HIPAA 5010 Transition Tips

Part B Providers – Arkansas and Louisiana

Ready or not, 5010 is here…this means that providers may need to become accustomed to the new billing edits. HIPAA 5010 compliance is about billing details that can cause your claims to reject as compared to the 4010 process. Collectively, coding, billing and IT departments should monitor any 277 Claims Acknowledgements for rejections and 835 remittances for denials to ensure that they are not experiencing software issues. Here are some common 5010 rejections that health care providers need to know to keep reimbursements flowing.

- **5010 Provider Address Requirement** - Loop 2010AA (Billing Provider) of ASC X12 Version requirements requires the submission of a physical street address. The use of a post office box or lock box address is prohibited by the 5010 TR3 specifications. Medicare maintains your Pay-to address information internally in our enrollment records so it is not necessary for you to submit the Pay to information on your Medicare claims. However, if a post office box or lock box address is necessary for payment and correspondence for a payer other than Medicare, it can be reported in Loop 2010AB (Pay To).

- **Nine Digit Zip Code Requirement**- 5010 requires providers to submit a nine-digit Zip code in element N403 when reporting the billing provider (Loop 2010AA) and service facility location (Loop 2310C/2420C) zip codes. You can contact your local postal system or visit www.usps.com to get the 9-digit zip code.

- **Ambulance Claims Requirement –** Ambulance suppliers who submit medical transportation claims are required to report the pick-up and drop-off locations for ambulance transport. The number of patients transported in the same vehicle for ambulance or non-emergency transportation are now required.

- **Unspecified Procedure Descriptions –**When billing for a non-specific, not otherwise classified (NOC), unlisted, unspecified, or unclassified procedure code, the 5010 TR3 requires that a brief narrative description of the service rendered must be submitted in Loop 2400 element SV101-07.

- **4010/5010 differences –** A side-by-side comparison of the old and new formats can be found on the CMS web site. http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp

For Support Issues all AR Part A/B and LA /B - Contact Pinnacle Business Solutions, Inc. EDI help desk at medicare5010support@arkbluecross.com for questions related to the following information :

- TA1 Interchange Acknowledgement Report
- 999 Implementation Acknowledgement Report
- 277CA Claims Acknowledgement Report
- 835 Remittance Advice
- Claims not in Medicare System

Providers should include the following information in their email:

a) Name:
b) Submitter number:
c) NPI:
d) Brief description of issue:

For more information on Version 5010, please visit
http://www.pinnaclemedicare.com/provider/partb/edi/5010/default.aspx
https://www.cms.gov/Versions5010andD0/