

5010:

What is it and what does it mean to me?



What is 5010?

5010 is the new version of the X12 electronic transaction for exchange of administrative and financial information between health care providers and health plans, mandated by the Health Insurance Portability and Accountability Act (HIPAA).

Why do we need to move to 5010?

The current version of the X12 electronic standard for healthcare represents the first attempt at defining Electronic Data Interchange (EDI) standards to meet the needs of the industry. In the intervening eight years since they were first adopted, a number of shortcomings, as well as new business requirements, have been identified.

Over 500 changes have been incorporated into the new 5010 versions to meet the evolving industry needs.

Who is affected by the 5010 changes and what do they need to do?

Physician Practices – Will need to upgrade their practice management and EDI systems to comply with the new transaction standard. They may also need to work with their claims clearinghouses to ensure compliance.

Hospitals – Will need to upgrade their billing and EDI systems and may need to work with claims clearinghouses to ensure compliance.

Clearinghouses – Will need to upgrade EDI infrastructure, including mapping, editing, validation, and translation systems.

Payers – Will need to work with all of their trading partners—claims clearinghouses, direct providers, employers, etc. to ensure compliance.

ABILITY – Will work with Medicare Contractors and Commercial Payers to determine connectivity needs for 5010 and inform our customers of any changes they need to make.

Which 4010 transactions are affected?

Institutional Claim (837-I)

Professional Claim (837-P)

Claim Status Inquiry and Response (276, 277)

Eligibility Inquiry and Response (270, 271)

Remittance Advice (835)

Transaction Acknowledgement (TA1)

Functional Acknowledgement (997)

How does 5010 affect ABILITY customers?

ABILITY customers will need to upgrade their practice management and EDI systems to comply with the new transaction standard. You need to work with your vendor or claims clearinghouse to ensure compliance.

What is a 999 transaction?

The 999 Implementation Acknowledgement replaces the existing 997 transaction. The 999 is used to communicate syntax issues with inbound claims transactions. It is important to inspect the returned 999, as syntax violations can result in the inbound claim file being rejected.

What is a 277-CA transaction?

The 277-CA (Claims Acknowledgement) transaction is used to communicate the status of individual claim acceptance or rejection, based on claim content errors rather than syntax errors. This transaction replaces the non-standard contractor-specific response reports that were previously used to indicate the status of the inbound claims.

It is important to inspect the 277-CA to determine the status of submitted claims.

Where do I get information on Medicare and 5010?

The CMS website at https://www.cms.gov/Versions5010andD0/30_CMS_Communications.asp has a wealth of information on the 5010 transition.

Will PC-ACE Pro32, Medicare Remit Easy Print (MREP) and PC Print work with 5010?

Yes. Contact your Medicare Administrative Contractor (MAC) for further information.

What are the Errata versions of 5010?

The Errata versions of the 5010 transactions correct several errors that were identified in the 5010 standard transactions adopted by the Department of Health and Human Services (HHS) in January 2009. The errors were found after the public comment periods and publication of the implementation guides, known as Technical Reports Type 3 (TR3). HIPAA compliance will require the implementation of the Errata versions and the Base versions for those transactions not affected by the Errata. Compliance with the Errata must be achieved by the original regulation compliance date of January 1, 2012.

Can ABILITY format my files as 5010 for me?

For ABILITY customers that submit direct to payers using our file transfer service, we do not reformat the claim files. You will need to update your practice management or EDI systems software to correctly format your files.

How do I know what version of claims my software is capable of outputting?

Talk to your software vendor. They should have 5010 implementation plans in place.

Where can I find information about the 5010 implementation guides, now known as Technical Reports Type 3 (TR3)?

The 5010 TR3 are available for purchase from Washington Publishing Company. You can find information on them at <http://www.wpc-edi.com>

Can I test my ICD-10 codes during 5010 testing?

No. ICD-10 is a separate project. Until the business rules for ICD-10 codes are implemented, Medicare will reject ICD-10 code set values if they are submitted on version 5010 EDI claims. 5010 is a pre-requisite for the ICD-10 project.

Who can I contact if I have further questions?

Customer support is just an email away! Just drop us a note at: 5010.Transitions@abilitynetwork.com and we'll be happy to help you.



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