

## 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.
- The electronic exchange of transactions is referred to as EDI or Electronic Data Interchange.
- This new version of standards required for these transactions is referred to as version 5010.

## REASONS FOR 5010:

- Improve the understanding and use of standards for transactions.
- Enable the better use of the National Provider Identifier (NPI) in transactions.
- Enable the use of ICD-10 codes.
- Accommodate industry changes related to electronic transactions.

## TIME FRAME:

- MVP Health Care, other health plans, clearinghouses, software vendors, billing services, and providers will complete their internal testing by 12/31/10.
- External testing with trading partners (providers, vendors, etc.) must be completed by 12/31/11.
- MVP Health Care will begin it's external testing first quarter 2011.
- Mandatory compliance date is 1/1/2012. Only 5010 version accepted as of this date.

## EDI 5010: DID YOU KNOW?

### TOPIC: Billing Provider

- Beginning with the 5010 version, the Billing Provider must be a health care or atypical service provider.
- The Billing Provider Address must be a street address. Other types of mailing addresses for the Billing Provider (such as a Post Office Box or a Lock Box) *must be* sent in the Pay-To Address Name loop.
- The Billing Provider Tax Identification (REF) segment is required and contains the provider's taxpayer identifier to be used for 1099 reporting purposes.
- The Billing Provider Contact Name (PER02) is required in the first iteration of the Billing Provider Contact Information segment. If a second iteration of the segment is sent, PER02 is not used.

## CHECK BACK REGULARLY FOR NEW INFORMATION ON 5010