



MEDTRON
SOFTWARE INTELLIGENCE



01/20/12 NEWS BLAST

Understanding 5010 – What do I need to do?

As a healthcare provider using the Health Insurance Portability and Accountability Act (HIPAA) electronic administrative transactions, such as checking a patient's eligibility, filing a claim, or receiving a remittance advice, you are required by federal regulation to update from the 4010 version to the updated 5010 version of these transactions, by Jan. 1, 2012. There are data reporting changes in these transactions that will impact the data you send and receive.

All health plans, providers, and clearinghouses that conduct business electronically are converting to the 5010 HIPAA standard for electronic transactions. All testing was to be completed by January 1, 2012, when the new Version 5010 was to be adopted.

*NOTE: On November 17, 2011, the Centers for Medicare & Medicaid Services (CMS) announced it will implement a 90-day period of enforcement discretion for compliance with HIPAA Version 5010. While the compliance date of January 1, 2012 has not changed, CMS has decided it will not initiate enforcement until **March 31, 2012.***

The 5010 version of the transactions has data reporting requirements that differ somewhat from the 4010 version. These changes may require you to collect additional data or report data in a different format. For example, in the 4010A1 version (old version) of the professional claim transaction, anesthesia services may be reported in actual minutes or in units of time. In the 5010 version, only actual minutes may be reported. Another example of a difference in the professional claim transaction is the reporting of the billing provider place of service (POS) address. In 5010, the POS address can no longer be a PO Box or lockbox address; it must reflect a physical address with 9 digit zip code as to where patients services were performed.

Understanding these changes and how they will affect your practice will prepare you for a smoother transition to the updated transactions. Non MEDDATA (MDS) practices should develop their own implementation plan for this transition. Review all News Blasts published by MDS/MSI at www.medtronsoftware.com, especially **News Blast: 123011 MEDPM Release 16.1 / 5010 Instructions**; as well as the below frequently asked questions and answers to assist in this transition. MDS practice implementation has already been addressed, no action is needed.

CMS has changed the date they will initiate for non-compliance to June 30, 2012.

Frequently Asked Questions:

Q: What is Version 5010?

A: HIPAA X12 Version 5010 is a new set of standards that regulate the electronic transmission of specific health care transactions, including eligibility, claim status, referrals, claims, and remittances. The prior to 01/2012; i.e., current transaction standard is the X12 version 4010A1 (4010) for eligibility, claims status, referrals, claims, and remittances.

Q: Do I have to upgrade to 5010?

A: Yes. Providers, including physicians, are HIPAA "covered entities", which means that you must comply with the HIPAA requirements when conducting the named transactions electronically. If you currently send and receive HIPAA transactions and plan to continue doing so, then you will be required to upgrade to 5010. Use of the 5010 version of the X12 standards is required by federal law. However, it is your software vendor/clearinghouse's responsibility to upgrade software.

Q: How does upgrading to 5010 relate to ICD-10?

A: ICD-10 is the upgraded version of ICD-9. The ICD-10 codes have a different format and length than the ICD-9 codes. The new format of the ICD-10 codes cannot be reported in the prior to 01/2012 (4010) version of the HIPAA transactions. So, the upgrade to 5010 needs to be completed before the ICD-10 codes can be reported in the HIPAA transactions.

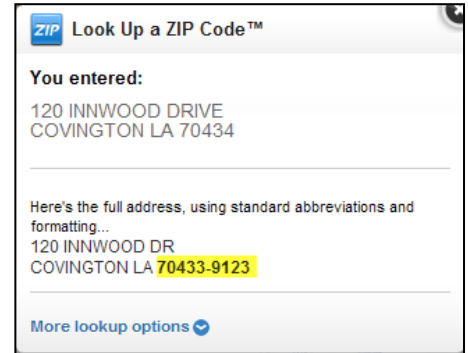
****Additionally, ICD-10 codes cannot be used in HIPAA transactions prior to the October 1, 2013 compliance date.****

Q: Is your practice currently reporting a PO Box in the Billing Provider address field (box 33 of CMS1500) of electronic claim submissions?

A: PO Boxes are not permitted in the Billing Provider Address field (box 33 of CMS1500) in the 5010 claim transaction. The Billing Provider Address must be the street address or physical location of the Billing Provider. Update the address in the Location Master, actual address field to the physical location or your practice. If you wish to have payments delivered to a PO Box or different address from the Billing Provider street address, report this address in the Pay-to Address field.

Q: Is your practice using the 9-digit ZIP code in the Billing Provider (box 33 of CMS1500) and Service Facility Location (box 32 of CMS1500) address fields?

A: In 5010, the 9-digit ZIP code is required in these two address fields. Update the zip codes in Setup and Support, Place of Service and Office Location Masters to each have 9 digits. Correct 9 digit zip codes can be found via the US Post Office website, look up zip code section, by entering an address, see www.usps.com.



ZIP Look Up a ZIP Code™

You entered:
120 INNWOOD DRIVE
COVINGTON LA 70434

Here's the full address, using standard abbreviations and formatting...
120 INNWOOD DR
COVINGTON LA 70433-9123

[More lookup options](#)

Additional Resources:

CMS – http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp

American Medical Association (AMA) 5010 Resources - www.ama-assn.org/go/5010

American Medical Association (AMA) 4010 to 5010 Standard Comparison –

<http://www.ama-assn.org/resources/doc/washington/4010-to-5010-claim-data-reporting-comparison.pdf>

EMDEON HIPAA – http://www.emdeon.com/5010/pdfs/HIPAA_Simplified_FAQ_I-5010.pdf

5010 Rollout - Release 16.1 (R16.1)

GOAL: 01/31/2012
No Penalty Until: 03/31/2012

Updated: 01/20/12

Overview:

5010 is the nickname for the Version 005010 specification created by the Accredited Standards Committee (ASC) and approved by the Department of Health and Human Services for Implementation.

Essentially, 5010 is an upgrade from 4010 to the way insurance payers can receive information and better exchange information about patients receiving health care services. The upgrade also allows for the larger field size needed for the implementation of ICD-10 codes (October 2013) as well as other data exchange improvements.

For further information and/or recent News Blasts refer to:

www.medtronsoftware.com

[News Blast: 123011 MEDPM Release 16.1 - 5010 Instructions](#)

News Blast: 011912 Understanding 5010 - What do I need to do?

[Pinnacle Presentation by David Bailey \(http://www.pinnaclemedicare.com/provider/partab/edi/EDIVendorMeeting2011.pdf\)](http://www.pinnaclemedicare.com/provider/partab/edi/EDIVendorMeeting2011.pdf)

EMC Status

ERA Status

EMC Status	ERA Status
Medicare - LA Pinnacle goes through Palmetto MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast	MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast
Medicare - MS Cahaba goes direct MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast	MDS - 01/12/12 - requested switch to LIVE 5010 ERA Files; should start receiving 01/17/12 MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast
Medicare - TN Cahaba goes direct MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast	MDS - 01/13/12 - retrieved test files and placed parallel 5010 test ERA files on DEV for Software Support to test MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast
Medicare DMERC DMERC claims go through Cigna MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast	MDS - 01/13/12 - retrieved test files and placed parallel 5010 test ERA files on DEV for Software Support to test MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast
Medicaid - LA MDS - Approved, passed test Provided list of all submitters for activation, <i>however</i> , Molina will not be ready to accept LIVE 5010 claims until 03/01/12 MSI Timeshare - see 123011 News Blast, pending further verification	MDS - tested parallel 5010 ERA files, <i>however</i> , Molina will not be ready to accept LIVE 5010 files until 03/01/12 MSI Timeshare - see 123011 News Blast, pending further verification
Medicaid - MS MDS - LIVE MSI Timeshare - LIVE, Software Support contacted clients 01/17/12	MDS - LIVE MSI Timeshare - LIVE, Software Support contacted clients 01/17/12
Blue Cross - LA MDS - Test - Approved Blue Cross is not ready to accept LIVE 5010 claims, email stated Blue Cross will announce a 5010 go LIVE date in mid January (no word at publishing) MSI Timeshare - see 123011 News Blast, pending further verification	MDS - in receipt of test files; not reviewed; Blue Cross is not ready to accept LIVE 5010 claims, email stated Blue Cross will announce a 5010 go LIVE date in mid January (no word at publishing) MSI Timeshare - see 123011 News Blast, pending further verification
Blue Cross - MS MDS - LIVE MSI Timeshare - see 123011 News Blast, pending further verification	MDS - in receipt of test files; not reviewed; Blue Cross is not ready to accept LIVE 5010 claims, email stated Blue Cross will announce a 5010 go LIVE date in mid January (no word at publishing) MSI Timeshare - see 123011 News Blast, pending further verification
Clearinghouse MDS - LIVE MSI Timeshare - R16.1 can be activated per practice, see 123011 News Blast	MDS - successfully tested one day's parallel files in late December; requested additional set for the same files plus additional test files. MSI Timeshare - see 123011 News Blast, pending further verification