HIPAA 5010 November 9th National Call: Vendors ad Clearinghouses, What is Preventing you from Transitioning?

Resource Mailbox Questions and Answers

Background: As mentioned on previous HIPAA 5010 national calls, there is a resource box that accepts questions for a 72 hour period around these national calls. Below are questions that were submitted along with their answers.

1) **Q: Will the 5010 Version of PC Print be able to handle both 4010 and 5010?**

   A: The 5010 Version 4.0 of PC Print allows the end user to load and view either a 4010 or a 5010 835 X12 data files.

2) **Q: For 5010 how do you report services provided outside of the practice location?**

   A: For providers who travel to other physician offices to see patients, please submit the Billing Provider information of the Primary location for the services rendered and show that the services were provided at an external location in 2310C. The 2310C should be utilized for the physician offices the same as you bill for surgeries at a hospital.

3) **Q: Occurrence code 50 is not allowed to be used in Version 4010 (837 Institutional). Will this code be accepted in Version 5010?**

   A: Code 50 (Assessment Date) is effective January 1, 2011 per the NUBC manual and can only be used for 5010 claims (NUBC manual p. 282). The January 1, 2011 effective date was established so that code 50 could be used on 5010 test claims. Code 50 is not to be used on 4010 claims.

4) **Q: When is the zip+4 required for professional claims? Example: Facility Pay to Biller address, insurance address, patient address etc…**

   A: For professional claims, zip code +4 is required on the billing provider zip code and the service facility zip code for Version 5010.

5) **Q: Will rejections continue to occur for claims where situational edits exists for duplicate data?**

   A: CMS plans to remove this specific edit for duplicate data, as well as others like it. We have to officially document the deactivation of the edit in the July 2012 version of the edits spreadsheets; however, there is a process for implementing non-system changes sooner (within 90 days from issuance). Those edits which are non-system related will be handled in that manner. At this point, we can only say that we will address this as soon

as possible and therefore cannot provide an exact date when it will be completed.

6) **Q: Is there going to be any penalties for payers who are not 5010 ready?**

A: On November 17th OESS announced a 5010 90-Day Enforcement Discretion Statement. Please see the following website for further information: http://www.cms.gov/ICD10/Downloads/CMSStatement5010EnforcementDiscretion111711.pdf

7) **Q: Are new Medicare direct submitting providers only allowed to enroll using 5010 transactions?**

A: Yes, per Technical Direction Letter 11464, beginning October 1, 2011, all new direct submitting trading partners and 835 Health Care Payment Advice receivers are required to enroll using HIPAA Version 5010 compliant transactions.

8) **Q: Provide the link to the current version of the 837 Institutional and 837 Professional edit spreadsheet.**

A: Please use the attached website to find the current 837I and 837P Edit Spreadsheets http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp#TopOfPage. Please note these are the most current implemented versions of the spreadsheet. There are newer version that have been issued yet not implemented at this time. Medicare Fee for Service implements on a quarterly basis.

9) **Q: Are all Medicare Administrative Contractors (MACs) accepting live HIPAA 5010 production claims?**

A: Yes, all MACs are accepting HIPAA 5010 productions claims.

10) **Q: When will the Part A National Drug Code (NDC) list fix be implemented?**

A: Medicare Fee for Service will be turning off the NDC edit for Version 5010 Part A effective December 9, 2011. A new NDC edit will be implemented with the January 2012 Shared System Quarterly release.

11) **Q: Is Medicare Fee for Service accepting the 9998 extension where the four digit zip code extension can't be identified?**

A: Yes, the 9998 will be acceptable in the front end editing system. Medicare Fee for Service is not doing a comparison of the plus four to the core five zip code. Therefore, the 9998 extension would meet the syntactically requirements for the implementation guide and be accepted.

12) **Q: What is ASC X12?**

A: The Accredited Standards Committee X12 (also known as ASC X12), chartered by the American National Standards Institute more than 30 years ago, develops and maintains EDI and CICA standards along with XML schemas which drive business processes globally. The diverse membership of ASC X12 includes technologists and business process experts, encompassing health care, insurance, transportation, finance, government, supply chain and other industries. For additional information, visit www.x12.org.

13) Q: What is WPC (Washington Publishing Company)?

A:Washington Publishing Company, Inc is a private company categorized under Commercial Printing and Newspaper Publishing Combined, established as a health care IT and consulting company.WPC serves as the code set registry for the following health care code sets:

- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes
- Claim Status Category Codes
- Claim Status Codes
- Health care Service Type Codes
- Health Care Service Decision Reason Codes
- Health Care Provider Taxonomy Code Set
- Provider Characteristics Codes
- Insurance Business Process Application Error Codes

To purchase any of the code sets or for further information please visit: http://www.wpc-edi.com/.