HIPAA Version 5010:
Twenty First National Provider Call: Troubleshooting

Division of Transactions, Applications & Standards,
Business Applications Management Group, OIS
and
Division of State Systems
Center for Medicaid, CHIP, and Survey & Certification

December 7, 2011
Purpose of Today’s Call

1. To review 5010/D.0 top troubleshooting topics

2. To review Medicaid readiness

3. To solicit feedback from participants regarding questions and concerns with 5010 and/or Medicare FFS’ implementation of 5010
Today’s Agenda

• General overview

• Top 5010 Operational Concerns

• Top 10 Edits Failing for 5010

• Medicaid Readiness

• Question & Answer Session
Implementation Status

- Expansion for ICD-10 is completed
- All MACs have completed running the Certification Test cases
- CMS systems are 5010-ready in production
- All MACs and Legacies are testing with External Trading Partners
- Trading Partners are transitioning from Test into Production for Part A and Part B

Marching toward 5010-only on Jan 1, 2012
Medicare Administrative Contractors (MACs) Status

• The MACs are fully ready for production
  – MAC Certification Testing is complete.
  – The full suite of certification tests were exercised and CMS has directed MACs on resolution of critical deviations.
  – External trading partners continue to be notified of which deviations to expect until fixes are implemented.
5010/D.0 Production Status

• Top Operational Concerns:
  – Certain MSP claims are being rejected.
  – Part A 835
    ➢ PLB segment should be OA qualifier but QA qualifier is produced and that causes the 835 flat file to fail in the translation process.
    ➢ CAS segment is generated without a reason code also causing a translation failure.
    ➢ Sporadic issues with incorrect SE counts.
  – The NDC reference file used in the CEM is out of date causing claims to reject incorrectly.
5010/D.0 Production Status

• Top Operational Concerns (Continued):
  
  – P.O. Box In the Billing Provider Address Loop is causing providers difficulty.


  – Use of NOC Codes and required descriptions.

  – Certain translator deviations continue to be addressed by the vendors.
<table>
<thead>
<tr>
<th>Edit Number</th>
<th>Business Edit Message</th>
<th>Explanation of Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>X223A2.26.2430.SVD04.020</td>
<td>This Claim is rejected for Acknowledgement /Rejected for Invalid Information within the Revenue code for services rendered</td>
<td>2430.SVD04 must be a valid revenue code.</td>
</tr>
<tr>
<td>X223.424.2400.SV202-2.020</td>
<td>This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the HCPCS</td>
<td>When 2400.SV202-1 = &quot;HC&quot;, 2400.SV202-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = &quot;472&quot;.</td>
</tr>
<tr>
<td>X223.127.2010BB.REF.010</td>
<td>This Claim is rejected for Acknowledgement /Rejected for Invalid Information submitted inconsistent with billing guidelines due to PR Payer's Additional/Secondary Identifier.</td>
<td>2010BB.REF with REF01 = &quot;2U&quot;, &quot;EI&quot;, &quot;FY&quot;, or &quot;NF&quot; must not be present.</td>
</tr>
<tr>
<td>X999.DUP</td>
<td>Rejected due to duplicate ST-SE</td>
<td></td>
</tr>
<tr>
<td>X223.364.2320.AMT02.060</td>
<td>Other Payer's payment information is out of balance.</td>
<td>2320 AMT02 must = the sum of all 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer.</td>
</tr>
<tr>
<td>X223.090.2010AA.REF02.050</td>
<td>This Claim is rejected for Acknowledgement / Rejected for relational field in error within the Billing Provider's National Provider Identifier (NPI) and Billing Provider's tax id.</td>
<td>2010AA.REF must be associated with the provider identified in 2010AA.NM109.</td>
</tr>
<tr>
<td>X223.449.2410.LIN03.020</td>
<td>This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the NDC Number.</td>
<td>2410.LIN03 must be a valid NDC code.</td>
</tr>
<tr>
<td>X223.084.2010AA.NM109.040</td>
<td>This Claim is rejected forAcknowledgement / Rejected for relational field in error within the Billing Provider's National Provider Identifier (NPI)</td>
<td>2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.</td>
</tr>
<tr>
<td>X223.284.2300.HI01-2.010</td>
<td>This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s)</td>
<td>If 2300.HI01-1 is &quot;BE&quot; then 2300.HI01-2 must be a valid Value code.</td>
</tr>
<tr>
<td>X223.424.2400.SV203.060</td>
<td>This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the Claim is out of balance due to Line Item Charge Amount within the Service Line Paid Amount.</td>
<td>SV203 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts.</td>
</tr>
</tbody>
</table>
### Top 10 Edits Failing for Version 5010 Part B

<table>
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<tr>
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<th>Business Edit Message</th>
<th>Explanation of Edit</th>
</tr>
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<tbody>
<tr>
<td>X222.087.2010AA.NM109.050</td>
<td>This Claim is rejected for relational field due to Billing Provider's submitter not approved for electronic claim submissions on behalf of this Billing Provider.</td>
<td>2010AA.NM109 billing provider must be &quot;associated&quot; to the submitter (from a trading partner management perspective) in 1000A.NM109.</td>
</tr>
<tr>
<td>X222.273.2310C.N403.020</td>
<td>This Claim is rejected for Invalid Information for a Service Location's Postal/Zip.</td>
<td>2310C.N403 must be a valid 9 digit Zip Code.</td>
</tr>
<tr>
<td>X222.121.2010BA.NM109.020</td>
<td>This Claim is rejected for Invalid Information for a Subscriber's contract/member number</td>
<td>2010BA.NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNAA or NNNNNNNNNAN where “A” represents an alpha character and “N” represents a numeric digit.</td>
</tr>
<tr>
<td>X222.092.2010AA.N403.020</td>
<td>This Claim is rejected for Invalid Information in the Billing Provider's Postal/Zip Code.</td>
<td>2010AA.N403 must be a valid 9 digit Zip Code.</td>
</tr>
<tr>
<td>X999.DUPE</td>
<td>Rejected due to duplicate ST/SE submission</td>
<td></td>
</tr>
<tr>
<td>X222.094.2010AA.REF02.050</td>
<td>This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID</td>
<td>2010AA.REF must be associated with the provider identified in 2010AA.NM109</td>
</tr>
<tr>
<td>X222.423.2410.LIN03.020</td>
<td>This Claim is rejected for Invalid Information within the NDC number</td>
<td>2410.LIN03 must be a valid NDC code.</td>
</tr>
<tr>
<td>X222.133.2010BB.NM109.025</td>
<td>This Claim is rejected for Invalid Information for a Missing or Invalid Information with the Payer's ID Number and Receiver's ID Number</td>
<td>2010BB.NM109 must be the same value as 1000B.NM109.</td>
</tr>
<tr>
<td>X222.351.2400.SV101-2.020</td>
<td>This Claim is rejected for relational field Information within the HCPCS</td>
<td>When 2400.SV101-1 = &quot;HC&quot;, 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = &quot;472&quot;.</td>
</tr>
<tr>
<td>X222.275.2310C.REF010</td>
<td>This Claim is rejected for Invalid Information submitted inconsistent with billing guidelines for the Service Location's Additional/Secondary Identifier.</td>
<td>2310C.REF must not be present.</td>
</tr>
</tbody>
</table>
Communications Technical Direction Letter (TDL)

• From TDL-11464, 09-08-11:
  – October 1, 2011, all new direct submitting trading partners and 835 Health Care Payment Advice receivers are required to enroll using HIPAA Version 5010 compliant transactions.

• From TDL-12035, 10-28-11:
  – November 1, 2011, all new providers submitting through an existing submitter ID and 835 Health Care Payment Advice receivers through an existing submitter ID will be required to enroll/link using HIPAA Version 5010 compliant transactions.
State Medicaid Agency 5010 Readiness
5010 Production Dates
Source: Conference calls and State Emails

• Predicted Production Dates
  – 6 States will go into production for All Transactions Before 1/1/12
  – 34 States will go into production for All Transactions On 1/1/12
  – 7 States indicated will not meet 1/1/12
  – Do not have data for 3 States
State Medicaid Agency 5010 Readiness

Communication is Critical

- Providers need to join state listserv; read communication
- Testing should be complete
- What if state is not ready?
  - What is your risk mitigation plan?
Project Overview

Medicare Administrative Contractor (MAC) Jurisdiction Numbers

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# A/B MAC and CEDI Contacts*

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Operational MACs</th>
<th>EDI Help Desk Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Palmetto GBA</td>
<td>1-866-749-4301</td>
<td><a href="http://www.palmettogba.com/medicare">www.palmettogba.com/medicare</a></td>
</tr>
<tr>
<td>3</td>
<td>Noridian Administrative Services, LLC</td>
<td>1-800-967-7902</td>
<td><a href="http://www.edissweb.com">www.edissweb.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Trailblazer Health Enterprises, LLC</td>
<td>1-866-749-4302</td>
<td><a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a></td>
</tr>
<tr>
<td>9</td>
<td>First Coast Service Options, Inc.</td>
<td>1-888-670-0940</td>
<td><a href="http://www.fcso.com/">www.fcso.com/</a></td>
</tr>
<tr>
<td>10</td>
<td>Cahaba GBA</td>
<td>1-866 582-3253</td>
<td><a href="http://www.cahabaqba.com/">www.cahabaqba.com/</a></td>
</tr>
<tr>
<td>11</td>
<td>Palmetto GBA</td>
<td>1-866-749-4301</td>
<td><a href="http://www.palmettogba.com/medicare">www.palmettogba.com/medicare</a></td>
</tr>
<tr>
<td>12</td>
<td>Highmark Medicare Services</td>
<td>1-866-488-0546</td>
<td><a href="https://www.highmarkmedicareservices.com/">https://www.highmarkmedicareservices.com/</a></td>
</tr>
<tr>
<td>14</td>
<td>NHIC</td>
<td>1-877-386-1056</td>
<td><a href="http://www.medicarenhic.com/">www.medicarenhic.com/</a></td>
</tr>
<tr>
<td>15</td>
<td>CGS</td>
<td>1-866-758-5666</td>
<td><a href="http://www.cgsmedicare.com/">http://www.cgsmedicare.com/</a></td>
</tr>
</tbody>
</table>

*Legacy providers should contact their current contractor for 5010-related matters.*
MAC EDI Helpdesks

Who should you contact to find out more about how Medicare FFS will implement 5010?

• Each Medicare FFS trading partner should be registered with an A/B MAC, FI, Carrier, or CEDI for DME. Your first source of Medicare information should come from your Medicare contractor

• The following links provides EDI help desk phone numbers for Part A and B/DME by State
Medicare FFS Communications To Date

• Establishment of central Version 5010 and D.0 webpage(s) on the CMS website (http://www.cms.gov/ Versions5010andD0/)

• Development of resource materials – fact sheets, readiness checklists, resource card, FAQs, 4010 to 5010 side-by-sides, Medicare Learning Network (MLN) articles, and a series of presentations can be found at http://www.cms.gov/ Versions5010andD0/40_Educational_Resources.asp#TopOfPage

• Delivery of a series of National Provider Calls – presentations, transcripts and audio files available at (http://www.cms.gov/ Versions5010andD0/V50/list.asp#TopOfPage)

• List serve message(s) posted at (http://www.cms.gov/ Versions5010andD0/30_CMS_Communications.asp#TopOfPage)
  – To subscribe to the Medicare FFS provider list serves go to http://www.cms.gov/prospmedicarefeesvcpmtgen/downloads/Provider_Listservs.pdf and subscribe to the “All FFS Providers” list serve
Q & A Session
Now this is your opportunity to ask questions

CMS HIPAA Enforcement Process:
If a provider needs assistance with HIPAA transaction and code set (TCS) issues, they should file a complaint with CMS on-line at the following URL:
http://www.cms.gov/Enforcement/05_HowtoFileaComplaint.asp#TopOfPage

CMS 5010 Medicare Fee For Service Outlook Resource mailbox:
– The email address is: 5010FFSInfo@cms.hhs.gov
– Responses will be posted to the appropriate session’s webpage at a later date along with the Audio file and Presentation Material