

# F A Q

[ HIPAA 5010 ]

## HIPAA 5010 FAQs

All providers, including physicians, health plans (payers), and clearinghouses that conduct business electronically must prepare to convert to the next Health Insurance Portability and Accountability Act (HIPAA) standard for electronic transactions –version 5010. HIPAA requires entities conducting the following electronic transactions to use version 5010:

- Claim submissions
- Claim status requests and responses
- Referral and authorization requests, and responses
- Eligibility and benefit requests, and responses
- Claim remittances

*The deadline for completing testing is January 1, 2012, when the new version goes into effect.*

*To help you understand the requirement, the following frequently asked questions relate to HIPAA 5010.*

### 1. What is HIPAA 5010?

HIPAA 5010 is a new set of standards that regulate the electronic transmission of specific healthcare transactions, including eligibility, claim status, referrals, claims, and remittances.

Use of the term 5010 is the abbreviated way of referring to version 005010 of the Accredited Standards Committee (ASC) X12 Technical Reports Type 3 – called TR3s and must be used when conducting the transaction electronically.

The current transaction standard is the X12 version 4010A1 for eligibility, claims status, referrals, claims, and remittances.

### 2. Who will need to upgrade to HIPAA 5010?

Anyone who currently sends or receives HIPAA transactions and plans to continue doing so is considered a HIPAA-covered entity and will need to upgrade to HIPAA 5010. This includes:

- Physicians
- Ancillary and behavioral health providers, including nurse practitioners and nurse practitioner primary care providers
- Hospitals
- Payers
- Clearinghouses
- Pharmacies
- Dentists

Software vendors such as NextGen Healthcare are not included on the list of covered entities, but they must upgrade their products to support HIPAA 5010 for their clients.

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## 3. Why must I upgrade to HIPAA 5010?

Federal law requires the upgrade to HIPAA 5010. In January 2009, the U.S. Department of Health and Human Services (HHS) announced a rule that mandates updated standards for electronic health care and pharmacy transactions. The upgrade to 5010 is important because the new version will be able to accommodate the forthcoming and mandatory ICD-10-CM and ICD-10-PCS code sets scheduled for implementation on October 1, 2013.

## 4. How is HIPAA 5010 different from HIPAA 4010?

The new HIPAA 5010 is superior to HIPAA 4010 for several reasons:

The documentation explaining how to report your claims and inquiries is easier to understand. HIPAA 5010 fully supports the reporting of National Provider Identifiers (NPI). HIPAA 5010 is more streamlined, as content not used in HIPAA 4010 has been removed.

## 5. What are the key dates for HIPAA 5010 and what is the deadline for HIPAA 5010 implementation?

- |  |            |
|--|------------|
| • Level I compliance   | 12/31/2010 |
| • Begin external testing (with errata version of transactions) | Currently  |
| • Level II compliance (testing complete with trading partners) | 12/31/2011 |
| • All covered entities must be fully compliant                 | 01/01/2012 |

## 6. What happens if I'm not ready by the compliance deadline?

Payers will reject as non-compliant and will not process any 4010/4010A1 transactions sent on or after January 1, 2012. This will cause disruptions in transactions processed and receipt of payments.

If you do not think you will be ready by the compliance deadline, you need to talk to your trading partners, e.g., payers, clearinghouses and billing services, to determine what actions you can take to continue to have your transactions processed and to receive payments. Some clearinghouses will have the ability to convert 4010 transactions to 5010 transactions.

## 7. Is there a chance for a delay in the compliance date?

Do not expect a delay in the compliance deadline. The Centers for Medicare and Medicaid Services (CMS) is responsible for oversight of compliance with the HIPAA administrative transaction requirements. CMS has made it clear that there will be no extension of the deadline for 5010. Work within Medicare to upgrade to the 5010 transactions is on schedule and they expect to be ready on time.

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### 8. What do I need to do to prepare for the upgrade to 5010?

Talk to your clearinghouses, billing service, and payers. Determine when they will have their upgrades completed and when you can begin testing with them. Identify any workflow changes that you need to make to accommodate the changes to 5010.

You may need to collect new data or report data differently than you do in the current version. Identify staff training needs and complete the necessary training. Conduct internal testing to be sure you can generate in 5010 the transactions you send. Conduct external testing with your clearinghouses and payers to make sure you can send and receive the 5010 transactions.

### 9. If I finish all of this work before the compliance deadline, can I start to use the 5010 transactions?

If you are prepared to send and receive 5010 transactions and any of your clearinghouses and payers are ready as well, you can begin to use the 5010 transactions with them if you mutually agree to this. No one is required to begin using the transactions prior to the compliance deadline.

Using the transactions before the deadline will give you the ability to see whether the transactions are working smoothly and are continuing to be processed. Doing so would also give you an opportunity to identify issues prior to the compliance deadline.

### 10. What provider transactions are implemented with HIPAA 5010?

Type	Version	Description
270/271	005010X279A1	Eligibility/Benefits Inquiry and Response
276/277	005010X212	Claim Status Request and Response
278	005010X217	Referral/Authorization Request and Response
835	005010X221A1	Healthcare Payment and Remittance Advice
837I	005010X223A2	Healthcare Claims (Institutional)
837P	005010X222A1	Healthcare Claims (Professional)
837D	005010X224A2	Healthcare Claims (Dental)
999	005010X231A1	Acknowledgement
277CA	005010X231A1	Claim Acknowledgement

## 11. Where can you obtain the X12 Technical Reports?

The TR3 documents and their addenda are available at [www.wpc-edi.com](http://www.wpc-edi.com).

The TR3 documents are listed as follows:

X217 – Health Care Eligibility Benefit Inquire and Response 270/271

X212 – Health Care Claim Status Request and Response 276/277

X215 – Health Care Services – Request for Review and Response 278

X216 – Health Care Services Notification and Acknowledgement 278

X218 – Payroll Deducted and Other Group Premium Payment for Insurance Products 820

X220 – Benefit Enrollment and Maintenance 834

X221 – Health Care Claim: Payment / Advice 835

X222 – Health Care Claim: Professional 837

X223 – Health Care Claim: Institutional 837

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Patent pending.

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