



emdeon®

HIPAA 5010 Issues & Challenges: 835 ERA

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835 ERA Issues & Challenges

Payer Name

Issue/Challenge

In 5010, the Payer Name changed from 'Situational' to 'Required.' Files received in 4010 may not have the Payer Name.

Impact to Customer

Payers should begin to submit the Payer Name, and receivers should be prepared to receive the Payer Name, regardless of the version of the 835.

How Emdeon Can Help

Emdeon will use the Payer Name as registered with Emdeon when it is not present in the Payer Identification (1000A Loop).

Payer Technical Contact Information

Issue/Challenge

The Payer Technical Contact Information (PER) is a new and 'Required' segment in 5010. In addition, a new PER was added to support payer Web site information.

Impact to Customer

Payers must include this information in 5010 transactions. Receivers should be prepared to receive additional contact information.

How Emdeon Can Help

Emdeon is reviewing proposed solutions.

Payee Name

Issue/Challenge

The Payee Name in 5010 changed from 'Situational' to 'Required.'

Impact to Customer

Payers must include the name of the Payee on all Remittance Advices.

How Emdeon Can Help

Emdeon is reviewing proposed solutions.

Payee Geographic Information

Issue/Challenge

The Payee Geographic Information (City, State, and Zip/Postal Code) changed from 'Situational' to 'Required' in 5010. In addition, the addresses in 5010 have been updated to change the State and Zip Codes to be 'Required' only when the address is in the U.S. or Canada. State and Postal Codes are required in 4010 when an address is reported. In order to support foreign claims, the rules have been changed from 'Required' to 'Situational' when the address is in the U.S. or Canada. In addition, the Country Code must be the 2-byte ISO Country Code.

Impact to Customer

Payers must include the address of the Payee on all Remittance Advices and when reporting foreign claims. The Country Code must be a 2-byte ISO Code.

How Emdeon Can Help

Emdeon is reviewing proposed solutions.

Remittance Delivery Method

Issue/Challenge

The RDM Segment was added in 5010 to supply remittance delivery information when the remittance is separate from payment. This segment is 'Required' when the Transaction Handling Code in BPR01 contains a value of 'U - Split Payment and Remittance' or 'X - Handling Party's Option to Split Payment and Remittance.' This presents a challenge for remits received in 4010 going to a 5010 receiver.

Impact to Customer

Payers must be prepared to generate an RDM Segment when appropriate. Receivers must be prepared to receive the RDM.

How Emdeon Can Help

Emdeon is reviewing proposed solutions.

Claim Status Code (CLP-02)

Issue/Challenge

In 5010, the following Claim Status Codes (CLP-02) were deleted:

- 5: Pended
- 10: Received, but not in process
- 13: Suspended
- 15: Suspended - investigation with field
- 16: Suspended - return with material
- 17: Suspended - review pending
- 27: Reviewed

These codes were noted in 4010 as "NOT ADVISED." These codes represent pended/non-processed claims and should not generate an 835. The proper way to report the situations represented by these codes is in the Claim Status 277 Transaction. Although these codes are not used very often in the 835, if they are received in 4010 for a 5010 receiver, there is not a generic code value to provide in their place.

Impact to Customer

Payers must remove these code values when implementing 5010. It is advisable that this change be implemented in their 4010 processes now to avoid issues with 5010 receivers.

How Emdeon Can Help

Emdeon will pass whatever data we receive. Even though few ERA receivers are enforcing compliance in the ERA environment, please note that this may result in a 997 rejection.

Claim Filing Indicator Code (CLP-06)

Issue/Challenge

In 5010, the following Claim Filing Indicator Codes (CLP-02) were added:

- 17 – Dental Maintenance Organization
- ZZ – Mutually Defined

Impact to Customer

Receivers of remittance advices should be prepared to receive the new code values.

How Emdeon Can Help

Emdeon reviewing proposed solutions.

Payer Claim Control Number

Issue/Challenge

In 5010, the Payer Claim Control Number changed from 'Situational' to 'Required.' This will present a challenge when the 4010 from the payer does not contain the Payer Claim Control Number.

Impact to Customer

Payers must submit the Payer Claim Control Number for all 5010 remittance advices.

How Emdeon Can Help

Emdeon reviewing proposed solutions.

Claim Adjustment Group Code (CAS-01)

Issue/Challenge

In 5010, the code 'CR - Correction and Reversals' was deleted from the Claim Adjustment Group Code. This will present a challenge if a 4010 from a payer contains a value of 'CR.'

Impact to Customer

Payers should ensure that 'CR' is removed from their processes for 5010. It is advisable that this change be implemented in their 4010 process now to avoid issues with 5010 receivers.

How Emdeon Can Help

Emdeon reviewing proposed solutions.

Patient Name

Issue/Challenge

The Patient Last and First Name changed from 'Required' to 'Situational.' The patient's name is required in 5010 for reporting back on claims that are not retail pharmacy claims.

Impact to Customer

Submitters should be prepared to receive remittance advices without a Patient Last and/or First Name in their 5010 for retail pharmacy claims.

How Emdeon Can Help

Emdeon reviewing proposed solutions.

Product or Service ID Qualifier (SVC01-1 and SVC06-1)

Issue/Challenge

The code value 'ID – ICD-9-CM Procedure Code' was removed from the Procedure Code Qualifier because these codes are only reported on in-patient hospital claims at the claim level and do not apply to service lines.

The following code values for reporting NDC codes associated with a line item were deleted, since they are no longer applicable to the NDC Coding Structure. The only remaining value for NDC is 'N4 - National Drug Code in 5-4-2 Format.'

- N1 - NDC Code in 4-4-2 Format
- N2 - NDC Code in 5-3-2 Format
- N3 – NDC Code in 5-4-1 Format
- ND – NDC Code

The code value 'RB - National Uniform Billing Committee (NUBC) UB82' Codes was removed. This code set has been replaced by the code value 'NU-NUBC UB-92' Codes. In addition, the code value 'ZZ-Mutually Defined' was removed.

The following codes were added to the Product/Service Identifiers in the Service Payment Information; however, these codes have not been named as allowable code sets under HIPAA and should not be used until such time as they are named:

- HP – Health Insurance Prospective Payment System
- N6 – National Health Related Item Code in 4-6 Format
- UI – U.P.C. Consumer Package Code (1-5-5)
- WK – Advanced Billing Concepts (ABC) Codes

Impact to Customer

The new code values should not be used by until they have been named under HIPAA as allowable code sets. Codes that have been deleted should be removed from their processing, and the proper codes should be used for reporting the service. Receivers should be prepared to receive the new values.

How Emdeon Can Help

If a 4010 is received with the code value 'ID – ICD-9-CM Procedure Code' or 'ZZ-Mutually Defined,' Emdeon will pass this on to the provider. Please note that this may cause a 997/999 rejection.

Service Date

Issue/Challenge

The 4010 transaction set allowed for 3 repeats of the Service Date Segment. However, the code values in this segment are for a 'Service Date (472),' 'Service Date Begin (150),' or 'Service Date End (151).' It would not be appropriate to report all 3 dates because the services were either performed on the same day or they were performed over a period of time.

Impact to Customer

Payers should ensure that they are not mapping both the service date and the service range on the same service line.

How Emdeon Can Help

During the transition, if all 3 dates are received, Emdeon will only pass the range dates on to the receiver.

Service Supplemental Information

Issue/Challenge

The repeat changed from 12 segments to 9 segments.

Impact to Customer

For converters from 5010 to 4010, map as-is if the element is present.

For converters from 4010 to 5010, if the tenth, eleventh, or twelfth AMT segment is present, drop the segment(s), since there is no impact on posting.

How Emdeon Can Help

Emdeon reviewing proposed solutions.

Adjustment Reason Code (PLB)

Issue/Challenge

In 5010, the following 'Adjustment Reason Codes' were added:

- AH – Original Fee
- HM – Hemophilia Clotting Factor Supplement

Furthermore, the following code was deleted:

- Code ZZ – Mutually Defined

Impact to Customer

Payers should adjust their processes to accommodate the new codes as applicable and remove 'ZZ' from their code lists. Receives should be prepared to accept the new values.

How Emdeon Can Help

Emdeon is reviewing proposed solutions.