

**HIPAA 5010 June 29th National Call: Questions and Answers
Resource Mailbox Questions and Answers**

Background: As mentioned on previous HIPAA 5010 national calls, there is a resource box that accepts questions for a 72 hour period around these national calls. Below are questions that were submitted along with their answers.

- 1) Q: In 4010 if the subscriber and the patient are listed as self, then the ANSI logic will only print the subscriber name. Does 5010 still operate in this manner?**

A: For Medicare the patient is always the subscriber. This has not changed from 4010A1 Medicare billing.

- 2) Q: Are there any fields that will need to be adjusted when printing out paper claims or will this be taken care of through the software program when they become HIPAA 5010 compliant?**

A: Your software vendor will be responsible for changes to your 1500 form print image files.

- 3) Q: In the 837 Professional Claim, if the pick-up location is a facility, such as a hospital or a nursing home, should the facility name be included in the pickup address?**

A: No, only the address is submitted in the "pickup address" element.

- 4) Q: Is there a master list of Payer Identifiers for secondary payers? Is the payer ID for a particular payer always the same, no matter who the primary payer is? (Non-Medicare claims)**

A: At this time, there is not a master list of payer IDs. There is a regulation currently out which will eventually establish National Health Plan IDs (HPID).

- 5) Q: After a trading partner has successfully completed testing using the new 5010 version software when and how will they be notified that they can now move into production mode?**

A: Please contact your local MAC. They will confirm your completion of 5010 testing and release you for production status.

- 6) Q: The 2010AA Billing Provider must not contain a P.O BOX. Will a P.O Box number be allowed in box 33 of the 1500 form?**

A: Yes, the paper 1500 form is not subject to HIPAA compliance restrictions.

- 7) Q: When will Palmetto (J1) Part A support the 277CA and 835 files based upon 5010 test files?**

A: Palmetto has been testing with submitters since January. Palmetto supports the 277CA. If you would like to receive parallel 5010 remits, please contact Palmetto's Technology Support Center at 866-749-4301 and request to be transferred to Second Level Support.

- 8) Q: How does CMS use the new 2010AA "billing" street address when you bill as a group with Organization NPI's? Does it need to match to the NPPES street address or payer enrollment or anything?**

A: 2010AA must be a street address. CMS encourages this street address to be the same as used when the billing provider enrolled in Medicare.

- 9) Q: Is it acceptable to send the Lock Box P.O box number in the 2010AB loop?**

A: Yes, it is acceptable to send the P.O Box number in the 2010AB.

- 10) Q: Is CMS going to post the status of MAC testing on their web site? When should we begin to test?**

A: Testing for HIPAA 5010 should begin immediately. Trading Partners should not wait for the August National Testing Week to begin testing. As of July 25th Medicare Part A has implemented the known production changes needed to process 5010 claims with ambulance units. Since these changes were not implemented until July 25th, Medicare Part A was in "test only" mode until that date. At this time, each MAC should be able to process test-to-production for Part A. Medicare Part B has been in test-to-production since mid May. At this time CMS will not be consolidating payer information to post on the web site as all MACs should be accepting test and production 5010 claims.

If you continue to encounter restrictions with testing and production status please submit a comment to the "submit feedback" button of the bottom of the EDI homepage:
<http://www.cms.gov/EDIPerformanceStatistics/>.

Please test TODAY and as many times as needed to complete your transition to 5010 production!

- 11) Q: If a provider puts their physical address in the Billing provider address, Medicare will send payment to whatever address is registered with CMS. Does Medicaid have the same policy?**

A: Generally, yes, State Medicaid Agencies have the pay to address stored in the provider master file. Providers should contact the Medicaid Agencies they do business with to confirm.

- 12) Q: Is the loop 2410 CTP Drug Quantity required in the 5010 837 professional and institutional claim?**

A: The 2410 loop is situational. If 2410 LIN data is submitted, the 2410 CTP segment is required. See the TR3 2410 LIN segment usage notes.

- 13) Q: If a trading partner is submitting 4010 version of the 837I, can they only do the 837I 5010 or do they have to do the other transactions?**

A: Any transactions performed electronically will also need to comply with 5010. Therefore, if the 837I claim is the only electronic transaction you are submitting you may just convert that transaction to 5010. However it should be noted, now instead of receiving proprietary reports back, you'll receive the 999 and 277CA Claims acknowledgement transactions.

14) Q: Is DDE and PC ACE 5010 compliant?

A: DDE is 5010 compliant and the Medicare 'free billing' software (PC-ACE) is 5010 compliant.

15) Q: What is PC-ACE Pro32 and how do trading partners use it for Medicare billing in the 5010 format?

A: PC-Ace Pro32 is a "stand alone" software package that creates a patient database and allows your office to electronically submit Medicare claims.

16) Q: When testing for 5010 do you submit new claims (production claims) or old claims?

A: Please note, if you are in test status you would not be submitting production claims. Therefore, it is your choice to submit old or new claims. You may make copies of existing claims and build them in test mode using your 5010 format.

17) Q: When is HIPAA 5010 National Testing Week?

A: HIPAA 5010 National Testing week is August 22nd – 26th. Although, testing for HIPAA 5010 should begin immediately. Therefore, if you are ready to test please contact your local MAC and begin testing NOW.