

# 5010 and D.0 Implementation

## Frequently Asked Questions

**Note:** New updates in the Frequently Asked Questions (FAQ) have been made to questions 1, 25 and 26 and are in **bold text** below. This document was last updated April 2012.

### Topics:

General Information  
Software Questions and Testing  
Transition/Migration  
Reports, Edits, and Rejections

### General Information

1. **What does the press release from CMS regarding non-enforcement of the 5010/D.0 implementation mean for me?**

**The January 1, 2012 date to be compliant with the 5010A1/D.0 formats has not changed. However, the Centers for Medicare & Medicaid Services (CMS) enforcement of compliance with the 5010A1/D.0 standards will be deferred until June 30, 2012. The Common Electronic Data Interchange (CEDI) continues to encourage vendors to complete testing with CEDI as soon as possible and to have Trading Partners move to the 5010A1/D.0 transaction formats once approved.**

**Visit the CEDI Web site <http://www.ngscedi.com> and select News for more information about the 5010A1/D.0 Implementation Plan and the steps you need to take.**

2. What is the 5010 and D.0 Implementation?

The Centers for Medicare and Medicaid Services (CMS) is underway with implementation activities to convert from Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010A1 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version D.0.

3. Who is affected by the change to the ASC X12 version 5010 format and the Version D.0?

Suppliers/Providers, Health Plans, Clearinghouses, Billing Services, and Software Vendors will all be affected by the change.

4. Why change from the current 837 claims format ASC X12 version 4010A1 to the ASC X12 version 5010A1?

The ASC X12 version 5010 format includes structural and content oriented changes. These changes incorporate more than 500 requests and provide more consistency across transactions by requiring more specific requirements of transmitted data. The updated format will also allow for upcoming implementation of the ICD-10 code sets.
5. Why change from the current NCPDP version 5.1 to NCPDP version D.0?

Version D.0 for NCPDP claims incorporates the changes necessitated by the requirements of the Medicare Prescription Drug Improvement and Modernization Act and requests submitted by the industry to accommodate changing business needs.
6. What types of claims can be sent using the NCPDP version D.0?

Only retail pharmacy drug claims can be submitted using the NCPDP format. All other DME supply claims must be transmitted using the ASC X12 version.
7. When is the timeline for the transition to the new ASC X12 version 5010A1 and the Version D.0 formats?
  - January 2011 - Vendors and those who do their own programming (also referred to as in-house programmers) began testing the 5010 **base versions** of the X12 837 claim transactions.
  - January 2011 - Vendors and in-house programmers began testing NCPDP version D.0 claims.
  - April 2011 – Vendors and in-house programmers began testing the **5010 Errata or A1 versions of the X12 837 Claims and 835 Electronic Remittance Advice transactions and the 5010 base version of the 276/277 Claims Status Request/Claim Status Response transaction.**
  - Trading Partners may move to production of the X12 5010A1837 Claims and 835 ERA, the X12 5010 276/277 **Claims Status Request/Claim Status Response**, and/or the NCPDP version D.0 claims as soon as their vendor has completed testing.
  - Once in-house programmers have passed testing of the X12 5010A1 837 Claims and 835 ERA, the X12 5010 276/277 **Claims Status Request/Claim Status Response**, and/or the NCPDP version D.0 claims, they may move into production.
  - January 1, 2012 5010A1 and D.0 transaction compliance deadline.
  - July 1, 2012 ONLY 5010A1 and D.0 transactions will be accepted.
8. What are the “Base” and “Errata” versions?

The Standards Development Organizations have made corrections to the 5010 and D.0 versions of certain transactions. The Errata versions replace the Base versions for

HIPAA compliance. Per the Federal Register (Vol. 75, No. 197, October 13, 2010, 62684–62686 [2010–25684] found at [http://www.access.gpo.gov/su\\_docs/aces/fr-cont.html](http://www.access.gpo.gov/su_docs/aces/fr-cont.html)), HIPAA compliance will require the implementation of the Errata versions and the Base versions for those transactions not affected by the Errata, as listed below. Compliance with the Errata must be achieved by the original regulation compliance date of January, 2012.

Transactions Affected by the Errata Version	Base Version	Errata Version
837 Health Care Claim: Professional	005010X222	005010X222A1
835 Health Care Claim Payment/Advice	005010X221	005010X221A1
276/277 Status Inquiry and Response	005010X212	N/A
999 Implementation Acknowledgment For Health Care Insurance	005010X231	005010X231A1
277CA Claim Acknowledgement	005010X214	N/A
National Council for Prescription Drug Programs (NCPDP) Version D.0 of the Telecom Standard	D.0	D.0 April 2009

9. Will the 5010A1 format allow claims to be billed using the ICD-10 code set?

The 5010A1 format will be capable of sending the ICD-10 code set once it becomes available for billing. The implementation of version 5010A1 is necessary to accommodate the expansion for ICD-10.

10. Are the ICD-10 codes available for billing?

No. For more information concerning the implementation of ICD-10, please view <http://www.cms.hhs.gov/ICD10>.

## Software Questions and Testing

11. How do I test to see if the software I use is ready for 5010A1 and D.0?

CEDI will work with software vendors to test their updates for the errata versions of the 5010 and D.0 formats.

CEDI does not require all Trading Partners test new transactions, only the software vendors. Once a software vendor has completed testing of 5010A1 and/or D.0, they will be approved by CEDI and their customers may begin the process to begin submitting production 5010A1 and/or D.0 claims to CEDI.

12. How do I test our software for the new transactions?

Software vendors should send their contact information in advance by e-mail to the CEDI Help Desk at [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com). Please include in the e-mail

the name of the software, a contact name, phone number, fax number, and e-mail address.

13. Will I need a new Trading Partner ID for testing the 5010 and/or D.0 format?

CEDI software vendors will use the CEDI assigned Vendor Trading Partner ID for testing. Suppliers who are asked to assist a vendor with testing should not need a new submitter ID to test the 5010A1 and/or D.0 format. However, your vendor will provide you with instructions on how you are to test.

If you are a vendor and do not have or are unsure if you have a vendor test ID, please send an e-mail to [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com). CEDI will determine if a vendor test ID has been created for you. If one has not been created, you will be asked to complete a form to obtain one prior to testing for 5010A1 and/or D.0.

14. Will I need a new Trading Partner ID for sending 5010A1 and/or D.0 claims?

You should not need a new Trading Partner ID for sending claims. However, you should check with your software vendor for any changes you need to make to begin exchanging production 5010A1 and/or D.0 transactions with CEDI.

15. Where can I receive a copy of the 5010 format Implementation Guide?

The ASC X12 version 5010 and errata documents are now known as Technical Reports Type 3 (or TR3s) and are available for purchase at <http://www.x12.org>.

16. Where can I receive a copy of the NCPDP D.0 guide?

NCPDP guides are available for purchase from the NCPDP organization at <http://www.ncpdp.org>.

17. Where can I review the X12 5010A1 and NCPDP D.0 Companion Guides?

The Companion Guides for the X12 5010A1 and NCPDP D.0 are available on the CEDI Web site under Technical Specifications.

<http://www.ngscedi.com/TechnicalSpec/techindex.htm>

18. How will I know if the software I use is able to transmit claims in the new formats?

Suppliers, billing services and clearinghouses using a software vendor's product should check with their software vendor to make sure they are aware of the transition to 5010A1 and D.0 and the vendor's plans to move their customers to the new versions.

A list is available on the CEDI Web site listing the software vendors who have passed the testing requirements.

19. Can I submit test 837 5010 and/or NCPDP D.0 claims and receive back a test 835 Electronic Remittance Advice (ERA)?

No. The testing of claims is separate from the testing of the ERA. Test claims will only pass through the CEDI front end edits and return the front end transactions. Test claims will not be sent to the DME MACs for processing.

ERA testing is setup for the Trading Partner to receive production ERAs in the current format and a parallel test ERA in the new format. Both the production and test ERAs will contain the same claim data from production claims.

20. Will the CEDI software PC-ACE Pro32 be able to submit claims in the 5010A1 format?

The CEDI software PC-ACE Pro32 has the necessary upgrades to submit claims in the 5010A1 format. If you have not already upgraded to version 2.34 or later of the PC-ACE Pro32 software, please contact the CEDI Help Desk by e-mail at [ngs.cedihelpdesk@wellpoint.com](mailto:ngs.cedihelpdesk@wellpoint.com).

## **Transition/Migration**

21. If I submit through a third party biller or clearinghouse, how does this change affect me?

You should contact your billing service or clearinghouse to make sure they will be able to send claims in the new 5010A1 and/or D.0 formats by final implementation deadline and for any changes in their process for submitting electronic claims.

22. How do I change to sending production 5010A1 and D.0 files?

Once your Vendor, Billing Service, or Clearinghouse has passed testing and requested that you move to sending production 5010/D.0 transactions, Trading Partners will need to complete the *CEDI Trading Partner 5010/D.0 Production Migration Form* from the CEDI Web site at <http://www.ngscedi.com> under “5010 and D.0 Implementation Information”.

Vendors, Billing Services, and Clearinghouses that have passed testing for the 5010/D.0 transactions will be listed in a 5010/D.0 Approved Entities List on the CEDI Web site <http://www.ngscedi.com> under Resource Materials. For more information on when to complete the form, please contact your Vendor, Billing Service, or Clearinghouse.

## Reports, Edits, and Rejections

### 23. Will the reports from CEDI be the same?

Some of the reports returned by CEDI will change. The current 997 Report will be replaced by a 999 transaction and the GenResponse Report (GENRPT) will be replaced by the Claims Acknowledgement (277CA) transaction.

The NCPDP response report for version 5.1 will be replaced by the NCPDP Transmission Response transaction.

The DME MAC produced report showing claims received by the DME MACs and any CMN rejections will remain as it is today and no changes will be made to this report.

The current 835 transactions currently have an external file name showing 835.XXXXXXXXXX.XXXX. The 835 external file names for the 5010 format they will be named as 835X.XXXXXXXXXX.XXXX.

The current 277 transactions currently have an external file name of 277XXXXXXXXXXXX. In the 5010 format they will change to 277X.XXXXXXXXXX

This will help to identify with 835 and 277 files that are being returned in the 4010A1 format and which are being returned in the 5010A1 format.

### 24. What will the new 999 and 277CA transaction acknowledgements look like?

Examples of these transactions are available on the CEDI Web site. They can be accessed at the following link; <http://www.ngscedi.com/5010/5010.htm>; under 5010 Acknowledgements.

This report will be sent in the 5010A1 format and software vendors will be responsible for producing a readable report for their customers.

### 25. Where can I get more information about the acknowledgement files and edits?

CEDI has posted a *5010A1 CEDI Front-End Acknowledgements and Reports Manual* as well as a *CEDI 277CA Edit Reference Guide* to the CEDI Web site <http://www.ngscedi.com> under Resource Materials.

### 26. What is the best way to track which acknowledgement transactions are related to the 837 file we sent?

CEDI is recommending the use of unique numbering for several enveloping control/reference numbers built into the Version 5010 claims transitions. Using unique numbering for the ISA13, ST02, and BHT03 data elements on the inbound 837 Professional claims will allow CEDI Trading Partners to easily match submitted claims with the acknowledgement transactions.

Examples of those pairing include:

- **837 ISA13 is mapped to the TA1 response transaction and located in the TA101 data element**
  - **The implementation guide for the TA1 (ASC X12 TA1 TR3) states for TA101: “This is the value in ISA13 from the interchange to which this TA1 is responding.”**
- **837 ST02 is mapped to the 999 response in the 2000.AK202 data element**
  - **The implementation guide for the 999 (ASC X12 999 TR3) states for AK202: “Use the value in ST02 from the transaction set to which this 999 transaction set is responding.”**
- **837 BHT03 is mapped to the 277CA response in the 2200B.TRN02 data element**
  - **The implementation guide for the 277CA (ASC X12 277CA TR3) states for TRN02: “This element contains the value submitted in the BHT03 data element from the 837.”**

27. What will the new NCPDP Transmission Response transaction look like?

The NCPDP D.0 Companion Document available on the CEDI Web site (<http://www.ngscedi.com/TechnicalSpec/techindex.htm>) has examples of the NCPDP Transmission Response transaction. However, sample files for download are not available.

This report will be sent in the NCPDP D.0 format and software vendors will be responsible for producing a readable report for their customers.

28. I am receiving a 999 rejection indicating a DTP segment, what should I check for?

If you are a supplier, you will want to contact your software vendor to verify the cause of the rejection. However, one cause for a 999 rejection relating to DTP segments is the adjudication date (DTP\*573) on Medicare Secondary Payer (MSP) claims. The adjudication date (DTP\*573) on MSP claims can only be sent at the claim or charge line level, **not both**. Verify that this information is only being sent once.

29. I am receiving a rejection for the Rendering Provider’s NPI not being on the crosswalk, what should I do?

The Rendering Provider Loop(s) 2310B or 2420A **should not** be submitted in Medicare DME claims.

- The rendering provider information will be verified in the 5010A1 format where it was not being verified in the 4010A1 format. Sending this information can cause a front-end rejection.
- The NPI of the rendering provider must be on the DME supplier crosswalk. Since the rendering provider is typically an individual provider and not listed on the DME supplier crosswalk, this can cause a front-end rejection if sent.

- The rendering provider information is a sub-set of the billing provider information which is only used in Medicare Part B claims to indicate the physician that saw the patient. Medicare DME does not use sub-sets making the rendering provider information identical to the billing provider

30. I'm not receiving the CEDI PECOS warning edits. Does this mean I'm submitting the correct ordering or referring provider's name and NPI?

CEDI is no longer performing the PECOS warning edits on 4010A1 formatted claims. Beginning January 1, 2012, the DME MACs began to perform edits to validate the ordering and referring provider on claims in the 4010A1 and the 5010A1 formatted claims were eligible to order/refer DME supplies according to PECOS. If the ordering or referring provider on the claim does not match the PECOS files, the DME MACs will return a warning message with the remittance advice remark code N544.

N544 – Alert: Although this was paid, you have billed with a referring/ordering provider that does not match our system record. Unless, corrected, this will not be paid in the future.

Once CMS issues instructions to deny claims where the ordering or referring provider is not eligible, the denial will be returned by the DME MACs as well.

31. Which loops will require the full 9 digit ZIP Code to be sent and which will allow the 5 digit ZIP Code?

There will be front end edits for the ZIP Codes in the following loops where it must be the 9 digit ZIP Code (ZIP+4):

2010AA Billing Provider  
2310C Lab/Facility  
2420C Lab/Facility

The 4-digit extension cannot be filled with all zeros. Address information can be looked up on <http://zip4.usps.com> if you do not know the 4-digit extension.

The other loops with a ZIP Code will allow the 5 digit ZIP.

32. Can I send my P.O. Box for my billing provider's address?

No. The address in the Billing Provider 2010AA loop must be the physical street address and cannot be a P.O. Box.

33. What coding is used in the SV101-1 and SV101-2 fields when submitting a National Drug Code (NDC) that does not have an assigned HCPCS?

For 5010, the 2400 SV101-1 should contain the value 'HC' and the 2400 SV101-2 should contain the value of 'S5000' or 'S5001'. The 'S5000' is used for generic

NDCs and the 'S5001' is used for name brand NDCs. The NDC is then reported in the 2410 LIN segment.