

Frequently Asked Questions about HIPAA 5010 – General Questions

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) is the federal regulation that requires the use of standard X12 transactions to report and inquire about healthcare services. If you use electronic transactions, the current version is 4010A1. The new version of the standards is called 5010.

How is 5010 different from 4010A1?

According to CMS, 5010 version is intended to address some of the shortcomings in version 4010A1. For example, the documentation explaining how to report your claims and inquiries is easier to understand in the new version. 5010 fully supports the reporting of National Provider Identifiers (NPI) and the new ICD-10 codes. Additionally, the version is more streamlined because content that wasn't used in 4010A1 has been removed in the 5010 version.

Does 5010 apply to me?

HIPAA 5010 applies to you if you currently use version 4010A1 of the standard electronic transactions or if you want to begin electronically reporting or (inquiring about) healthcare transactions.

When must version 5010 be in place?

HIPAA 5010 must be implemented by January 1, 2012, but given the complexities of the conversion, you must begin preparing for the transition now. After January 1, 2012, version 4010A1 will no longer be valid and will not be accepted by BCBSAZ.

Can I use your Web portal to file claims after January 1, 2012?

No, BCBSAZ does not currently offer web entry from www.azblue.com and there are no plans to offer web entry after the implementation of the HIPAA 5010. If you are using Availity, a web-based claim submission tool, to manually enter claims, we encourage you to visit their website at www.availity.com or contact them at 1 800 Availity (282-4548) for updates regarding HIPAA 5010.

How do I begin?

Consider opening a dialogue with your facility or practice management vendor and clearinghouse. Prepare for the discussion by reviewing your contracts to determine what terms apply when major, federally mandated data set changes must be made. Then, ask your vendors what preparations they are making to support your 5010 business requirements in time for the January 1, 2012, compliance date. Ask for details such as a project plan and timeline.

What if my vendor hasn't started to plan for 5010?

One approach would be to express your concern to your vendor and follow up periodically until you are satisfied with the responses. You also may need to develop a back up plan for meeting the compliance date.

Currently, I file claims on paper. Will I need to start sending 5010 electronic transactions on January 1, 2012?

Electronic transactions are a very efficient way to file claims and make inquires. Blue Cross Blue Shield of Arizona (BCBSAZ) encourages you to consider this approach. However, BCBSAZ will not require that you switch to electronic transactions if you use paper today.

Will there be changes to the paper claims (i.e., UB-04, 1500) because of 5010?

No, the most recent versions of the paper claims accommodate the relevant data reported in 5010.



Can we continue to use 1500 paper claims after the compliance date for 5010?

Yes, you may use 1500 paper claims after January 1, 2012. The 1500 claim form was updated in 2007 and the changes made were consistent with the changes in HIPAA version 5010.

I am currently submitting paper claims, but would like to begin submitting them electronically prior to January 1, 2012. In which version should I invest?

Speak to your software vendor first to learn their implementation plan and any software upgrades to make your transactions compliant. BCBSAZ will begin migrating our claims systems from 4010A to 5010 beginning 7/11/11 and the process must be completed by 1/1/12.

Where can I find additional information about 5010?

The Centers for Medicare and Medicaid Services (CMS) has posted an *MLN Matters* article entitled "[An Introductory Overview of the HIPAA 5010](#)" that you might find useful. This article offers a helpful summary, especially for those who are not involved directly in HIPAA 5010 projects.

Frequently Asked Questions about HIPAA 5010 – Testing and Implementation

How will we know when BCBSAZ is ready to receive 5010 transactions?

BCBSAZ will continue to update this site with current information about the HIPAA 5010 implementation including dates and timeframes related to BCBSAZ's readiness. To assist our electronic senders in the transition to 5010, BCBSAZ will begin contacting you in the 3rd quarter of 2010 regarding your plans to convert to the new 5010 format.

Will we need to test with you before we send 5010 transactions? If so, should we expect you to contact us about testing? When will it be, and what will the testing entail?

BCBSAZ expects to begin testing with our trading partners in the first quarter of 2011. BCBSAZ expects to start transitioning our trading partners from the 4010A1 format to the 5010 format by 7/1/11 and to complete the transition by 1/1/12. We will communicate information regarding testing to you as soon as it becomes available.

Are you updating your companion guides? If so, when will they be available and how do we obtain copies?

The BCBSAZ companion guide will be updated, however, the publication date has not been solidified.

Are there industry sources for 5010 information and education?

We recommend you check with the [American Medical Association](#) or your hospital association for peer-to-peer exchanges of information on 5010. Additionally, the [Workgroup on Electronic Data Interchange \(WEDI\)](#) Web site has valuable information. The WEDI membership consists of payers, vendors and providers.