

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted the 2011 versions of the ICD-10-CM and ICD-10-PCS crosswalks, formally referred to as the General Equivalence Mappings (GEMs) at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the ICD-10 website. See the links on that page for 2011 ICD-10-CM and GEMs, and 2011 ICD-10-PCS and GEMs. In addition, CMS has also posted a document, “ICD-10 GEMs 2011 Version Update, Update Summary.” This document describes the number of comments CMS received, the type of changes recommended, the types of changes made based on the comments, the types of comments not accepted, and the reasons why some comments were not accepted.

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Important Reminders about HIPAA 5010 & D.0 Implementation

Note: This article was updated on August 14, 2012, to reflect current Web addresses. It was also revised on June 15, 2012, to include this statement that enforcement of the HIPAA 5010/D.0 standards will begin on July 1, 2012. Also, remember that when claims use nonspecific procedure codes, a corresponding description of the service is now required. All other information remains the same.

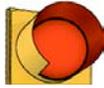
Provider Types Affected

This Special Edition MLN Matters® Article is intended for all physicians, providers, and suppliers who bill Medicare contractors (carriers, Fiscal Intermediaries (FIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs (DME MACs)) for services provided to Medicare beneficiaries.

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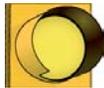
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Provider Action Needed



STOP – Impact to You

The implementation of HIPAA 5010 and D.0 presents substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation requires changes to the software, systems, and perhaps procedures that you use for billing Medicare and other payers. It is important for new providers enrolling in Medicare to know that Electronic Data Interchange (EDI) transactions are the normal mode of business for Medicare claims, claim status, and remittance advice.



CAUTION – What You Need to Know

Medicare requires the use of electronic claims (except for certain rare exceptions) in order for providers to receive Medicare payment. Effective January 1, 2012, you must be ready to submit your claims electronically using the Accredited Standards Committee (ASC) X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Version D.0 standards. This also is a prerequisite for implementing the new ICD-10 codes. This Special Edition MLN Matters® Article is being provided by the Centers for Medicare & Medicaid Services (CMS) to assist you and keep you apprised of progress on Medicare's implementation of the ASC X12 Version 5010 and NCPDP Version D.0 standards. Remember that the HIPAA standards, including the ASC X12 Version 5010 and Version D.0 standards are national standards and apply to your transactions with all payers, not just with Fee-for-Service (FFS) Medicare. Therefore, you must be prepared to implement these transactions with regard to your non-FFS Medicare business as well. Medicare began Level II transitioning to the new formats on January 1, 2011, and will be ending the exchange of current formats on January 1, 2012. While the new claim format accommodates the ICD-10 codes, ICD-10 codes will not be accepted as part of the 5010 project. Separate MLN Matters® articles will address the ICD-10 implementation.



GO – What You Need to Do

In preparing for the implementation of these new ASC X12 and NCPDP standards, providers should also consider the requirements for implementing the ICD-10 code set as well. You are encouraged to prepare for the implementation of these standards or speak with your billing vendor, software vendor, or clearinghouse to inquire about their readiness plans for these standards.

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Background

The Health Insurance Portability and Accountability Act (HIPAA) requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards that covered entities (health plans, health care clearinghouses, and certain health care providers) must use when they electronically conduct certain health care administrative transactions, such as claims, remittance, eligibility, claims status requests and responses, and others.

It is important that new providers enrolling in Medicare know that EDI transactions are the normal mode of business for Medicare claims, claim status, and remittance advice. More information about Medicare's EDI requirements can be found in the "Medicare Claims Processing Manual," Chapter 24 – "General EDI and EDI Support Requirements, Electronic Claims and Coordination of Benefits Requirements, Mandatory Electronic Filing of Medicare Claims," at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf> on the CMS website.

Electronic billing and EDI transaction information can be found at

<http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the CMS website. This section contains information on:

- EDI transaction and corresponding paper claims requirements;
- Links to those chapters of the "Medicare Claims Processing Manual" that contain further information on these types of transactions;
- The Administrative Simplification Compliance Act (ASCA) requirement that claims be sent to Medicare electronically as a condition for payment;
- How you can obtain access to Medicare systems to submit or receive claim or beneficiary eligibility data electronically; and
- EDI support furnished by Medicare contractors.

Current versions of the transaction standards (ASC X12 Version 4010/4010A1 for health care transactions, and the NCPDP Version 5.1 for pharmacy transactions) are widely recognized as lacking certain functionality that the health care industry needs. Therefore, on January 16, 2009, HHS announced a final rule that replaced the current Version 4010/4010A and NCPDP Version 5.1 with Version 5010 and Version D.0, respectively. The final rule (CMS-0009-F) titled, "Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards," can be found at <http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-740.pdf> on the Internet.

Subsequently, CMS is performing activities to convert from processing the ASC X12 Version 4010A1 to HIPAA ASC X12 Version 5010, and the NCPDP Version 5.1 to NCPDP Version D.0.

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HHS is permitting the dual use of existing standards (4010A1 and 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date of the regulation until January 1, 2012, the fully compliant (Level I and Level II Compliance) date to facilitate testing subject to trading partner agreement.

- **Level I compliance** means "that a covered entity can demonstrably 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."

The CMS Medicare Fee-for-Service implementation schedule is:

- **Level I** April 1, 2010, through December 31, 2010;
- **Level II** January 1, 2011, through December 31, 2011; and
- **Fully compliant** on January 1, 2012.

CMS has prepared a comparison of the current ASC X12 HIPAA EDI standards (Version 4010/4010A1) with Version 5010, and NCPDP EDI standards Version 5.1 with Version D.0. For more information see <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the CMS website.

CMS has made the side-by-side comparison documents available to interested parties without guarantee and without cost. The documents are 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 for purposes other than Medicare Fee-for-Service. Maintenance will be performed without notification, as needed to support Medicare Fee-for-Service.

Readiness Assessment 1– Have you done the following to be ready for 5010/D.0?

Are you ready for 5010/D.0? Testing with external trading partners began in January of 2011. Testing with version 5010A1 Errata will begin in April 2011. Please don't wait until April to begin testing because compliance with the Errata must be achieved by the original regulation compliance date of January 1, 2012.

Visit http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/readiness_1.pdf to see a summary of information that is important for your readiness assessment.

Do not wait to begin testing with your MAC because the MACs may not be able to accommodate large volumes of trading partners seeking production status all at once.

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Be sure to start testing Version 5010 and D.0 as early as possible in 2011. Be prepared.

To download readiness checklists and a resource card with helpful web links go to <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html> on the CMS website.

Readiness Assessment 2 – What do you need to have in place to test with your MAC?

Providers/trading partners should make it a priority to test early during calendar year 2011 with their MACs for the implementation of Versions 5010 and D.0 transactions so as not to impact future Medicare claim processing.

- Trading partner testing for the 5010 base version began with MACs on January 1, 2011.
- Testing with the 5010 errata version (5010A1) will be available for testing in April 2011.
- Successful testing with your MAC is required prior to being placed into production.

Prior to testing, trading partners should ensure their billing service, clearinghouse, or software vendor:

- Has passed testing requirements for each transaction (testing with each Medicare contractor or a certification system that the Medicare contractor has accepted); and
- Is using the same program/software to generate the transaction for all of their clients.

Details about Medicare testing requirements and protocols and the 5010 National Call presentation on Provider Outreach and Education – Transition Year Activities can be found at http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/OE_National_Presentation_12-8-10.pdf on the CMS website.

Trading partners are encouraged to review the following:

- Version 5010 and D.0. transaction resources can be found at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html> on the CMS website;
 - Educational Resources (i.e., Medicare Learning Network® (MLN) articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, frequently asked questions, and transcripts from previous national provider calls) can be found at <http://www.cms.gov/Regulations-and-Guidance/HIPAA->

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[Administrative-Simplification/Versions5010andD0/index.html](http://www.cms.gov/Administrative-Simplification/Versions5010andD0/index.html) on the CMS website; and

- The dedicated HIPAA 5010/D.0 Project web page, which includes technical documents and communications at national conferences, can be found at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the CMS website.

Errata Requirements and Testing Schedule

HIPAA Version 5010 has new Errata, which can be found at http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/Errata_Reg_and_Testing.pdf on the CMS website. According to the published regulation (Federal Register, Vol. 74, No. 11, 3296-3328, January 16, 2009; RIN 0938-AM50 of 45 CFR Part 162), testing with external trading partners must begin in January of 2011. **Compliance with the Errata must be achieved by the original regulation compliance date of January 1, 2012.**

Medicare FFS will implement the errata versions of the affected 5010 transactions to meet HIPAA compliance requirements, and Medicare FFS contractors will be ready to test the 5010 Errata versions in April 2011.

Transactions not impacted by the errata can be tested starting January 2011 without regard to the published errata schedule. Trading Partners should contact their local Medicare FFS contractor for specific testing schedules. To find a Medicare FFS contractor in your state, please refer to the "Downloads" section at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the CMS website.

CMS 5010 Provider Outreach and Education Materials

CMS has developed extensive information and educational resources pertaining to the topics listed below. This information is available on the CMS website:

- Version 5010- the new version of the X12 standards for HIPAA transactions;
- Version D.0 – the new version of the National Council for Prescription Drug Program (NCPDP) standards for pharmacy and supplier transactions;
- Version 3.0 – a new NCPDP standard for Medicaid pharmacy subrogation.

The information posted at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> on the CMS website may be applicable to the healthcare industry at large, or may be specifically Medicare-related information. The "Overview" web page is designed to distinguish the Medicare-related information from the industry related.

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Please note there are separate resource pages for D.0 and 3.0 for tools and information specific to these pharmacy-related standards. The highlights and overview of these pages are as follows:

- **Federal Regulation & Notices** (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html>)

This web page contains general information related to federal regulations and notices and contains the following link to the Final Rule for X12 5010, D.0 and 3.0 document. See <http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-740.pdf> on the Internet

- **CMS Communications** (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html>)

This CMS Communications web page includes Versions 5010 & D.0 implementation information and the following downloads:

- 5010 Implementation Calendar [PDF, 325KB]; see <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/5010ImplementationCalendar.pdf> on the CMS website.
- Readiness Assessment - What do you need to have in place to test with your MAC? [PDF, 241KB]; see http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/Readiness_2.pdf on the CMS website.

- **Educational Resources** (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html>)

The Educational Resources web page includes information designed to increase national awareness and assist in the implementation of Versions 5010, D.0 and 3.0. Products that target a specific population, such as Medicare FFS, are clearly identified. Otherwise, products and information may be appropriate for the healthcare industry at large. This Web page includes the following downloads:

- **Version 5010 Resource Card** [PDF, 243KB] (see http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/5010EDI_RefCard_ICN904284.pdf);
- **Preparing for Electronic Data Interchange (EDI) Standards: The Transition to Versions 5010 and D.0 Fact Sheet** [PDF, 1208KB] (see [http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/Preparing_for_Electronic_Data_Interchange_\(EDI\)_Standards_The_Transition_to_Versions_5010_and_D.0_Fact_Sheet.pdf](http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/Preparing_for_Electronic_Data_Interchange_(EDI)_Standards_The_Transition_to_Versions_5010_and_D.0_Fact_Sheet.pdf))

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- [Simplification/Versions5010andD0/downloads/w5010TransitionFctSht.pdf](#));
 - Checklist for Level I Testing Activities [PDF, 324 KB] (see <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/w5010PrepChkIst.pdf>);
 - Provider Action Checklist for a Smooth Transition [PDF, 333KB] (see <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/w5010PvdrActionChkIst.pdf>); and
 - Versions 5010 and D.0 MLN Matters® Articles [PDF, 31KB] (see http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/downloads/Versions_5010_and_D0_MLN_Matters_Articles.pdf on the CMS website).
- **5010 National Calls**

Throughout the implementation of Version 5010, CMS has been hosting a variety of national education calls that inform the provider community of the steps that they need to take in order to be ready for implementation. These calls also give participants an opportunity to ask questions of CMS subject matter experts. The 5010 web page contains the list of past calls with links to Web pages where you can download the past call presentations, transcripts, and audio files.

Additional Information

A Special Edition MLN Matters® article on the ICD-10 code set can be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0832.pdf> on the CMS website.

You may want to review MLN Matters® article SE1131 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1131.pdf>) that references the approaching deadline of January 1, 2012, for 5010 implementation. SE1131 urges providers to contact their MACS for the free Version 5010 software and begin testing to avoid delays in payment for Fee-For-Service claims.

CMS is also using the Open Door Forums and listservs to keep providers informed of its implementation progress and will also use these vehicles to assist providers in preparing for the new standards. Information on the Open Door Forums can be found at <http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC or DME MAC at their toll-free number, which may be found at [### Disclaimer](http://www.cms.gov/Research-Statistics-</p></div><div data-bbox=)

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[Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html](#) on the CMS website.

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