



Preparing for HIPAA 5010 Transactions – Changes You Need to Make Now!

Please take special note of the changes for Billing Provider Address and the non-acceptance of Post Office or lock boxes.

The January 1, 2012 deadline to be in compliance with HIPAA 5010 is fast approaching. The updated standards will result in a number of data reporting changes which will require you to use a different format in collecting and reporting data.

To avoid any interruptions in the transaction process or fines for non-compliance, it is very important that you understand these changes and be proactive now in your efforts to comply. The grid below provides details on some actions you should take now to prepare.

Data Reporting Changes:

Paper Claim	EDI Claim Loop/Segment	Data Changes	Currently Accepted	New Requirement Format	Provider Action Needed
Box 24	2310B	Rendering and Attending Provider Tax ID	NPI is the primary identification allowed for the Rendering/Attending Provider. Billing Provider must always represent the most detailed level of enumeration (NPI) as determined by the organization health care provider.	No Change	Ensure NPI billing requirements are being met. If you do not currently have an NPI number, you should get one.
Box 33	2010AA	Billing Provider Address	Currently, using a P.O. Box is acceptable for a billing address.	Billing provider address must be a physical street address and can no longer be a P.O. Box or lock box. <i>* Physicians who want to have their payments sent to a different</i>	Work with your PMS/EDI vendor to ensure that the appropriate address is being sent in the correct location. Note: See below for more information about address segments.



Paper Claim	EDI Claim Loop/Segment	Data Changes	Currently Accepted	New Requirement Format	Provider Action Needed
				<i>address will use the pay-to-provider name and address field on the 837-1 transaction.</i>	
Multiple	Multiple	Billing Provider and Service Location Zip Codes	Currently, using the 5-digit zip code is acceptable in all areas of the claim.	A full 9-digit format is required when submitting zip codes anywhere on a claim.	Start submitting the full 9-digit zip codes.

Address Fields Explained:

Some items are not changes but clarifications in the Centers for Medicare and Medicaid Services (CMS) requirements. Please be aware of the following clarifications:

Service Facility Location (Box 32) (Loop 2310D)

- The address listed in this box should be the address where services are performed. If services were performed at the primary location, this information will be the same information entered in Box 33. If services were performed in a location other than the primary service location (i.e. services performed in a hospital), this information will be different from Box 33.

Billing Provider Name and Address (Box 33) (2010AA)

- The address listed in this box should be the primary service location of the provider. P.O. Boxes are no longer acceptable. The claim will be rejected.

Pay to Provider Address (is not be reflected on the CMS-1500 paper claim) (2010AB)

- This address box is commonly referred to as the “Remit Address”. P.O. Boxes are acceptable in this address location.

Resources:

The Workgroup for Electronic Data Interchange (WEDI) has played a major role in promoting and implementing the standardization of health care data. Their “White Paper” provides help with the 5010 implementation process, and is available on their website at: www.wedi.org/snip

If you have further questions, please contact your Account Executive or Provider Services at 1-800-521-6007.