



Provider Inquiry Assistance

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 276/277 Claim Status Second Phase – JA6721

Note: MLN Matters® article MM6721 was revised to reflect a revised Change Request (CR) 6721 that was issued on January 15, 2010. The CR was revised to correct the definition of a data element (SVC07) in the 277 Flat File Standard attached to CR 6721. The corrected definition is in the attachment of the revised CR 6721. This job aid is revised to reflect the revised article MM6721. The CR release date, transmittal number, and the Web address for accessing CR 6721 have been changed. All other information remains the same.

Related CR Release Date: January 15, 2010 **Revised**

Date Job Aid Revised: January 22, 2010

Effective Date: April 1, 2010 (except July 1, 2010 for Jurisdiction 9 MAC)

Implementation Date: April 5, 2010 (except July 6, 2010 for Jurisdiction 9 MAC)

Key Words MM6721, CR6721, R623OTN, HIPAA, 5010, 276/277

- Contractors Affected**
- Medicare Carriers
 - Fiscal Intermediaries (FIs)
 - Part A/B Medicare Administrative Contractors (A/B MACs)
 - Durable Medical Equipment MACs
 - Regional Home Health Intermediaries (RHHIs)

Provider Types Affected Provider types affected are physicians, providers, and suppliers submitting claims to Medicare Carriers, FIs, A/B MACs, DME MACs, and/or RHHIs for services provided to Medicare beneficiaries.



- CR6721 provides technical directions to Medicare Shared System Maintainers and Medicare Contractors regarding the implementation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for the Accredited Standards Committee X12 Version 005010 Health Care Claim Status Request and Response (276/277) transaction sets.
- Providers need to be aware of their own requirements to be fully compliant with the X12 5010 standards by January 1, 2012.
- Extensive information regarding the standards with helpful guidance for providers is available at <http://www.cms.hhs.gov/Versions5010andD0/> on the Centers for Medicare & Medicaid Services (CMS) website.

- The implementation dates noted above relate only to Medicare contractors completion of work on this particular phase of the implementation.
- The CR also contains details on the Common Edits and Enhancement Module (CEM) software for the inbound Claim Status Inquiry process.

-
-
- | | |
|---------------------------|--|
| Provider Needs to Know... | <ul style="list-style-type: none"> • CMS has prepared a comparison of the current X12 HIPAA Electronic Data Interchange (EDI) standards (Version 4010/4010A1) with Version 5010 and the National Council for Prescription Drug Programs EDI standards Version 5.1 to Version D.0. • The 4010A1 Implementation Guides and the 5010 Technical Report 3 documents served as reference materials during the preparation of the comparison Excel spreadsheets. • CMS is making the side-by-side comparison documents available for download in both Microsoft Excel and PDF formats. • The comparisons were performed for Medicare Fee-for-Service business use and while they may serve other uses, CMS does not offer to maintain this product for purposes other than Medicare Fee-for-Service. • These documents can be found at http://www.cms.hhs.gov/MFFS5010D0/20_Technical%20Documentation.asp#TopOfPage on the CMS website. |
|---------------------------|--|
-
-

Background	N/A
------------	-----

Operational Impact	N/A
--------------------	-----

Reference Materials	<p>The related MLN Matters® article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6721.pdf on the CMS website.</p> <p>The official instruction (CR6721) issued regarding this change may be found at http://www.cms.hhs.gov/Transmittals/downloads/R623OTN.pdf on the CMS website.</p>
---------------------	---
