



Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 Only in Jurisdiction 10 and Jurisdiction 14 - Parts A and B Medicare Administrative Contractors (A/B MACs) – JA6595

Related CR Release Date: August 28, 2009

Date Job Aid Revised: September 14, 2009

Effective Date: October 1, 2009 (Initial MAC Actions)

Implementation Date: October 5, 2009

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| Key Words | MM6595, CR6595, R549OTN, HIPAA, Jurisdiction, 5010 |
| Contractors Affected | A/B MACs |
| Provider Types Affected | All physicians, providers and suppliers who bill A/B MACs ONLY in Jurisdictions 10 (Alabama, Georgia, and Tennessee) and 14 (Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) for services provided to Medicare beneficiaries are affected by CR6595. Providers in other jurisdictions should look for future articles concerning their readiness and the readiness of their MACs for Version 5010. |



Change Request (CR) 6595 instructs A/B MACs for Jurisdictions 10 and 14 to prepare their systems to process Accredited Standards Committee (ASC) X12 Version 5010 transactions.

Provider Needs to Know...

- Implementation of HIPAA 5010 will require changes to software, systems, and perhaps procedures that providers can use for billing Medicare and other payers.
- It is extremely important that providers and their staff are aware of this HIPAA change being implemented by their A/B MAC and be alert to future directions for their implementation.

- Effective January 1, 2012, providers must be ready to submit their claims electronically using the X12 Version 5010.
- The Centers for Medicare & Medicaid Services (CMS) will provide additional information to assist providers and keep them informed of progress on Medicare’s implementation of HIPAA 5010 through a variety of communication vehicles.

Background

- The Secretary of the Department of Health and Human Services adopted ASC X12 Version 5010 and National Council for Prescription Drug Programs Version D.0 as the next HIPAA transaction standards for covered entities to exchange HIPAA transactions.
- The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:
 - Effective Date of the regulation: March 17, 2009,
 - Level I compliance by: December 31, 2010,
 - Level II Compliance by: December 31, 2011, and
 - All covered entities have to be fully compliant on January 1, 2012.
- Level I compliance means “that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”
- Level II compliance means “that a covered entity has completed end-to-end testing with each of its trading partners and is able to operate in production mode with the new versions of the standards.”

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6595.pdf> on the CMS website.

The official instruction (CR6595) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R5490TN.pdf> on the CMS website.

Providers can find more information about HIPAA 5010 by going to http://www.cms.hhs.gov/ElectronicBillingEDITrans/18_5010D0.asp on the Electronic Billing and Electronic Data Interchange (EDI) Transactions page on the CMS website. Medicare has prepared a comparison of the current X12 HIPAA EDI standards (Version 4010/4010A1) with Version 5010 and has made the side-by-side comparison available at this website.