
Important Notice | 5010 Transition Information

Please read the following notice carefully as it includes details that impact your claims, clearinghouse, and IT systems.



ASC X12 5010 Transition

What is the ASC X12 5010 Transition?

In late 2008, the US Federal Government proposed and has since implemented a new format for electronic claims submissions.

Details:

The proposed change updated the existing HIPAA required ASC X12 version 4010 for electronic transactions to a newer ASC X12 version 5010 format. The Secretary of the Department of Health and Human Services (HHS) has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions.

Important Dates:

Final Rule Published: January 16, 2009

Effective Date of the Regulation: March 17, 2009

All Covered Entities must be fully compliant by: January 1, 2012

How Does This Impact My Practice & IT System?

All Practice Management systems currently submit data in the 4010 format and must be upgraded to allow for 5010. NextGen has updated their Electronic Practice Management (EPM) system in version 5.6 SP1 to be able to produce a HIPAA compliant 5010 format file to meet these requirements. Since January this year, TSI Healthcare has worked to upgrade our family of practices to this latest version of NextGen.

TSI Healthcare Clients Using RealMed and NextGen EPM v5.6 SP1

As a value-added service to our Clients, TSI Healthcare has worked with RealMed, our official EDI partner, to provide a smooth transition for clients moving to the ANSI 5010 electronic claim format. Since the early part of this year, TSI Healthcare's EDI department has worked extensively with RealMed to test and receive approval from payers that are currently accepting dual submission (either the current format (4010) or the new format (5010) claim files).

TSI Healthcare Clients Using RealMed but NOT on NextGen EPM v5.6 SP1

As of January 1, 2012, claims can still be sent in 4010 format to RealMed but RealMed will then "upgrade" the claims to a 5010 format before they are sent to the payer. This may require practices to enter additional information for various claims at the clearinghouse to convert the claims into a HIPAA compliant 5010 format.

TSI Healthcare Clients NOT on NextGen EPM v5.6 SP1 and NOT using RealMed

The Client will need to contact their clearinghouse and determine if they will continue accepting 4010 after the deadline. Should your clearinghouse deny your request to submit claims in the 4010 format, please contact TSI Healthcare to discuss upgrading your system to NextGen version 5.6 SP1. Once you have contacted your clearinghouse, feel free to contact our EDI team with questions via helpdesk@tsihealthcare.com.

TSI Healthcare Clients on NextGen 5.6 SP1 and NOT using RealMed

TSI Healthcare's EDI department will assist our clients with changing claim formats to the 5010 format in NextGen and assist in the generation of a test file. Arrangements on how the test file is to be submitted to the clearinghouse will need to be coordinated between the client and their clearinghouse. Any changes required by the clearinghouse based on the initial 5010 test file will be billable to the client on an hourly basis.

How Do We Prepare?

Starting in September 2011 and continuing through the end of the year, TSI Healthcare will begin contacting each client directly to guide them through transitioning their electronic claims format from the old 4010 format to the new 5010 format. Changes in the 5010 format will require the client to update various fields in NextGen. *The items listed below should be updated by you or appropriate members of your staff NOW to prepare for the transition.*

- All service locations must have the 9 digit zip code (visit zip4.usps.com to find your nine digit "zip+4" code)
- The billing provider address must have a 9 digit zip code (The billing provider is the Group, if billing as a group, or the individual provider if billing as an individual.)
- Ensure all providers, rendering and referring, have NPIs

How Will We Transition?

Once scheduled with TSI Healthcare, our EDI team will assist each client with sending the new 5010 claims. Once contacted to begin the transition, our EDI team will review the required changes with you and set a date with you to begin sending 5010 production files. TSI Healthcare staff will verify your electronic claim file is in the correct format before it is uploaded to Realmed and will provide a follow-up call the day after to review any issues.

What If Our Payers Aren't Ready for 5010?

For those payers who are still only accepting the old format (4010), those claims will be changed at Realmed (so the practice only needs to send one file format). As Realmed changes the claim format from 5010 to 4010, due to differences in the two formats, some minor errors may occur due to missing information. Those claims would require

you to add that information on the claim within RealMed. The most common of these are listed below:

- NDC code is "missing" unit drug price. (In the old 4010 format, unit drug price is required. In the new 5010 format, that field was removed.)
- Patient Not Matched error on pre-claim eligibility checks. (This is due to 5010 requiring any patient that has been assigned a unique ID number (i.e. YPPW1389998901, YPPW138998902, etc.) to be sent as the subscriber on the claim.)

As the January 2012 deadline draws closer and more payers begin accepting 5010 files, these types of errors will begin to disappear.

As always, TSI Healthcare is committed to making this transition as smooth as possible. Please contact us if you have specific questions.

Thank you,

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