

5010 Edit Reference Updates

Medicare Contractors recently identified several HIPAA 5010 editing issues, including invalid claim status entity codes and typographical errors.

Because of the importance of making this change quickly and the timing of the next quarterly release, Medicare Contractors shall expedite this change to be implemented no later than **July 31, 2011**.

Note that the January 2012 edits spreadsheets Change Request (CR) will be modified to officially document these changes. The changes are as follows:

837P Edit Spreadsheet

- The Entity Identifier Code (EIC) of “PE” (Payee) shall be replaced with the value of “87” (Pay-to Provider) in edit references X222.106.2010AC.NM1.010, X222.108.2010AC.N3.010, X222.109.2010AC.N4.010, X222.111.2010AC.REF.010, and X222.113.2010AC.REF.020.

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- Edit references X223.175.2300.REF02.020, X223.175.2300.REF02.030, and X223.175.2300.REF02.040 under the 2300 DEMONSTRATION PROJECT IDENTIFIER Reference Information (REF) segment shall be updated to X223.174.2300.REF02.020, X223.174.2300.REF02.030, and X223.174.2300.REF02.040.
- The Entity Identifier Code (EIC) of “PE” (Payee) shall be replaced with the value of “87” (Pay-to Provider) in edit references X223.099.2010AC.NM1.020, X223.101.2010AC.N3.010, X223.102.2010AC.N4.010, X223.104.2010AC.REF.010, and X223.106.2010AC.REF.020.