MEDICA®

HIPAA 5010
Frequently Asked Questions

What is the 5010 initiative?
The Centers for Medicare and Medicaid Services (CMS) mandated that all payers, physicians and hospitals exchange key business transactional data by July 1, 2012, using the HIPAA 5010 format for electronic data interchange (EDI) transactions. Along with other payers, Medica implemented these standards for electronic transactions, consistent with Health Insurance Portability and Accountability Act (HIPAA) electronic transaction standards and code sets.

What interactions were affected?
The 5010 initiative added functionality to enrollment, eligibility, inquiry, claim, claim inquiry, remittance, referral/authorization and premium payment transactions. Improvements in the 5010 transactions included better instructions, reduced ambiguity among common data elements used in different transactions, and the elimination of redundant and unnecessary data elements. The updated version of the transactions has data reporting requirements. An example of a difference in the professional claim transaction is the reporting of the billing provider address. In 5010, the address can no longer be a PO Box or lockbox address.

What was the Medica timeline for 5010 readiness?
CMS began enforcement of the use of the 5010 transaction standard on July 1, 2012. “5010” is the abbreviated way to refer to Version 005010 of the Accredited Standards Committee (ASC) X12 Technical Reports Type 3 (TR3s). Medica was operational-ready by the due date, per HIPAA requirements.

What transactions did Medica implement under 5010?
Medica exchanges in the 5010 version 837 claims (I, P, and D) and 835 remittance advices. Medica supports 270/271 eligibility inquiries and responses, 276/277 claim status inquiries and responses, and 278 referrals and authorizations through the Medica provider portal.

Which of the approved acknowledgements does Medica support?
Medica discontinued sending and accepting 997 acknowledgements with the implementation of 5010. The 999 and TA1 transaction replaced the function of the 997. Providers should check with their clearinghouse to identify the options for processing acknowledgements they provide and determine which one best meets their needs.

Where can providers obtain the 5010 companion guides?
Per Minnesota state law, Minnesota payers and providers must comply with the 5010 Minnesota Uniform Companion Guides (837D, I, &P, 835, 270/271, NCPDP D.0, and Acknowledgement transactions) which are currently available on the AUC website. For the remaining transactions (277, 278, 820, & 834), Medica follows the national standards.

How does upgrading to 5010 relate to ICD-10?
ICD-10 is the upgraded version of ICD-9. The ICD-10 codes have a different format and length than the ICD-9 codes. The upgrade to 5010 must be completed before the ICD-10 codes can be reported in the HIPAA transactions. The ICD-10 implementation has been delayed and is tentatively planned for October 1, 2015.