



As part of our implementation strategy for the enhanced HIPAA transaction standards, we will be periodically posting updates to this page. It will include information on our transition plan for the following transactions:

<b>837</b>	Claims / Encounters
<b>835</b>	Electronic Remittance Advice
<b>834</b>	Health Plan Enrollment
<b>820</b>	Premium Payment
<b>278</b>	Pre-Certification and Referrals
<b>276/277</b>	Claim Status Inquiry & Response
<b>270/271</b>	Eligibility Benefit Inquiry & Response

**Background:**

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) released two final rules that updated standards for electronic health care and pharmacy transactions. These two rules can be found at the Federal Register and apply to all HIPAA covered entities, including health plans, health care clearinghouses, and certain health care providers.

**5010:**

In the first rule, HHS is adopting ASC's X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Version D.0 for electronic transactions under the authority of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. For Version 5010 and Version D.0, the compliance date for all covered entities is January 1, 2012. We will be testing internally, updating our systems accordingly, and testing with trading partners prior to this compliance date.

Modifications were introduced as Version 4010 is outdated with many situational and required rules that weren't aligned with the business practices of the industry. Version 5010 incorporated more than 500 change requests, including structural and content oriented enhancements, which allows for consistency across the transaction suite. As with Version 4010, Version D.0 was introduced more than 5 years ago with balloting occurring 8 years ago. The Medicare Prescription Drug Improvement and Modernization Act (MMA) has been incorporated into Version D.0.

## **ICD-10:**

The second and separate final rule from HHS modifies the standard medical data code sets for coding diagnoses and inpatient hospital procedures. The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding and the International Classification of Diseases, 10th Revision, Procedural Coding System (ICD-10-PCS) for inpatient hospital procedure coding have been concurrently adopted.

These new codes replace the current International Classification, 9th Revision, Clinical Modification, Volumes 1 and 2 and the International Classification, 9th Revision, Clinical Modification, Volume 3 for diagnosis and procedure codes. The implementation date for ICD-10-CM and ICD-10-PCS is October 1, 2013 for all covered entities.

The HIPAA Version 5010 is a pre-requisite for the ICD-10 project. By increasing the field size for ICD codes from 5 bytes to 7 bytes, Version 5010 provides accommodations for the new ICD-10 code sets and thus has an earlier compliance date than ICD-10. Additionally, ICD-10 introduces a one-digit version indicator to the ICD Code (e.g., indicating version 9 vs. 10) and increases the number of diagnosis codes supported on a claim.

## **Resource Links:**

### **CMS 5010 Web page:**

[http://www.cms.hhs.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/18_5010D0.asp)

### **Purchase of Implementation Guides and access to Technical Questions:**

**X12:** <http://www.x12.org>

**NCPDP:** <http://www.ncpdp.org>