

Are you ready for HIPAA 5010? Learn more about how this mandate will impact your organization

HIPAA 5010 is a federal directive designed to expand the consistency for all users of ANSI ASC X12 5010 electronic transactions handled through EDI. **(Note: Expansion of procedure and diagnosis code fields is reserved for future use and ICD-10 codes will NOT be processed prior to the mandated compliance date except for test purposes.)**

While software vendors and clearinghouses address technical changes, it is imperative that your organization familiarize itself and prepare for any impacts to your current workflow. The 5010 mandate brings 1) addition/deletion of multiple loops, segments, and data elements, 2) situational/required usage changes of fields, and 3) changes in situational rules.

We offer a few highlights for professional and institutional claims below, but strongly encourage you to learn more to guarantee 5010 readiness***:

- **Anesthesia Services** – Time is reported in minutes; units are not allowed.
- **Rendering/Attending Provider Tax ID** – Primary identification allowed for Rendering/Attending Provider is NPI. Tax ID is reserved for Billing Provider.
- **Patient Signature Source Code** – 'P' (Signature generated by an entity other than the patient...) is required when a signature was executed on the patient's behalf. Evaluate data forms to ensure the new criterion is identifiable and appropriately documented.
- **Zip Code** – A full nine digit format is required for Billing Provider and Service Facility addresses.
- **Billing Provider Address** – Physical location street address required; PO Box address not allowed.
- **Release of Information Code** – 'No release' situations removed; limited to 'only informed consent regulated by Federal Statutes' or 'a signed statement held by the provider'. Ensure software systems are updated and internal work flow process can identify these claims.
- **Drug Identification** – Number of loops is reduced from 25 to 1 to facilitate consistent reporting of compound drugs. Use only one NDC per service line.
- **Present on Admission** – Indicator is reported within diagnosis information of the claim.
- **Diagnosis Code** – Number of codes has increased from 8 to 12 per claim.

Have you visited HealthLink's 5010 Webpage?

HealthLink launched a webpage for pertinent details about our 5010 activities. Access HealthLink's HIPAA updates online at <https://providerinfosource.healthlink.com>.

***Additional References – Visit the [CMS website](http://cms.gov) and purchase 5010 TR3 guidelines at <http://wpc-edi.com/>