



emdeon®

# **HIPAA 5010 Issues & Challenges: 835 ERA**

Last update: February 10, 2012



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## Table of Contents

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<b>Payer Technical Contact Information .....</b>	<b>3</b>
<b>Payee Name .....</b>	<b>3</b>
<b>Remittance Delivery Method.....</b>	<b>4</b>
<b>Claim Status Code (CLP02).....</b>	<b>4</b>
<b>Claim Filing Indicator Code (CLP06).....</b>	<b>5</b>
<b>Payer Claim Control Number .....</b>	<b>6</b>
<b>Claim Adjustment Group Code (CAS01).....</b>	<b>6</b>
<b>Patient Name.....</b>	<b>7</b>
<b>Product or Service ID Qualifier (SVC01-1 and SVC06-1) .....</b>	<b>7</b>
<b>Service Date .....</b>	<b>9</b>
<b>Service Identification (REF) .....</b>	<b>10</b>
<b>Adjustment Reason Code (PLB03).....</b>	<b>10</b>

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## 835 ERA Issues & Challenges

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### Payer Technical Contact Information

#### Issue/Challenge

The Payer Technical Contact Information (PER) segment was added in 5010 to communicate the appropriate contact for technical support of the remittance advice. This information is required in 5010 but not available in 4010. During the transition, if a payer submits a 4010 remittance advice for a 5010 receiver, this information will not be available.

#### Impact to Customer

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

#### How Emdeon Can Help

During the transition period, when a 4010 is submitted with the Payer Contact Information, for 5010 receivers Emdeon will map to the Payer Technical Contact Information with PER01 equal to 'BL' (Technical Department).

### Payee Name

#### Issue/Challenge

The Payee Name in 5010 changed from 'Situational' to 'Required.' During the transition period, if a payer submits a 4010 remittance advice for a 5010 receiver, this information may not be available.

#### Impact to Customer

Payers must include the name of the Payee on all remittance advice.

#### How Emdeon Can Help

During the transition period, when a payer submits a remittance advice in 4010 without a Payee Name, Emdeon will populate the information with XXX.

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## Remittance Delivery Method

### Issue/Challenge

The RDM Segment was added in 5010 to supply remittance delivery information when the remittance is separate from the payment; and 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 remittance advices submitted 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

During the transition period, when a 4010 remittance advice is submitted with a value of X or U in the BPR01 Emdeon will create an RDM Segment with RDM01 equal to 'BM- By Mail' and RDM02 equal to XXX for 5010 receivers. (For example: RDM\*BM\*XXX~).

## Claim Status Code (CLP02)

### Issue/Challenge

Several Codes were removed in the Claim Status Codes (CLP02) in 5010 as they were not deemed appropriate for the remittance advice transaction. These codes were noted in 4010 as NOT ADVISED and represent pending / 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 submitted in 4010 for a 5010 receiver there is not a generic code value to use in their place.

The following codes 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

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## Impact to Customer

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

## How Emdeon Can Help

During the transition period, Emdeon will pass whatever content the payer sends in the Claim Status Code for the remittance advice. If a provider rejects during the front-end process, Emdeon will work with the provider and implement edits to reject at Emdeon.

## Claim Filing Indicator Code (CLP06)

### Issue/Challenge

Two new codes were added to the Claim Filing Indicator Codes (CLP02) in 5010. These codes were added to support Dental Maintenance Organizations and other mutually defined groups.

17-Dental Maintenance Organization  
ZZ – Mutually Defined

### Impact to Customer

Payers should use these codes when appropriate to represent the type of claim that was adjudicated.

Receivers of remittance advice should be prepared to accept the new code values.

### How Emdeon Can Help

During the transition period, Emdeon will convert the code values as follows:

17-Dental Maintenance Organization	to	HM – Health Maintenance Organization
ZZ – Mutually Defined	to	15 – Indemnity Insurance.

## **Payer Claim Control Number**

### **Issue/Challenge**

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

### **Impact to Customer**

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

### **How Emdeon Can Help**

During the transition period, Emdeon will map 'XXX' to the Payer Claim Control Number when a 4010 remittance advice is submitted and is going to a 5010 Receiver.

## **Claim Adjustment Group Code (CAS01)**

### **Issue/Challenge**

The code for Correction and Reversals (CR) was deleted from the Claim Adjustment Group Code in 5010. This will present a challenge if a 4010 remittance advice from a payer contains a value of 'CR' going to a 5010 receiver.

### **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 remittance advice process now to avoid issues with 5010 receivers.

### **How Emdeon Can Help**

During the transition period, , when CR is submitted in 4010 going to a 5010 receiver, Emdeon will convert the value of 'CR' (Correction and Reversal) to a value or 'OA' (Other Adjustments).

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## **Patient Name**

### **Issue/Challenge**

The Patient Last and First Name changed from 'Required' to 'Situational' in 5010. The situational requirement for the Patient's Last Name that it must be sent when reporting back on claims that are not for Retail Pharmacy. The situation requirement for the Patient First Name is that it must be sent if the patient has a first name.

### **Impact to Customer**

Providers should be prepared to receive 5010 remittance advice without a Patient Last name in Retail Pharmacy claims and Patient First Name on all claims.

### **How Emdeon Can Help**

During the transition, if a 5010 transaction is submitted without a Patient Last and/or First Name, Emdeon will map 'XXX' to the Patient Last and/or First Name when going to a 4010 receiver.

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

### **Issue/Challenge**

Several codes in the Product or Service ID Qualifier were removed from SVC01-1 and SVC06-1 in 5010 as they are no longer applicable. New codes were added to support new scenarios but these codes are not allowed under HIPAA at this time and should only be used by non-covered entities and/or pilot programs.

The code for ICD-9-CM Procedure Code was removed from the Procedure Code Qualifier in 5010, as these codes are only reported on in-patient hospital claims at the claim level and do not apply to service lines.

The only remaining value for NDC is 'N4' (National Drug Code in 5-4-2 Format). All other NDC codes associated with a line item were deleted as these are no longer applicable to the NDC Coding Structure. The code value 'N6' (National Drug Code in 4-6 Format) was added to support future code sets; however this code cannot be used until named under HIPAA.

The code value for Home Infusion EDI Coalition (HIEC) Product/Service

Code (IV) was modified to indicate that it is not allowed for use unless named under HIPAA or for non-covered entities such as Workers' Compensation.

The code value for National Uniform Billing Committee (NUBC) UB82 Codes was removed as this code set has been replaced by the code value 'NU' (NUBC UB-92 Codes).

The code value for Mutually Defined was removed as the HIPAA regulations do not allow for proprietary codes.

The codes that were removed are:

- ID – ICD-9-CM Procedure Code
- 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
- RB - National Uniform Billing Committee (NUBC) UB82
- ZZ – Mutually Defined

The codes that were added are:

- 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.

The following codes have situational notes indicating they are not allowed under HIPAA, so although they are valid codes in the transactions they should not be used by in HIPAA Transactions used by covered entities:

- IV – Home Infusion EDI Coalition (HIEC) Product/Service
- 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**

Payers should not be using the deleted codes as they are obsolete and should remove them from their processing and the proper codes should be used for reporting the service. This should be done for both the 4010 and 5010 remittance advice processes.

The new code values for the Product/Service Identifiers in the Service Payment Information should not be used until they have been named under HIPAA as allowable code sets.

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## How Emdeon Can Help

During the transition period, if a 4010 remittance advice is submitted with and ID or ZZ, Emdeon will pass these codes on to the 5010 receiver. If the receiver cannot accept these values they should contact Emdeon to request that the files be rejected back to the submitter.

If a 4010 remittance advice is submitted with an 'N1', 'N2', 'N3' or 'ND', Emdeon will convert to 'N4' (National Drug Code in 5-4-2 Format) for 5010 receivers.

If a 4010 remittance advice is submitted with an 'RB' (National Uniform Billing Committee (NUBC) UB82), Emdeon will convert to 'NU' (NUBC UB-92 Codes) for 5010 receivers.

If a 5010 remittance advice is submitted with an 'HP', 'N6', 'UI' or 'WK', Emdeon will convert to 'ZZ' (Mutually Defined) for 4010 receivers.

## Service Date

### Issue/Challenge

The number of Service Date segments changed from 3 to 2 in 5010. The code values in this segment are for a Service Date (472) or a Service Date Begin (150) and Service Date End (151). It would not be appropriate to report all 3 dates as 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 submitted, Emdeon will only pass the range dates to the receiver.

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## **Service Identification (REF)**

### **Issue/Challenge**

In 5010, the number of Service Identification segments changed from 7 to 8. This will cause a problem if a 5010 is submitted with 8 REF segments going to a 4010 receiver. A new code value was added to the Service Identification segments to allow reporting of the Ambulatory Payment Classification (APC). New rules were applied to the Service Identification Number used to report the Line Item Control Number (PR) assigned to the service line by the provider. The Line Item Control Number is now required when it was received on the original claim or when claim or service line splitting has occurred..

### **Impact to Customer**

Payers must return the Line Item Control Number when received on the original claim or when they have split the claim or line item.

### **How Emdeon Can Help**

During the transition period, when a 5010 is submitted with more than 7 REF segments for a service line, Emdeon will only map the first 7 segments. If the code value of APC is submitted in 5010 to a 4010 payer Emdeon will not pass that information on to the receiver in 4010.

## **Adjustment Reason Code (PLB03)**

### **Issue/Challenge**

New codes were added to the Adjustment Reason Codes (PLB03) to support new business needs in 5010. The codes were added to PLB03:

AH - Original Fee  
HM – Hemophilia Clotting Factor Supplement

The code for Mutually Defined (ZZ) was deleted.

### **Impact to Customer**

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

### **How Emdeon Can Help**

During the transition period, if a value of 'AH' or 'HM' are submitted in a 5010, Emdeon will convert to 'ZZ' (Mutually Defined) for 4010 receivers.

During the transition period, If a value of 'ZZ' is submitted in a 4010, Emdeon will convert to 'J1' (Adjustment) for 5010 receivers.