

MEDICARE FREQUENTLY ASKED QUESTIONS
Updated February 17, 2012

FAQ #

Questions and Response

1. Can I send my MSP claims in a 5010 format?

WPS does accept 5010 MSP claims which are compliant with the TR3 requirements. We have published 5010 MSP billing instructions: <http://www.wpsic.com/edi/pdf/msp5010A1.pdf>.

2. Am I required to re-enroll to be able to send 5010 claims?

No, however, submitters and providers are required to be linked to each other. If you have already completed an EDI enrollment, but are now using a new/different clearinghouse, you must notify Medicare. You will need to complete an EDI Enrollment form or EDI Change of Submitter form and fax it to the EDI Department at the numbers below so we can update our files. You can find these forms on the following web page: http://www.wpsic.com/edi/get_started.shtml.

3. I am sending 5010, but how do I know if I am not linked to a submitter?

If your 277CA has a STC error message A8*496:85, then you are not linked. If you receive this error on your 5010A1 277CA, you should ensure that the NPI you are sending is valid. If you have verified the billing NPI is correct, you will need to complete an EDI Enrollment form (if not previously enrolled) or EDI Change of Submitter form and fax it to the EDI Department. You can find these forms on the following web page: http://www.wpsic.com/edi/get_started.shtml.

4. How do I know what the edit is failing for?

CMS provides a complete list of edit as well as edit criteria and error reporting (e.g. what is reported on 999 or 277CA) on their edit spreadsheet. By searching column R for the IK3, IK4 or STC code, you can locate the edits that use those values to report. https://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp

5. CMS Office of E Standards (OESS) Announcement:

- CMS Office of E Standards (OESS) issued guidance 'it would not initiate enforcement action, until 90 days after' e.g. April 1, 2012.
- The OESS is the compliance side of the CMS house and is in charge of enforcement of the HIPPA legislation.
- CMS-OESS is not the same as CMS Medicare Fee-For-Services.

6. When I call the EDI Hotline, what information should I have available which will help to identify my file and research my issue?

- WPS Submitter ID
- NPI (Billing most helpful)
- ISA Control Number (ISA13) that was sent to WPS Medicare (this is especially important for clearinghouse customers).
- Claims count
- Date of Submission
- Dollar Amount of submission

7. Is an ISA Control number (ISA13) Protected Health Information (PHI)?

No, it is an identifier for a file and does not identify health information.

8. I just started sending 5010 claims. How can I ensure implementation of 5010 transaction?

- Use the tools available to you to monitor your business.
- Identify contingencies.
- Read your 999 responses.
- Read your 277CA responses.
- Review your remittances.
- Monitor your cash flow.
- Identify and correct in a timely manner any issues identified.

Use these tools to monitor your business so when you call, you'll already have an idea what the issue may be.

9. When will the 4010 transactions be cut off?

- The last 4010 inbound transactions accepted must be received and processed by WPS, before 4 pm cdst March 30, 2012.
- 4010 transactions received after 4 pm will receive a message that the format is no longer accepted.
- 835 receivers, who have not previously converted to 5010, will be switched.

10. Are there other ways to contact EDI?

Part A: EDIMedicareA@WPSIC.com

Part B: EDIMedicareB@WPSIC.com

11. What are the timeframes for processing EDI requests?

- Test results are returned within 3 business days.
- Normal Enrollments and ERA processing time is 7-10 business days.
- Calls, Enrollments, ERA requests, Voice Mails, etc are being responded to in the order which they are received.

12. What organizations should be planning to implement Version 5010 for HIPAA transactions?

All HIPAA-covered entities (providers, clearinghouses, payers) should

begin planning for implementation of Version 5010 at this time. In particular, clearinghouses and software vendors should start developing compliant products so that they will be available for the industry to test and implement. Vendors are critical in terms of providing the software and applications to make the transactions possible, and to allow for early testing between trading partners.

13. What are some of the key changes between Version 4010/4010A and Version 5010?

The changes in Version 5010 include structural, front matter, technical and data content improvements. The changes enhance the usability and usefulness of the standards, in that they better address the data needed, collected and transmitted, and reduce ambiguities in their use. A comparison of the 4010 and 5010 transactions is available at: www.cms.hhs.gov complete link. They represent requests from users that surfaced after implantation of 4010/4010A and address a host of business needs that have been indentified by all sectors of the industry over the past five years. Also, Version 5010 accommodates use of the ICD-10 codes sets, which version 4010/4010A does not support. Details on these changes are available on the Designated Standards Maintenance Organizations (DSMO) website at www.hipaa-dsmo.org. For assistance with the standards themselves, contact X12 directly, at www.x12.org.

14. What is the transition schedule for the Version 5010 implementation?

Currently, CMS, Medicare contractors and standard system maintainers are underway with implementation activities for 5010. Transition to the new formats for Medicare FFS will start on January 1, 2011 and must be completed by January 1, 2012. CMS does not anticipate extensions to these deadlines

DATE	Medicare ACTIVITY
Jan 2010	Begin internal testing for Versions 5010 & D.0.
Jan 1, 2011	Begin Level 2 testing period activities (external testing with Trading Partners and move into production; dual 4010A/5010 processing mode). Begin initial ICD-10 compliance activities (Gap analysis, design, development, internal testing).
Jan 1, 2012	5010/D.0 Compliance Date for all covered entities.
Oct 1, 2013	The Compliance date for ICD-10-CM and ICD-10-PCS is October 1, 2013 for all covered entities.

15. Where can I locate additional information regarding the Version 5010 implementation?

Additional information may be found at the following website:
<http://www.wpsic.com/edi/5010-Readiness.shtml>
<http://www.wpsic.com/edi/5010-Readiness-Schedule.shtml>
http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp
<http://www.cms.gov/Versions5010andD0/>

16. How do I know if my Vendor and/or Clearinghouse will be 5010 ready?

If you rely on your Vendor or Clearinghouse to maintain your billing system and keep you up-to-date with electronic transactions, you need to ask your vendor and or clearinghouse about their plans for transitioning to the new 5010 format.

17. Where can I obtain a copy of the Version 5010 Implementation Guides (TR3)?

You may purchase a copy of the 5010 Implementation Guide at
<http://www.x12.org/>.

18. Will the current reports I received be affected with the Version 5010 implementation?

New ASC X12 standard acknowledgement (999) and rejection transactions (TA1) will be utilized. These transactions will replace the current 997 transaction.

Additionally, the Claims Acknowledgement (277CA) will be used to replace proprietary error reporting (e.g. prepass report, accept and reject reports).

19. Is dual submission of the 4010A1 and 5010 transactions allowed?

Yes, dual submission of the 4010A1 and 5010 transactions will be allowed until March 31, 2012. Beginning April 1, 2012, only 5010 transactions will be accepted.

20. Will I be able to receive dual 4010A1 and 5010 835 (ERA) files?

The version of 835 returned is not dependent upon the inbound media of the claim (paper, 4010A1, 5010...). The version of 835 a provider receives is determined on a provider by provider or submitter by submitter basis. In production, receivers must select version of 835, either 4010A1 or 5010. For test purposes, a receiver may request a sample 5010 parallel 835. The parallel 835 can be used for data comparison purposes.

21. I use a vendor supplied software, what changes will I have to make?

Those providers must contact their Vendor and/or Clearinghouse regarding their plans for transitioning to the 5010 format.

22. I use PC-Ace Pro-32, what changes will I have to make to my software for it to be Version 5010 compliant?

WPS PC-Ace Pro32 users must keep up to date with the most current version of the software. Upgrades to the software can be done on the following website: <http://www.wpsic.com/edi/pacepro32.shtml>. Additional instructions to follow at a later date.

23. As a PC-Ace Pro32 user, how do I know I am on the most current version?

You can verify the version you are currently on by going to “Help” on the toolbar of the “Main Form”. A drop down box will appear, select “About Pc-ACE Pro32”, this will populate the box to verify the version. If you need additional assistance you may contact the EDI Help for J5: 866-503-9670; Legacy A 866-734-6656; Legacy B 877-567-7261.

24. Will I need a new Submitter ID number or will I be able to use my current Submitter ID number?

A new Submitter ID number is not necessary; submitters will continue to utilize their current Submitter ID number.

25. Will I need to complete a new EDI Provider Enrollment form?

Providers who are currently enrolled to submit EDI transactions to Medicare will not have to submit a new EDI Provider Enrollment form. However, providers who change to a different biller or clearinghouse must submit a change of submitter form. All Billing NPIs must be linked to the submitter id submitting the claims or they will reject.

26. Is it necessary for me to test claims for each Line of Business (e.g. Legacy A, Legacy B (IL, MI, WI, MN), J5A, J5B.)?

Yes, you will need to submit a test file for each Line of Business you are billing; this also includes Clearinghouses and/or Vendors.

27. Are the test results bases on percentage?

CMS guidelines require a trading partner must submit at least 25 claims and have a minimum 95% accuracy rate in test data.

28. I have been using a P.O. Box for addresses in various areas of my files, will I still be able to submit P.O. Boxes with the 5010 Implementation?

Billing providers in the 5010 version (2010AA loop, N301) cannot bill with a Post Office Box number. The address for the billing provider must be an actual street address. Claims in the 5010 format will be deleted if the 2010AA N301 contains a Post Office Box. The claims will then need to be corrected with a street address and resubmitted.

29. Do I need to send in a 9 digit zip code in my files and if so, what are the requirements?

Yes, all billing providers must submit 9 digit zip codes in the 2010AA N403. If only a 5 digit zip code is received, the claims will be deleted. They will need to be corrected and resubmitted.

Claims containing facility information will also be required to use the 9 digit zip codes for the facility address. These corrections must be made in the 2310C N403 and/or the 2420C N403. Again, these claims will be deleted if only a 5 digit zip is received and must be corrected and resubmitted.