



Simplifying the Business of Healthcare

Emdeon Paper-to-EDI Solution HIPAA 5010 Readiness

With the healthcare industry working to adopt the new HIPAA 5010 standards by January 1, 2012, Emdeon is committed to keeping you informed of our efforts to help Emdeon Paper-to-EDI customers prepare for these regulatory changes.

How can I obtain the 5010 Implementation Guides (Technical Reports)?

Under 5010, the Implementation Guides are now called Technical Reports (TR3). The TR3 documents and their addenda are available for purchase in the X12 Store located at <http://store.x12.org> or at www.wpc-edi.com.

- X222 - Health Care Claim: Professional 837
- X223 - Health Care Claim: Institutional 837
- X224 - Health Care Claim: Dental 837

Are there changes to the paper forms submitted by the providers?

There are no changes to the forms. There are some changes to the mapping of the data and this is determined by the implementation guide rules, as well as the National Uniform Claim Committee (NUCC) and National Uniform Billing Committee (NUBC) billing manuals.

What is one of the key changes to data mapping?

Present on Admission (POA) indicators were formerly reported in K3 segments and have been moved to Health Information-09 (HI-09) for principal and other diagnosis Present on Admission (POA).

Did issues surface during 5010 testing that I should be aware of?

A number of provider and data content issues emerged during 5010 testing. Some examples are:

Billing Provider Address: The Billing Provider Address must be reported using a unique physical location instead of PO Box information in version 5010. This change may require enrollment updates and payers should be contacted proactively regarding updating address information to avoid any adverse affect on reimbursements.

Zip Code: The Billing Provider and Service Facility Zip Code must be reported using the full nine digits in version 5010.

Release of Information Code: Version 5010 deleted code values (A,M,N,O) that do not specify consent to release information and the only code values allowed in 5010 are I and Y.

Accept Assignment Indicator: The Accept Assignment definition changed to represent the providers' relationship with the health plan and is no longer restricted to Medicare only. Version 5010 deleted code value "P" (Patient refuses to Assign Benefits).

These are just a few examples of issues that developed during 5010 payer testing. For a more robust listing of additional challenges and issues, please visit the Emdeon HIPAA Simplified website: www.emdeon.com/5010/pdfs/837_Claims_Issues_and_Challenges.pdf

Where can I go for more information or if I have questions?

Information is available on the Emdeon HIPAA Simplified website, which may be found at www.hipaasimplified.com. HIPAA Simplified is a one-stop online resource that features technical gap analysis, simplified business level documentation, timelines for the transition and testing information. In addition, you may contact your support representative or complete an Emdeon ON24/7 ticket at www.emdeon.com/on247.

About HIPAA 5010

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) published rules that will require organizations that transmit protected health information (PHI) to use new compliance standards under the authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These updated standards (Versions 5010 and D.0) are designed to replace the current standards (Versions 4010/4010A1 and 5.1) to promote greater efficiency in electronic transactions. Compliance with the new HIPAA 5010 and NCPDP D.0 standards is required by January 1, 2012.

Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system. For more information, visit www.emdeon.com.



3055 Lebanon Pike, Suite 1000
Nashville, TN 37214 USA
877.EMDEON.6 (877.363.3666)