FAQs: Versions 5010 and D.0 Upgrade Basics

As of January 1, 2012, everyone covered by HIPAA who uses electronic administrative transactions should have upgraded to Version 5010 and D.0. These FAQs provide an overview of the upgrade to Version 5010 and D.0. and point to resources for more information.

1. What is Version 5010?

This is an update to ASC X12 Version 4010/4010A1 standards for electronic administrative transactions (such as eligibility inquiries and remittance advices). For X12 information, please visit http://www.x12.org.

2. What is Version D.0?

Version D.0 is the updated version of the NCPDP standards for pharmacy transactions that replaces Version 5.1. NCPDP Version D.0 for retail pharmacy incorporates change requests submitted by the industry to accommodate evolving business needs and the requirements of the Medicare Prescription Drug Improvement and Modernization Act (MMA).

For Version D.0 information, please visit www.cms.gov/Versions5010andD0.

3. Why did the upgrade to Version 5010 happen?


4. How does the Version 5010 upgrade affect my transition to ICD-10?

Version 5010 supports both the ICD-9 and the ICD-10 code set structures.

Unlike the previous Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place for a successful changeover to ICD-10.

5. What happens if I did not upgrade to Version 5010?

Electronic transactions that do not use Version 5010 standards might not be processed and therefore, payments may be delayed. If you use a billing service or clearinghouse to process HIPAA transactions, check on your service providers Version 5010 compliance status.

6. What steps can I take now if I haven’t upgraded to Version 5010?

If you haven’t completed your Version 5010 upgrade, a fact sheet is available on the Version 5010 page with steps you can take now.

7. What resources are available from CMS to help with Version 5010 implementation?

The CMS website has resources to help you prepare for your upgrade to Version 5010. Visit the Version 5010 page to view fact sheets and a CMS-WEDI webinar on Version 5010.

Additional resources focused on the needs of Medicare fee-for-service (FFS) providers can be found at www.cms.gov/Versions5010andD0/40_Educational_Resources.asp.
8. **What should providers do to verify compliance with Versions 5010 and D.0?**

Providers who use practice management and other applicable software programs should make sure that their software features the updated Versions 5010 and D.0 transaction standards. (If you are a Medicare FFS provider, please contact your Medicare Administrative Contractor (MAC) or legacy contractors to ask about their software/testing protocols.)

Talk to your software vendor, clearinghouse, or billing service to verify that you are compliant.

9. **What should software vendors, clearinghouses, and third-party billing services do to comply with Versions 5010 and D.0?**

The deadline for upgrading to Versions 5010 and D.0 was January 1, 2012. If you have not yet upgraded to Version 5010 and D.0, you must do so as soon as possible to allow your customers time to thoroughly test all ICD-10 systems before the compliance deadline. Health plans and providers should have already successfully tested your Version 5010/D.0 products.

10. **What should payers do to comply with Version 5010/D.0?**

Payers should have successfully completed their 5010/D.0 testing and be collaborating with their trading partners on conducting compliant transactions and maintaining the flow of operations.

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This fact sheet was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.