

<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 2591</b>	<b>Date: November 16, 2012</b>
	<b>Change Request 8063</b>

**SUBJECT: Instructions for Downloading the Medicare ZIP Code File for April 2013**

**I. SUMMARY OF CHANGES:** This instruction describes the process for updating the two Medicare ZIP Code files (ZIP5 and ZIP9) for the April 2013 quarter. The attached Recurring Update Notification applies to Chapter 15, Section 20.1.5 (B).

**EFFECTIVE DATE: April 1, 2013**

**IMPLEMENTATION DATE: April 1, 2013**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**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 obliged 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. ATTACHMENT:**

**Business Requirements**

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





		P a r t A	P a r t B	M A C		R I E R	I	
	None							

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**  
 Use "Should" to denote 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 (Wendy Knarr, Wendy.Knarr@cms.hhs.gov (For availability of the ZIP-5 or ZIP-9 file: Wendy Knarr by dialing Relay at #711 then have the agent dial (410) 786-0843 or email at Wendy.Knarr@cms.hhs.gov ; for the accuracy of ZIP Code entries or for urban/rural designations: Glenn McGuirk by dialing (410) 786-5723 or email at Glenn.McGuirk@cms.hhs.gov; for the accuracy/availability of the file listing 5-digit ZIP Codes requiring a 4-digit extension: Fiscal Intermediaries/A/B MACs contact Jason Kerr (410)786-2123 or email at Jason.Kerr@cms.hhs.gov; Carriers/A/B MACs contact Leslie Trazzi (410)786-7544 or email at Leslie.Trazzi@cms.hhs.gov))

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

**VI. FUNDING**

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

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**Section B: For Medicare Administrative Contractors (MACs):**

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