

# Program Memorandum Intermediaries

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal A-02-090

Date: SEPTEMBER 27, 2002

## CHANGE REQUEST 2346

**SUBJECT: File Descriptions and Instructions for Retrieving the 2003 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS), and Therapy Fee Schedule Payment Amounts through CMS's Mainframe Telecommunications System**

Attached are file descriptions and instructions for retrieving the 2003 Physician, Clinical Lab, and Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) fee schedule payment amounts through CMS mainframe telecommunications system. The effective date for these pricing updates is January 1, 2003. Target implementation date will be January 1, 2003.

Also included is information for retrieving the annual HCPCS file update through the CMS mainframe telecommunications system. The HCPCS data files include deleted codes for the upcoming grace period. These are not identifiable solely from this file. In your system, you need to refer to the HCPCS files to identify those codes that are deleted in 2003.

CMS' Division of Data Systems (DDS) will release the following files on the dates indicated. The last trailer of the filename listed identifies the intended recipient of the file, i.e., FI for fiscal intermediaries, RHHI for regional home health intermediaries, and FIRHHI for both.

### File Name

### Retrieval Dates

**P@HCP.@AAA2360.HCPC2003.CONTR and  
P@HCP.@AAA2360.HCPC2003.PRNT**

**Oct 9 - Oct 31**

These files contain coding data for all HCPCS codes. Both files need to be retrieved. The first (with CONTR suffix) is the 2003 HCPCS file that is made up of procedure and modifier codes. The second (with PRINT suffix) is the print file of the 2003 HCPCS edition; a utility may be used to produce a printed copy of HCPCS.

**MU00.@BF12390.MPFS.CY03.ALL.V1114.RHHI**

**Nov 14 - Nov 22**

This file is to be used only by regional home health intermediaries (RHHIs) to process hospice claims for Part B services and it will be labeled HPH. Included are fees for all radiology and other diagnostic services, even those that are not subject to payment limitations. All available fees (global, professional, and technical) are transmitted. Codes subject to the grossing up formula are not grossed-up on the HPH file.

**MU00.@BF12390.MPFS.CY03.SNF.V1114.FI**

**Nov 14 - Nov 22**

This file contains the Skilled Nursing Facility (SNF) extract from the Medicare Physician Fee Schedule Database (MPFSDB) for radiology, other diagnostic, and other SNF services.

**MU00.@BF12390.MPFS.CY03.LOC.V1211.FIRHHI**

**Dec 11 - Dec 28**

This file contains pricing data for carrier-priced and local HCPCS codes for radiology, other diagnostic, and hospice services paid under the physician fee schedule, including some high volume services such as portable X-rays.

**CMS-Pub. 60A**

**MU00.@BF12394.CLAB.CY03.V1118.FIRHHI****Nov 18 - Dec 14**

This file contains pricing data priced under the clinical diagnostic lab fee schedule. The file will also include HCPCS codes for clinical lab services that must be gap-filled. The fee field transmitted for these codes will contain a zero.

**MU00.@BF12393.DMEPOS.T030101.V1210.FI****Dec 10 - Dec 27**

This file contains HCPCS codes and related prices subject to the DMEPOS fee schedule. This file will include only those services, which are subject to the DMEPOS national floors and ceilings. It will NOT include services which are priced by carriers (e.g., customized services) or services priced under reasonable charges. These pricing amounts will continue to be provided by the Part B carriers.

The nine DMEPOS categories have been mapped to extraction labels as follows:

- o IN = Inexpensive/routinely purchased...DME;
- o FS = Frequency Service...DME;
- o CR = Capped Rental... DME;
- o OX = Oxygen and Oxygen Equipment... OXY;
- o OS = Ostomy, Tracheostomy and Urologicals...P/O;
- o S/D = Surgical Dressings...S/D;
- o P/O = Prosthetics and Orthotics...P/O;
- o SU = Supplies...DME; and
- o TE = TENS...DME,

RHHIs will need to retrieve data from all of the above categories. Regular intermediaries only need to retrieve data from categories P/O, S/D and SU. FIs need to retrieve the SU category in order to be able to price supplies on Part B SNF claims.

**MU00.@BF12393.DMEPOS.T030101.GAP.V1213.FI****Dec 13 - Dec 31**

This file contains DMEPOS gap-filled amounts.

**MU00.@BF12390.MPFS.CY03.ABSTR.V1114.FI****Nov 14 - Nov 22**

This is a final physician fee schedule abstract file for outpatient rehabilitation and comprehensive outpatient rehabilitation facilities (CORF) services payment.

**MU00.@BF12390.MPFS.CY03.SUPL.V1114.FI****Nov 14 – Nov 28**

This is a fee schedule for outpatient rehabilitation services to be used in a CORF and critical access hospital (CAH).

**MU00.@BF12390.MPFS.CY03.MAMMO.V1114.FI****Nov 14 - Nov 28**

This file contains HCPCS codes that are priced for the new digital mammography technology and regular screening mammography.

**MU00.@AAA2390.AMBFS.FINAL.V21****Nov 14 – Nov 28**

This national ambulance fee schedule file contains HCPCS codes and the fee schedule payment amounts by locality for all fee schedule localities.

This Program Memorandum (PM) contains several attachments. Attachment A provides instructions for receiving the 2003 pricing files via CMTS. Attachments B through I contain the record layouts for the CMTS files you will be receiving. Attachment I contains the locality structures. The only change for the coming year is Ohio and West Virginia. Ohio is carrier number 00883 and West Virginia is carrier number 00884.

Pricing methodologies under reasonable charge will still be released to you by the carriers.

The physician fee schedule data is to be treated as confidential. Payment amounts calculated for 2003 should not be released prior to the publication of the Final Rule implementing the Fee Schedule for Physicians Services for 2003. Carriers have also been informed of this directive. Central office will notify you of the publication date.

**The *effective date* for this PM is January 1, 2003.**

**The *implementation date* for this PM is January 1, 2003.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after December 31, 2003.**

**If you have any questions, contact Linda Gregory on (410) 786-6138. For information regarding transmission of the files and/or the file layouts, contact Mary Ann Stevenson on (410) 786-1818.**

Attachments

**INSTRUCTIONS FOR RECEIVING  
2003 PART B PRICING FILES  
VIA CMS' MAINFRAME TELECOMMUNICATIONS SYSTEM**

Listed below are instructions for receiving the 2003 Part B Pricing Files via CMS' mainframe telecommunications system. In order not to incur additional transmission cost, transmission must occur during the evening hours, specifically after 8:00 P.M. Eastern Standard Time (EST).

Listed below are the most common problems encountered when carriers/intermediaries receive data via CMS' mainframe telecommunications system:

- o Receipt was performed in interactive mode, rather than batch. If transmission is performed interactively, it is impossible for DHPPD to access the CMS' mainframe telecommunications system log to verify transmission success/failure.

- o Omission or change of NEWNAME parameter. Omission of this parameter makes it extremely difficult and cumbersome for DHPPD to access CMTS log to verify transmission success/failure. See the following NEWNAME parameters:

**DMEPOS** for services priced under the durable medical equipment, prosthetics, orthotic and supply fee schedule;

- **CLAB** for services priced under the clinical diagnostic laboratory fee schedule.

- **MPFS** for the radiology and other diagnostic services priced under the physician fee Schedule.

- **HCPCS** for procedure coding information required for claims processing.

- o Omission or change of STARTT parameter. This parameter establishes the starting time for the batch job. As stated earlier, transmission must occur during the evening hours. Setting the STARTT to 20:00:00 hours assures that transmission will not commence prior to 8:00 PM EST.

The following is the JCL required for setting up an CMTS transmission of the 2003 Part B Pricing Files file from the HCFA Data Center.

\*\*\*\*\*

```
//UID#DMEP JOB (ACCTNG),NAME',MSGCLASS=A,CLASS=C,  
//  MSGLEVEL=(1,1)  
//DMBATCH EXEC PGM=DMBATCH,REGION=512K,PARM=(YYSLYNN)  
//DMPUBLIB DD DSN= NDM.PROCESS.LIBRARY,DISP=SHR  
//DMMSGFIL DD DSN= NDM.MESSAGE.LIBRARY,DISP=SHR  
//DMNETMAP DD DSN= NDM.NETWORK.MAP,DISP=SHR  
//DMPRINT DD SYSOUT=*  
//NDMCMDS DD SYSOUT=*  
//SYSUDUMP DD SYSOUT=*  
//SYSPRINT DD SYSOUT=*  
//SYSIN DD *  
SIGNON USERID=(NDM USERID) -  
        NODE= NDM NODE ID -  
        NETMAP= NDM NETWORK MAP  
SUBMIT DSN= PROCESS LIBRARY MEMBER -  
        STARTT=(,20:00:00) -  
        NEWNAME=DMEPOS or CLAB or MPFS or HCPCS  
SIGNOFF  
/*  
//
```

\*\*\*\*\*

Prior to submitting this job, supply the following parameters particular to your job site:

<b>UID#</b>	= Your system User-ID
<b>ACCTNG</b>	= Accounting Information, if applicable
<b>NAME</b>	= Programmer's Name
<b>NDM.PROCESS.LIBRARY</b>	= NDM Process Library for your system
<b>NDM.MESSAGE.LIBRARY</b>	= NDM Message Library for your system
<b>NDM.NETWORK.MAP</b>	= NDM Network Map File for your system
<b>NDM USERID</b>	= NDM Userid for your system
<b>NDM NODE</b>	= NDM Node ID for your system
<b>PROCESS LIBRARY MEMBER</b>	= Member where the code for the NDM COPY (see next page) is stored

The following code should be placed in your process library. This code will be executed from within CMTS to perform the copying of the 2003 Part B pricing data from a file at the CMS Data Center to a file at your processing site.

```
*****  
DMEPOS PROCESS PNODE= NDM NODE -  
                SNODE=NDM.CMS -  
                SNODEID=(TWXX, PASSWD) -  
                PACCT='ACCTNG' -  
                &DSN= DATASET NAME  
  
STEP01 COPY -  
FROM -  
    (DSN=CMS FILE  
    DISP=SHR -  
    SNODE) -  
TO -  
    (DSN=&DSN -  
    DISP=(,CATLG,DELETE) -  
    UNIT= UNIT ID -  
    PNODE)
```

\*\*\*\*\*

Supply the following parameters particular to your job site:

<b>NDM NODE</b>	= NDM Node ID for your system
<b>TWXX</b>	= NDM User ID for CMS' system
<b>PASSWD</b>	= Password to access NDM at CMS
<b>ACCTNG</b>	= Accounting Information (if required)
<b>DATASET NAME</b>	= File to receive HCFA data transmission
<b>CMS FILE</b>	= <b>APPROPRIATE DATA SET NAME</b>
<b>UNIT ID</b>	= Unit Identifier for your system

The submission of this JCL will enter this job in the MTS queue. In order not to incur additional transmission line costs, the job must not run before 8:00 P.M. (EST) of the day it is submitted.

**MEDICARE PHYSICIAN FEE SCHEDULE FILE CHARACTERISTICS**

**DATA SET NAMES:** MU00.@BF12390.MPFS.CY03.ALL.V1114.RHHI

(Contains Hospice which are priced under the Physician Fee Schedule. If an RHHI also functions as fiscal intermediary for a provider service area, the RHHI must also retrieve the file identified below in order to process claims for radiology and other diagnostic services submitted by hospitals.)

Date Available: November 14, 2002

or

**MU00.@BF12390.MPFS.CY03.LOC.V1211.FIRHHI**

(Hospice, Radiology & Other Diagnostic prices which are carrier-priced, and local HCPCS codes. This file contains some high volume services such as portable X-rays)

Date Available: December 11, 2002

**RECORD LENGTH:** 60  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 6000  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** CARRIER, LOCALITY, HCPCS CODE, MODIFIER

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>
<b><u>DATA RECORD:</u></b>		
1--HCPCS	1-5	X(05)
2--Modifier	6-7	X(02)
3--Filler	8-9	X(02)
4--Fee	10-16	9(05)V99
5--Filler	17-23	X(07)
6--Filler	24-30	X(07)
7--Carrier Number	31-35	X(05)
8*-- Locality*	36-37	X(02)
9**--Label**	38-40	X(03)
10-- Filler	41-60	X(20)

\* Locality Code: See Attachment in Excel file.  
 \*\*Label: HPH -- Hospice Physician Services  
 ODX -- Other Diagnostic Services  
 PRF -- Portable Radiology  
 RAD -- Radiology

**CLINICAL DIAGNOSTIC LABORATORY FEE SCHEDULE**  
**FILE CHARACTERISTICS**

**DATA SET NAME:** MU00.@BF12394.CLAB.CY03.V1118.FIRHHI

(Contains services subject to national limitation amounts under the Clinical Diagnostic Laboratory Fee Schedule.)

Date Available: November 18, 2002

**RECORD LENGTH:** 60  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 6000  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** CARRIER, LOCALITY, HCPCS CODE

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>	
<b>HEADER RECORD:</b>			
1--Label	1-3	X(03)	Value = LAB
2--Filler	4-10	X(07)	
3--Filler	11-15	X(08)	
4--Filler	16-22	X(04)	
5--Date Fee Update	23-30	X(08)	YYYYMMDD
6--Filler	31-52	X(22)	
7--Date File Created	53-60	X(08)	YYYYMMDD

<b>DATA RECORD:</b>			
1--HCPCS	1-5	X(05)	
2--Filler	6-9	X(04)	
3--60% Fee	10-16	9(05)V99	
4--62% Fee	17-23	9(05)V99	
5--Filler	24-30	X(07)	
6--Carrier Number	31-35	X(05)	
7*--Locality*	36-37	X(02)	
8--Filler	38-60	X(23)	

\*Locality Code:

- 00 -- Single State Carrier
- 01 -- North Dakota
- 02 -- South Dakota
- 20 -- Puerto Rico
- 40 -- New Hampshire
- 50 -- Vermont



**DURABLE MEDICAL EQUIPMENT, PROSTHETIC, ORTHOTIC AND SUPPLY  
FEE SCHEDULE FILE CHARACTERISTICS**

**DATA SET NAME:** MU00.@BF12393.DMEPOS.T030101.V1210.FIRHHI

(Contains services subject to national Floors and Ceilings under the DMEPOS Fee Schedules including Surgical Dressings.)

Date Available: December 10, 2002

or

**MU00.@BF12393.DMEPOS.T030101.GAP.V1213.FI**

(Contains new services which were gapped-filled by DMERCs or local Part B Carriers.)

Date Available: December 13, 2002

**RECORD LENGTH:** 60  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 6000  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** LABEL, HCPCS, MOD, STATE

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>
<b>DATA RECORD</b>		
1--HCPCS	1-5	X(05)
2--MOD	6-7	X(02)
2--Filler	8-9	X(02)
3--Fee Schedule Amt	10-16	9(05)V99
4--Filler	17-30	X(14)
6--State	31-32	X(02)
7--Filler	33-37	X(05)
8*--Label*	38-40	X(3)
9--Filler	41-60	X(20)

\*\*Label: DME--Durable Medical Equipment (other than oxygen)  
 OXY--Oxygen  
 P/O--Prosthetic/Orthotic  
 S/D--Surgical Dressings

**ATTACHMENT E**

**OUTPATIENT REHABILITATION and CORF SERVICES FEE SCHEDULE**

DATA SET NAMES: **MU00.@BF12390.MPFS.CY03.ABSTR.V1114.FI**

(This is a final physician fee schedule abstract file for outpatient rehabilitation and CORF services payment.)

Date Available: November 14, 2002

**RECORD LENGTH:** 60  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 6000  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** Carrier, Locality HCPCS Code, Modifier

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture Value</u>	
1--HCPCS	1-5	X(05)	
2--Modifier	6-7	X(02)	
3--Filler	8-9	X(02)	
4--Non-Facility Fee	10-16	9(05)V99	
5--Filler	17-23	X(07)	
6--Filler	24-30	X(07)	
7--Carrier Number	31-35	X(05)	
8--Locality	36-37	X(02)	Identical to the radiology/diagnostic fees
9--Filler	38-40	X(03)	
10--Fee Indicator	41-41	X(1)	R-- Rehab/Audiology function test/CORF services
11--Outpatient Hospital	42-42	X(1)	0 -- Fee applicable in hospital outpatient setting 1 -- Fee not applicable in hospital outpatient setting
12--Filler	43-60	X(18)	

**ATTACHMENT F**

DATA SET NAMES: **MU00.@BF12390.MPFS.CY03.SNFNOPAY.V1114**

Date Available: November 14, 2002

**RECORD LENGTH:** 20  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 2000  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** HCPCS 1, HCPCS 2

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>	<u>Value</u>
1--HCPCS 1	1-5	X(05)	HCPCS Code
2--Filler	6	X(01)	Spaces
3--HCPCS 2	7-11	X(05)	HCPCS Code or Spaces
4--Filler	12	X(01)	Spaces
5--Indicator	13	X(01)	U=Unique HCPCS code which cannot be separately payable to a SNF. HCPCS 1 contains Unique HCPCS code. HCPCS 2 contains spaces.
			R=Inclusive range of HCPCS codes that cannot be separately payable to a SNF. HCPCS 1 begins range; HCPCS 2 ends range.
6—Filler	14-20	X(7)	Value Spaces

ATTACHMENT G

**Record Layout for the SNF Extract from the MPFSDB Fee Schedule for Radiology Services, Other Diagnostic Services, and Other Services Priced on the MPFS Data Set Name:**

Data Set Name:           **MU00.ABF12390.MPFS.CY03.SNF.V1114.FI**

Date Available:           November 14, 2002

**RECORD LENGTH:**   60  
**RECORD FORMAT:**   FB  
**BLOCK SIZE:**       6000  
**CHARACTER CODE:** EBCDIC

<u>Data Element Name</u>	<u>Cobol Location</u>	<u>Picture</u>	<u>Value</u>
1--HCPCS	1-5	X(05)	
2--Modifier	6-7	X(02)	
3--Filler	8-9	X(02)	
4--Non-Facility Fee	10-16	9(05)V99	The SNF fee schedule amount is based on the "non-facility rate" which is the fee that physicians may receive if performing the service in the physician's office.
5--Filler	17-17	X(01)	
6--PCTC Indicator	18-18	X(01)	0=Physician Service Codes 1=Diagnostic Tests for Radiology Services 2=Professional Component Only Codes 3=Technical Component Only Codes 4=Global Test Only Codes 5=Incident To Codes 6=Laboratory Physician Interpretation Codes 7=Physical Therapy Service, for which payment may not be made 8=Physician Interpretation Codes 9=Not Applicable
7--Filler	9-23	X(05)	
8--Filler	24-30	X(07)	
9--Carrier Number	31-35	X(05)	
10--Locality	36-37	X(02)	Identical to other Physician Fee Schedule Abstract Files, (i.e. Therapy/Hospice)
11--Filler	38-40	X(03)	
12--Filler	41-41	X(01)	
13--Filler	42-42	X(01)	
14--Filler	43-60	X(18)	

**ATTACHMENT H**

Data Set Name: [MU00.@AAA2390.AMBFS.FINAL.V21](#)

Date Available: November 14, 2002

**RECORD LENGTH:** 80  
**RECORD FORMAT:** FB  
**BLOCK SIZE:** 27920  
**CHARACTER CODE:** EBCDIC  
**SORT SEQUENCE:** HCPCS, Carrier, Locality

<b>Field Name</b>	<b>Position</b>	<b>COBOL Format</b>	<b>Description</b>
1. HCPCS	1-5	X(05)	HCFA Common Procedure Coding System
2. Carrier Number	6-10	X(05)	
3. Locality Code	11-12	X(02)	
4. Base RVU	13-18	s9(4)v99	Relative Value Unit
5. Non-Facility PE GPCI	19-22	s9v9(3)	Geographic Adjustment Factor
6. Conversion Factor	23-27	s9(3)v99	Conversion Factor (ground = 157.52, air = 1.0)
7. Urban Mileage/ Base Rate	28-34	s9(5)v99	Urban Payment rate or Mileage rate (determined By HCPCS)
8. Rural Mileage/ Base Rate	35-41	s9(5)v99	Rural Payment rate or Mileage rate (determined By HCPCS )
9. Current Year	42-45	9(04)	YYYY
10. Current Quarter	46	9(01)	Calendar Quarter - value 1-4
11. Filler	47-80	X(34)	Future use

## 2003 PRICING AREA

Carrier Number	Locality Number	Locality Name
00510	00	ALABAMA
00831	01	ALASKA
00832	00	ARIZONA
00520	13	ARKANSAS
31146	26	ANAHEIM/SANTA ANA, CA
31146	18	LOS ANGELES, CA
31140	03	MARIN/NAPA/SOLANO, CA
31140	07	OAKLAND/BERKELEY, CA
31140	05	SAN FRANCISCO, CA
31140	06	SAN MATEO, CA
31140	09	SANTA CLARA, CA
31146	17	VENTURA, CA
31146	99	REST OF CALIFORNIA*
31140	99	REST OF CALIFORNIA*
00824	01	COLORADO
00591	00	CONNECTICUT
00902	01	DELAWARE
00903	01	DC + MD/VA SUBURBS
00590	03	FORT LAUDERDALE, FL
00590	04	MIAMI, FL
00590	99	REST OF FLORIDA
00511	01	ATLANTA, GA
00511	99	REST OF GEORGIA
00833	01	HAWAII/GUAM
05130	00	IDAHO
00952	16	CHICAGO, IL
00952	12	EAST ST. LOUIS, IL
00952	15	SUBURBAN CHICAGO, IL
00952	99	REST OF ILLINOIS
00630	00	INDIANA
00826	00	IOWA
00650	00	KANSAS*

00740	04	JOHNSON AND WYANDOTTE, KANSAS*
00660	00	KENTUCKY
00528	01	NEW ORLEANS, LA
00528	99	REST OF LOUISIANA
31142	03	SOUTHERN MAINE
31142	99	REST OF MAINE
00901	01	BALTIMORE/SURR. CNTYS, MD
00901	99	REST OF MARYLAND
31143	01	METROPOLITAN BOSTON
31143	99	REST OF MASSACHUSETTS
00953	01	DETROIT, MI
00953	99	REST OF MICHIGAN
00954	00	MINNESOTA
00512	00	MISSISSIPPI
00740	02	METROPOLITAN KANSAS CITY, MO
00523	01	METROPOLITAN ST. LOUIS, MO
00740	99	REST OF MISSOURI*
00523	99	REST OF MISSOURI*
00751	01	MONTANA
00655	00	NEBRASKA
00834	00	NEVADA
31144	40	NEW HAMPSHIRE
00805	01	NORTHERN NJ
00805	99	REST OF NEW JERSEY
00521	05	NEW MEXICO
00803	01	MANHATTAN, NY
00803	02	NYC SUBURBS/LONG I., NY
00803	03	POUGHKPSIE/N NYC SUBURBS, NY
14330	04	QUEENS, NY
00801	99	REST OF NEW YORK
05535	00	NORTH CAROLINA
00820	01	NORTH DAKOTA
<b>00883</b>	<b>00</b>	<b>OHIO</b>
00522	00	OKLAHOMA
00835	01	PORTLAND, OR
00835	99	REST OF OREGON
00865	01	METROPOLITAN PHILADELPHIA, PA

00865	99	REST OF PENNSYLVANIA
00973	20	PUERTO RICO
00870	01	RHODE ISLAND
00880	01	SOUTH CAROLINA
00820	02	SOUTH DAKOTA
05440	35	TENNESSEE
00900	31	AUSTIN, TX
00900	20	BEAUMONT, TX
00900	09	BRAZORIA, TX
00900	11	DALLAS, TX
00900	28	FORT WORTH, TX
00900	15	GALVESTON, TX
00900	18	HOUSTON, TX
00900	99	REST OF TEXAS
00910	09	UTAH
31145	50	VERMONT
00973	50	VIRGIN ISLANDS
00904	00	VIRGINIA
00836	02	SEATTLE (KING CNTY), WA
00836	99	REST OF WASHINGTON
<b>00884</b>	<b>16</b>	<b>WEST VIRGINIA</b>
00951	00	WISCONSIN
00825	21	WYOMING

\*Payment locality is serviced by two carriers.