IS YOUR BILLING ORGANIZATION READY FOR 5010 ON 1/1/2012?

In less than two months the electronic data format for which you or your billing provider submits claims for all payers, will change from 4010A1 to 5010. This is an industry change on which MVP has been communicating with its providers and trading partners since 2010 via our Healthy Practices Newsletter, MVP Provider Web Portal, Fast Faxes, Provider Seminars and industry forums.

WHAT IS 5010?

- An updated set of ANSI X12 Standards under the HIPAA law being implemented by the U.S. Department of Health and Human Services for electronic exchange of health related transactions between companies (health plans) and providers and vendors. These changes will go into effect 1/1/2012.

The following are important reminders regarding the change to 5010 that if not implemented by your organization by 1/1/2012, will result in claims rejection.

5010 Changes that could affect the way you bill:

- Many providers continue to send a PO Box in The Billing Provider Address. **This value must be a street address.** To report a PO Box, Post Office Box, Lock Box or any such non-street address for remittance purposes, it must be sent in the Pay-To Address Name loop. Providers are encouraged to begin adopting this rule as soon as possible even if they are utilizing the 4010A1 format until the end of the year.

- If the patient has a unique identifier assigned by the destination payer in Loop ID-2010BB, then the patient is considered to be the subscriber and is sent in the Subscriber loop (Loop ID-2000B) and the Patient loop (Loop ID-2000C) is not used.

- For MVP, all Patients are considered Subscribers when creating your 837. Please do not use the Patient Loop (2010CA); inserting a member number in this loop is non-compliant. Use of the Patient Loop will also result in “Member not Found” claim level rejections.

- For Newborn claims, newborn’s name and a primary ID with a suffix of 90 now needs to be included in the subscriber loop not the patient loop.

- The Total Claim Charge Amount (CLM02) now explicitly states that it must be the sum of the service line charge amounts (sum of the SV203’s.)

- Assignment or Plan Participation Code is required CLM07 has changed from Situational to Required.

These are just a few of the 5010 changes. For additional changes to 5010 please see 5010 Central located on our Provider page at [www.mvphealthcare.com](http://www.mvphealthcare.com).

Questions? Please contact the EDI Service Department at (877) 461-4911.