



# Claims Alert!

**To: MDwise Hoosier Alliance Providers**

**Subject: Preparing for HIPAA 5010 Transactions – Changes You Can Make Now!**

**From: MDwise Hoosier Alliance**

**Date: December 16, 2011**

The January 1, 2012, deadline to comply with HIPAA 5010 is fast approaching. The updated standards will result in a number of data reporting changes that will require you to use a different format in collecting and reporting data.

To avoid any interruptions in the transaction process, or possibly incurring non-compliance fines from the Centers for Medicare & Medicaid Services, it is very important that you understand these changes and be proactive now in your efforts to comply. This *In the Know Claims Alert* provides details on some simple actions you can take now to prepare.

## Data Reporting Changes

PAPER CLAIM	LOOP/ SEGMENT	DATA CHANGES	CURRENT ACCEPTED	NEW REQUIRED FORMAT	PROVIDER ACTION NEEDED
Box 24	2310B	Rendering and Attending Provider Tax ID	The National Provider Identifier (NPI) is the primary identification allowed for the Rendering/Attending Provider.  Billing provider must always represent the most detailed level of enumeration (NPI) as determined by the organization health care provider.	No change	Ensure that NPI billing requirements are being met.  If you do not currently have an NPI number, you should consider getting one.

<b>PAPER CLAIM</b>	<b>LOOP/ SEGMENT</b>	<b>DATA CHANGES</b>	<b>CURRENT ACCEPTED</b>	<b>NEW REQUIRED FORMAT</b>	<b>PROVIDER ACTION NEEDED</b>
<b>Box 33</b>	<b>2010AA</b>	<b>Billing Provider Address</b>	Currently, using a P.O. box is acceptable for a billing address.	<b>Billing provider address must be a physical street address and can no longer be a P.O. box or lock box.</b>  <b>Physicians who want to have their payments sent to a different address will use the pay-to-provider name and address field on the 837-I transaction.</b>	<b>Work with your PMS/EDI vendor to ensure that the appropriate address is being sent in the correct location.</b>  <b>Note: See below for more information about address segments.</b>
<b>Multiple</b>	<b>Multiple</b>	<b>Billing Provider and Service Location Zip Codes</b>	Currently, using the 5-digit zip code is acceptable in all areas of the claim.	<b>A full 9-digit format is required when submitting zip codes anywhere on the claim.</b>	<b>Start submitting full 9-digit zip codes.</b>

### **Address Fields Explained**

Some items are not changes but are clarifications to the Centers for Medicare and Medicaid Services requirements. Please be aware of the following clarifications:

- **Service Facility Location (Box 32) (Loop 2310D):** The address listed in this box should be the address where services were performed. If services were performed at the primary location, this information will be the same as the information entered in Box 33. If services were performed in a location other than the primary service location (i.e., services performed in a hospital), this information will be different from Box 33.

- **Billing Provider Name and Address (Box 33) (2010AA):** The address listed in this box should be the primary service location of the provider.
- **Pay-To-Provider Address (will not be reflected on CMS-1500 paper claim) (2010AB):** This address box is commonly referred to as the “Remit Address.” P.O. boxes are acceptable in this address location.

## **Resources**

The Workgroup for Electronic Data Interchange (WEDI) has played a major role in promoting and implementing the standardization of health care data. Their Web site, [www.wedi.org/snip](http://www.wedi.org/snip), houses several 5010 implementation resource documents.

Links to additional HIPAA 5010 information can be found on the MDwise Hoosier Alliance Web site, <http://www.hoosieralliance.org/provider/provcom/hipaa/5010.aspx>.

## **Questions**

If you have questions about this communication, please contact your MDwise Hoosier Alliance Account Executive or call one of our Network Operations Representatives. They can be reached at 888-961-3100.