



emdeon®

# **The Health Care Claim Status Request and Response and the 4010 to 5010 Transition**

*Frequently Asked Questions*

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## Frequently Asked Questions: The Health Care Claim Status Request and Response (276/277) and the 4010-5010 Transition

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### 1. Can providers trade 5010 Health Care Claim Status transactions through Emdeon before all payers are 5010-ready?

Yes. During the transition period, providers—or their software vendors on their behalf—may choose to implement version 5010 276/277 for all or a subset of health plans, as meets their business needs, regardless of the 5010 readiness of the receiving health plan.

### 2. What can 4010 providers do during the transition period to maximize valuable responses from both 4010 and 5010 health plans?

- Avoid searching for a claim using the Medical record number. The 5010 request does not include a medical record number reference segment.
- Do not send these product/service ID's in the Service Information segment of service-level requests (2220D/E SVC), because they do not exist in the 5010 276:
  - Common Language Equipment Identifier (CLEI)
  - ICD-9-CM
  - National Drug Code in 4-4-2 Format
  - National Drug Code in 5-3-2 Format
  - National Drug Code in 5-4-1 Format
  - National Drug Code (NDC)
  - National Health Related Item Code
  - National Uniform Billing Committee (NUBC) UB82 Code
- If you are requesting the status of individual services, always send the units of service count (2220D/E SVC07); it is required in the 5010 276.

### 3. What can 5010 providers do during the transition period to maximize valuable responses from both 4010 and 5010 health plans?

- Send the patient's gender (2000D/E DMG03); this data is required in 4010.
- Send the information receiver's and service provider's organization name (2100B/C NM103), if a facility, and first name (2100B/C NM104), if a person. This data is required in the 4010.
- Avoid searching for a claim Pharmacy prescription number; this value is not used in the 4010 276.

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**4. During the transition, can a 5010 provider send a value in the claim status tracking number other than the patient control number?**

Yes, as long as the provider sends the patient control number segment (2200D/E REF=EJ). Emdeon will map the value in the patient control number segment to the 4010 claim status trace number (2200D/E TRN). The patient control segment will be returned to the 5010 provider, along with the claim status tracking number (2200D/E) that the provider sent.

**5. As a 4010 provider, what changes in my response might I see from a 5010 health plan?**

- The 5010 transaction provides the ability for a health plan to reject a transaction via a status segment (STC) at the information receiver or service provider level (for example, the provider ID is not on file). In this case, the health plan will not return patient and claim level information.

Emdeon will translate a rejection at the provider level into a valid 4010 response in which the error is mapped to the claim-level status segment at the subscriber or dependent level (2200D/E STC). Emdeon will place "NOT RECEIVED" in the primary identifier (NM109) and last name (NM103) data elements.

- Pharmacy status codes can be returned from a 5010 health plan, with the requirement that the code "RX" be return in STC01-4 or STC10-4 of the claim or service loop. However, since STC01-4 and STC10-4 are not used in the 4010, pharmacy status codes will be mapped to the 4010 without the "RX" code. Providers should be aware that they may receive these new status codes in the 4010 response.

**6. What gaps can 5010 providers expect in responses Emdeon has translated from 4010 payers?**

5010 providers must be aware that payers who are still trading 4010 are not required to comply with additional content requirements of the 5010 277. 4010 payers will not reject transactions at the information receiver or service provider level; rejections from a 4010 health plan will occur at the claim level.

Additionally, there are new values and segments in the 5010 277 which have no comparable data in the 4010 from which a reasonable 5010 translation could occur, including claim reference segments for the voucher number and prescription number. However, note that Emdeon will return the patient account number, prescription number, and additional clearinghouse number segments if received from the 5010 provider, even though the 4010 277 does not support these segments.