injection, bortezomib (boruzu), 0.1 mg	K2
Q5147		Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	K2

Table 6. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Payment Indicator Change to Non-Payable Effective April 1, 2025

HCPCS Code	Long Descriptor	January 2025 ASC PI	April 2025 ASC PI
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	K2	Y5

Table 7. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of March 31, 2025

HCPCS Code	Long Descriptor	ASC PI
J1094	Injection, dexamethasone acetate, 1 mg	D5
J1300	Injection, eculizumab, 10 mg	D5
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	D5
J1890	Injection, cephalothin sodium, up to 1 gram	D5
J1940	Injection, furosemide, up to 20 mg	D5
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	D5
J9247	Injection, melphalan flufenamide, 1mg	D5
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	D5

Table 8. — HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactive to January 1, 2025

HCPCS Code	Long Descriptor	Old January 2025 ASC PI	New January 2025 ASC PI
J1171	Injection, hydromorphone, 0.1 mg	K2	N1

Table 9. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of April 1, 2025

CY 2025 HCPCS Code	January 2025 Long Descriptor	April 2025 Long Descriptor
J9073	Injection, cyclophosphamide (ingenus), 5 mg	Injection, cyclophosphamide (dr. reddy's), 5 mg

Table 10. — New Packaged Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective April 1, 2025

HCPCS Code	Long Descriptor	ASC PI	Low/High Cost Skin Substitute
Q4354	Paligen dual-layer membrane, per square centimeter	N1	Low

Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	N1	Low
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	N1	Low
Q4357	Xwrap plus, per square centimeter	N1	Low
Q4358	Xwrap dual, per square centimeter	N1	Low
Q4359	Choripty, per square centimeter	N1	Low
Q4360	Amchoplast fd, per square centimeter	N1	Low
Q4361	Epixpress, per square centimeter	N1	Low
Q4362	Cygnus disk, per square centimeter	N1	Low
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	N1	Low
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	N1	Low
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	N1	Low
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	N1	Low
Q4367	Amniocore sl, per square centimeter	N1	Low

Table 11. — Skin Substitute Product Codes Deleted Effective March 31, 2025

HCPCS Code	Long Descriptor	January 2025 ASC PI	April 2025 ASC PI
Q4231	Corplex p, per cc	N1	D5

Table 12. — Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2025

HCPCS Code	Long Descriptor	ASC PI	Old Low/High Cost Skin Substitute Group	April 2025 Low/High Cost Skin Substitute Group
Q4271	Complete ft, per square centimeter	N1	Low	High

FIPS Code	County Name	State	CY 2025 Original CBSA	CY 2025 CBSA Name	CY 2025 Transition CBSA	CY 2025 Transition CBSA Name
01129	WASHINGTON	AL	01	Alabama	50001	Washington County
05047	FRANKLIN	AR	04	Arkansas	50015	Franklin County
09150	NORTHEASTERN CT	CT	07	Connecticut	50030	Northeastern CT
13171	LAMAR	GA	11	Georgia	50002	Lamar County
15005	KALAWAO	HI	27980	Kahului-Wailuku, HI	50003	Kalawao County
16077	POWER	ID	13	Idaho	50004	Power County
17183	VERMILION	IL	14	Illinois	50005	Vermilion County
18133	PUTNAM	IN	15	Indiana	50006	Putnam County
21101	HENDERSON	KY	18	Kentucky	50007	Henderson County
22045	IBERIA	LA	19	Louisiana	50010	Iberia County
24009	CALVERT	MD	30500	Lexington Park, MD	50008	Calvert County
24047	WORCESTER	MD	21	Maryland	50009	Worcester County
26155	SHIAWASSEE	MI	23	Michigan	50011	Shiawassee County
27075	LAKE	MN	24	Minnesota	50012	Lake County
27133	ROCK	MN	43620	Sioux Falls, SD-MN	50013	Rock County
32019	LYON	NV	39900	Reno, NV	50014	Lyon County
36123	YATES	NY	33	New York	50016	Yates County
37077	GRANVILLE	NC	34	North Carolina	50017	Granville County
37087	HAYWOOD	NC	34	North Carolina	50018	Haywood County
39123	OTTAWA	OH	41780	Sandusky, OH	50019	Ottawa County
42103	PIKE	PA	39	Pennsylvania	50020	Pike County
51113	MADISON	VA	49	Virginia	50021	Madison County
51175	SOUTHAMPTON	VA	49	Virginia	50022	Rural Virginia Beach
51620	FRANKLIN CITY	VA	49	Virginia	50022	Rural Virginia Beach
54035	JACKSON	WV	51	West Virginia	50024	Rural Charleston
54043	LINCOLN	WV	51	West Virginia	50024	Rural Charleston
54057	MINERAL	WV	51	West Virginia	50023	Mineral County
72023	CABO ROJO	PR	32420	Mayagüez, PR	50025	San German-Cabo Rojo
72079	LAJAS	PR	32420	Mayagüez, PR	50025	San German-Cabo Rojo
72121	SABANA GRANDE	PR	32420	Mayagüez, PR	50025	San German-Cabo Rojo
72125	SAN GERMAN	PR	32420	Mayagüez, PR	50025	San German-Cabo Rojo