



News Flash – The Centers for Medicare & Medicaid Services (CMS) has launched its website for agency-wide information and education on Versions 5010, D.0 and 3.0. As you may already know, Version 5010 is the new version of the X12 standards for HIPAA transactions; version D.0 is the new version of the National Council for Prescription Drug Program (NCPDP) standards for pharmacy and supplier transactions; and version 3.0 is a new NCPDP standard for Medicaid pharmacy subrogation. Visit the new website at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html> to view background information on the new standards, regulatory information, the latest outreach messages from CMS, educational resources, resources specific to D.0 and 3.0, as well as implementation information for the Medicare Fee-For-Service systems. CMS plans to add additional information as it becomes available so bookmark the site today!

MLN Matters® Number: MM6595 **Revised**

Related Change Request (CR) #: 6595

Related CR Release Date: August 28, 2009

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

Related CR Transmittal #: R5490TN

Implementation Date: October 5, 2009

Note: This article was updated on January 3, 2013, to reflect current Web addresses. This article was previously revised on May 10, 2011, to add a reference to MLN Matters® article SE1106 (<http://www.cms.gov/outreach-and-education/medicare-learning-network/mln/mlnmattersarticles/downloads/SE1106.pdf>) for important reminders about the implementation of HIPAA 5010 and D.O., including Fee-for-service implementation schedule and readiness assessments.

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

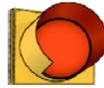
Provider Types Affected

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 CR 6595. **Providers in other jurisdictions should look for future articles concerning their readiness and the readiness of their MACs for Version 5010.**

Disclaimer

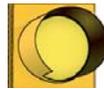
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Provider Action Needed



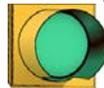
STOP – Impact to You

If you submit claims to A/B MACs *only* in Jurisdictions 10 and 14, you need to be aware that change request (CR) 6595 directs A/B MACs in these jurisdictions to begin implementing HIPAA Version 5010. Implementation of HIPAA 5010 will require changes to software, systems and perhaps procedures that you can use for billing Medicare and other payers. So it is extremely important that you and your staff are aware of this HIPAA change being implemented by your MAC and be alert to future directions for their implementation.



CAUTION – What You Need to Know

Effective January 1, 2012, you must be ready to submit your claims electronically using the X12 Version 5010. The Centers for Medicare & Medicaid Services (CMS) will provide additional information to assist you and keep you informed of progress on Medicare's implementation of HIPAA 5010 through a variety of communication vehicles. This article explains what your A/B MAC must do to begin the process of implementing the HIPAA 5010 standard transaction.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

CMS is now implementing the next version of the HIPAA transactions. The purpose of CR 6595 is to instruct A/B MACs for Jurisdictions 10 and 14 to prepare their systems to process ASC X12 version 005010 transaction.

The Secretary of the Department of Health and Human Services (DHHS) adopted Accredited Standards Committee (ASC) X12 version 5010 and National Council for Prescription Drug Programs (NCPDP) 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
All covered entities have to be fully compliant on: January 1, 2012	

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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.”

Additional Information

The official instruction, CR 6595, issued to your Medicare A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R5490TN.pdf> on the CMS website.

You can find more information about HIPAA 5010 by going to <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the Electronic Billing & 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.

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