ARE YOU READY FOR 5010?

EDI 5010 requirements for HIPAA-compliant transactions become effective on January 1, 2012 – just a few short weeks away. For all services rendered on or after 1/1/12, MVP Health Care will require all electronic and paper claims to meet regulatory requirements for CMS Encounter Data Submission and HIPAA 5010 Standards.

All claims must contain the following (as applicable):

- NPI – required for every claim, paper and electronic (837P and 837I)
- Admission Date – required on inpatient claims billed on an 837I or UB-04 and on all ambulance claims when the patient was known to be admitted to the hospital
- Patients Reason for Visit – required when a claim involves outpatient visits billed on an 837I or UB-04
- Admission Source Code – required for all inpatient and outpatient visits billed on an 837I or UB-04

If any of these or other 5010-required elements are missing or are invalid on any claim (for Medicare and all other lines of business), the claim will be returned to you, for correction and resubmission. It is important to note that the cost of not being ready for 5010 could be high for your practice. Financial implications could include:

- decreased cash flow while the claims are resubmitted;
- higher accounts receivable while claim payment issues are resolved; and
- costs for additional staff needed to correct and resubmit claims.

MVP values the working relationship we have with you and we do not want you to run into the cash flow issues that may result from the implementation of these programs. If you have not already, please visit the CMS website.

- CMS has developed extensive information and educational resources pertaining to 5010 at [www.cms.gov/Versions5010andD0/40_Educational_Resources.asp](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp).
- Training resources also are available online at [www.wpc-edi.com](http://www.wpc-edi.com).

If you have any questions about 5010, please contact your Professional Relations Representative. Thank you for your cooperation.