



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. It's closer than it seems.

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Take a Look at the Version 5010 FAQs and View CMS' Version 5010 Page and Resources

The Centers for Medicare & Medicaid Services (CMS) will not initiate enforcement action against HIPAA-covered entities for an additional three (3) months, through **June 30, 2012**, for the updated HIPAA transaction standards (ASC X12 Version 5010, NCPDP Versions D.0 and 3.0). CMS is aware that there are still challenges and issues affecting an industry wide upgrade. To help HIPAA-covered entities with the upgrade, CMS continues to update and improve their Version 5010 resources.

Updated FAQ System

CMS has updated the FAQ system and the way it is organized. There are now three ways to more easily find Version 5010 FAQs by going to the [CMS FAQs Page](#) and:

- Click on the Topic *HIPAA Administrative Simplification* on the left side of the page
 - Click on the Subtopic *Versions 5010 and D.0* that will appear as a dropdown under the topic (FAQs on Version 5010 and D.0 will be listed on the right side of the page)
- Click on the Topic *Coding* on the left side of the page
 - Click on the Subtopic *ICD-10* that will appear as a dropdown under the topic (FAQs on Version 5010 will be listed out on the right side of the page)
- Entering the search term "Version 5010" in the *Search* box on the upper left side of the page

CMS' Version 5010 and D.0 FAQs can also be found on the [Version 5010 page](#) of the ICD-10 website, on the [FAQs: Versions 5010 and D.0 Transition Basics fact sheet](#). The newest FAQ recently added by CMS is:

Question: Is my Version 5010 837 claim compliant if it includes situational data

that the TR3 Report does not prohibit, and is not needed or used by a specific health plan?

Answer: Yes. If a submitter sends claim information to a primary payer that may not be needed by that payer, but is needed by a secondary or tertiary payer, the primary payer should disregard the unneeded information and accept the compliant claim. For example:

- A data element in the TR3 Report has situational usage and language that says “If not required by this implementation guide, do not send.”
- The submitter submits that data element because it is needed for processing by a particular payer that may be secondary or tertiary to the primary payer.
- A payer that does not need or use that data element cannot reject a claim because it contains a data element or information that it does not need or use, provided usage of the data element is compliant with the TR3 Report.

Version 5010 Testing Readiness Fact Sheet

CMS also has a [Version 5010 Testing Readiness Fact Sheet](#), which explains the Version 5010 upgrade and necessary Phase I Internal and Phase II External testing. This fact sheet can help providers to determine steps to successfully complete testing phases for Version 5010.

Keep Up to Date on Version 5010 and ICD-10.

Please visit [the ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the implementation [widget](#) today!



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