

Frequently Asked Questions about HIPAA 5010:

What is version 5010 of the X12 HIPAA Transaction and Code Set Standards?

HIPAA X12 version 5010 and NCPDP version D.0 are new sets of standards that regulate the electronic transmission of specific healthcare transactions, including eligibility, claim status, referrals, claims, and remittances. Covered entities, such as health plans, healthcare clearinghouses, and healthcare providers, are required to conform to HIPAA 5010 standards.

The current transaction standard is the X12 version 4010A1 for eligibility, claims status, referrals, claims, and remittances; similarly, the current standard is NCPDP version 5.1 for pharmacy claims.

Use of the 5010 version of the X12 standards and the NCPDP D.0 standard is required by federal law. The compliance date for use of these standards is January 1, 2012.

Who will need to upgrade to HIPAA 5010?

All covered entities, listed below, are required to upgrade to HIPAA 5010 standards; covered entities. All covered entities, listed below, are required to upgrade to HIPAA 5010 standards; covered entities may use a clearinghouse assist them with complying with the rules.

- Physicians
- Hospitals
- Payers
- Clearinghouses
- Pharmacies
- Dentists

Additionally, even though software vendors are not included in the list of covered entities, in order to support their customers they will need to upgrade their products to support HIPAA 5010 and NCDPD

What transactions are specified in the HIPAA 5010 standards?

- **270/271** – Health Care Eligibility Benefit Inquiry and Response
- **276/277** – Health Care Claim Status Request and Response
- **278** – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgment
- **820** – Payroll Deducted and Other Group Premium Payment for Insurance Products
- **834** – Benefit Enrollment and Maintenance
- **835** – Health Care Claim Payment/Advice
- **837** – Health Care Claim (Professional, Institutional, and Dental), including coordination of benefits (COB) and subrogation claims
- **NCPDP D.0**– Pharmacy Claim

What are the major differences between HIPAA 4010A1 and HIPAA 5010?

There are changes across all of the transactions, some of which include

- The ability to support new-use cases brought forward by the industry;
- Clarification of usage to remove ambiguity;
- Consistency across transactions;
- Support of the NPI regulation; and
- Removal of data content that is no longer used.

Why was it necessary to upgrade to HIPAA 5010?

The upgrade to HIPAA 5010 was important for several reasons:

- Industry experience with the 4010A1 implementation uncovered some unanticipated issues and requirements; and
- HIPAA 5010 will be able to accommodate the forthcoming and mandatory ICD-10-CM and ICD-10-PCS code sets, which are scheduled to be implemented on Oct. 1, 2013.

What challenges does HIPAA 5010 present to the healthcare industry?

One of the most prominent challenges is identifying the gaps between HIPAA 4010A1 and 5010. Many of the challenges facing the healthcare industry are not technical in nature but address business challenges.

How can covered entities prepare for the transition to HIPAA 5010?

An organization should make it a priority to perform a thorough systems inventory to establish which technical and business components will be impacted by the transition to HIPAA 5010. In the analysis of business components, the organization should also review the readiness of their business partners, including clearinghouses, software vendors, etc., to confirm that they are also prepared to transition by the compliance date.

Additionally, covered entities should perform a full internal gap analysis between HIPAA 4010A1 and HIPAA 5010. Such an analysis both focuses on a covered entity's actual use of the content within the standard transactions and identifies the circumstances in which the changes in the standards impact the specific covered entity. This information will be vital in understanding the local impact of the transition to the organization.

Read more about 5010 and ICD-10 on the CMS website at:

<https://www.cms.gov/>
https://www.cms.gov/ICD10/11a_Version_5010.asp
<https://www.cms.gov/ICD10/>

Stay up to date with Medicaid's transition to 5010 on the OHP website at:

<http://ifs.ohio.gov/ohp/5010.stm>

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