# Frequently Asked Questions about HIPAA 5010 – General Questions

## What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) is the federal regulation that requires the use of standard X12 transactions to report and inquire about health care services. If you use electronic transactions, the current version is 4010A1. The new version of the standards is called 5010.

## How is 5010 different from 4010A1?

The new 5010 version is superior to 4010A1. The documentation explaining how to report your claims and inquiries is easier to understand in the new version. 5010 fully supports the reporting of National Provider Identifiers (NPI) and the new ICD-10 codes. Also, this version is more streamlined. Content that wasn't used in 4010A1 has been removed in the 5010 version.

## Does 5010 apply to me?

HIPAA 5010 applies to you if you currently use version 4010A1 of the standard electronic transactions or if you want to begin electronically reporting or inquiring about health care transactions.

## When must version 5010 be in place?

You must implement HIPAA 5010 by January 1, 2012. Given the complexities of the conversion, you must begin preparing for the transition now. After January 1, 2012, version 4010A1 will no longer be valid.

## Can I still use your website to file claims after January 1, 2012?

Yes, the federal mandate allows us to continue making our website available to you even after the compliance date. But, you will only be able to send electronic transactions or inquiries to us if you are using version 5010.

## How do I begin?

Talk to your facility or practice management vendor and clearinghouse. Prepare for the discussion by reviewing your contracts to determine what terms apply when major, federally mandated data set changes must be made. Then, ask your vendors what preparations they are making to support your 5010 business requirements in time for the January 1, 2012 compliance date. Ask for details such as a project plan and timeline.

## What if my vendor hasn't started to plan for 5010?

One approach would be to express your concern and follow up with your vendor periodically until it is able to offer assurances that you find acceptable. You also may need to develop a back-up plan for meeting the compliance date.

## Currently, I file claims on paper. Will I need to start sending 5010 electronic transactions on January 1, 2012?

Electronic transactions are a very efficient way to file claims and make inquiries. We encourage you to consider this approach. We will not require that you switch to electronic transactions, however, if you use paper today.

## Will there be changes to the paper claims (i.e., UB-04, 1500) because of 5010?

No. The most recent versions of the paper claims accommodate the relevant data reported in 5010.

## Can we continue to use 1500 paper claims after the compliance date for 5010?

Yes, you can use 1500 paper claims after January 1, 2012. The 1500 claim form was updated in 2007 and the changes made were consistent with the changes in HIPAA version 5010.

## I am currently submitting paper claims, but would like to begin submitting them electronically prior to January 1, 2012. In which version should I invest?

We will begin accepting claims sent in the 5010 version on May 28, 2011.

**Where can I find additional information about 5010?**
The Centers for Medicare and Medicaid Services (CMS) has posted an *MLN Matters* article entitled "An Introductory Overview of the HIPAA 5010" that you might find useful. This article offers a helpful summary, especially for those who are not involved directly in HIPAA 5010 projects.


## Frequently Asked Questions about HIPAA 5010 – Testing and Implementation

**How will we know your plan is ready to receive 5010 transactions?**
We will send notification out to all trading partners. This notification will include our timeline and testing instructions to transition from 4010 to 5010.

**Will we need to test with you before we send 5010 transactions? If so, should we expect you to contact us about testing? When will testing be and what will it entail?**
a.  All trading partners will need to test every transaction(s) they plan on submitting to us in the 5010 version. Testing will begin in mid-year 2011.
b.  We will contact all trading partners with testing information.
c.  Notifications will go out several months before testing begins. We will be testing the transactions trading partners will be submitting to us in production.

**I understand the regulation requires compliance by January 1, 2012, but can we transition early? Will there be a period of time in which your plan will accept claims in both formats, 4010A1 and 5010?**
Trading partners will be able to submit 5010 transactions prior to January 1, 2012.
- There will be a dual use period beginning around mid-year 2011.
- The cutoff for receiving 4010 transactions will be January 1, 2012.

**Will your website require new information? Will there be any 5010-related changes to it that I should be aware of?**
Our website will need no new information. We will implement the changes required for 5010 compliance.

**Will you begin requiring us to report any new information in the 837 claim transaction when 5010 is implemented?**
No.

**How and what will you communicate if something is wrong with a rejected transaction?**
We will contact providers individually for rejections specific to them. Otherwise we will post a notice on the HIPAA Critical Center and send a mass e-mail notification to all trading partners.

**Will you offer any assistance if we have trouble supplying valid transactions?**
EDIG Operations/EDI Services will assist with any issues while trading partners are testing.

**Is there a hotline to call if something goes wrong or if we have questions?**
Contact our Technology Support Center at 800-868-2505.

**Are you updating your companion guides? If so, when will they be available and how do we get copies?**
We are in the process of updating our companion guides for 5010. The updated companion guides should be available on the HIPAA Critical Center website in 1st Quarter 2011.

**Do you have a contingency plan in place to ensure our cash flow after January 1, 2012 is not disrupted?**
A contingency plan will be in place.

**Are there industry sources for 5010 information and education?**
We recommend you check with the American Medical Association or your hospital association for peer-to-peer exchanges of information on 5010. Also, the Workgroup on Electronic Data Interchange (WEDI) website has valuable information. The WEDI membership consists of payers, vendors and providers.