

Medicare Fee-for-Service
Frequently Asked Questions regarding deadlines for ASC X12 Version 5010

Medicare Fee-for-Service (FFS) issued an announcement on December 14, 2011 regarding its plan for the 90 Day Discretionary Enforcement Period for ASC X12 Version 5010 transactions. This announcement affects providers and/or the entities that submit electronic transactions on their behalf and cannot submit the updated version of the transactions by January 1, 2012. That announcement prompted a series of questions which are answered below:

1. Q: Will submitters who have not tested 5010 be able to continue to submit 4010 claims after January 1st while their transition plan is being reviewed by the Medicare Administrative Contractors (MACs)? If the plan is approved how much grace time will they be granted?

A: Submitters who have not tested will need to submit their transition plan within 30 calendar days of the date of the notice from the MAC. Those who submit a transition plan by the deadline will have until April 1, 2012 to complete their transition to the 5010 formats.

2. Q: What will happen if submitters don't submit a transition plan? Will their 4010 claims be rejected as of the 31st day?

A: If no transition plan is submitted, Medicare FFS may direct the MACs to reject 4010 claims. The MACs have not been directed to reject 4010 claims at this time.

3. Q: Is Medicare going to release information about exactly what a transition plan will look like?

A: Medicare FFS will not specify the format of the transition plan. Submitters should outline the steps they have taken and the steps they still need to take to successfully achieve compliance with the updated version of the transactions.

4. Q: Are the 30 day deadlines stated in the Medicare FFS announcement working or calendar days and does the 30 day clock start with notification or on January 1, 2012?

A: The 30 day deadlines are calendar days and the 30 day clock starts with the date of the notification from the MAC.

5. Q: Will the MACs be able to accept a mix of 5010 and 4010 claims during the 90 day non-enforcement period?

A: Yes, MACs will be able to accept a mix of 5010 and 4010 claims during the 90 day non-enforcement period.

6. Q: Who notifies providers that have passed 5010 testing and submit directly to Medicare? What is the difference between a submitter and a provider?

A: The MACs notify providers that submit directly (without the use of a submitter) to Medicare. A submitter is a clearinghouse, vendor or biller that submits to Medicare on behalf of one or more providers. The Medicare FFS 90 Day Discretionary Enforcement announcement requires

submitters to test with their MACs, submitters to take action in regards to this plan and submitters to send in their transition plans to the MACs.