

HIPAA 5010 Frequently Asked Questions

General Questions

1. Will a new Trading Partner Agreement (TPA) need to be filed for the 5010 conversion?

Montana Health Care Programs does not require a new TPA for HIPAA 5010 if you are already signed up with as a trading partner. However, you should contact ACS Provider Relations to verify that your submitter ID is set up appropriately for the 5010 transactions or if you are not already a trading partner.

2. Will the providers we bill for be required to link themselves to our submitter ID (EDI Update/New Paperwork), on-line or otherwise, once the conversion takes place?

Any providers currently linked to a submitter ID will remain linked for 5010. However, if you become the trading partner for any new or additional providers or want any of your current providers removed, you must notify Provider Relations in writing of any changes; mail to EDI, P.O. Box 4936, Helena, MT 59601, e-mail MTPRHelpDesk@acs-in.com or fax to 406.442.4402.

3. Where can I find Montana's 5010 Companion Guide?

Montana Health Care Programs do not plan to publish a Companion Guide for 5010; however, there is a HIPAA 5010 billing instruction document available on the Provider Information [website](#).

4. What is required of a submitter that wants to test 5010 files?

Send your submitter number, the name of your organization, name, phone number and e-mail address of a contact person, method you currently use to transmit 4010 files and the transactions you submit or receive to MTPRHelpdesk@ACS-inc.com. We will be in touch with you about how and when to transmit your test files.

Be aware that the deadline for switching to the 5010 format is fast approaching so you will want to get your 5010 testing completed soon. Beginning February 1, 2012, any HIPAA transactions submitted in the 4010 format will be rejected at the translator and will NOT be processed. Transactions must be submitted in the 5010 format in order for the claims to be accepted into the claims processing system. You will want to complete 5010 testing before February 1 to address any issues so that production claims are not rejected.

5. Do we send the test files the same way as we send our current production files?

Connectivity for providers to submit test 5010 files is available through SFTP, MoveIt, and the Bulletin Board System (BBS). The production 5010 version of WINASAP is available at <http://www.acs-qcro.com/docs/edi-winasap5010.php?menuitem=default>; it can be used for sending test files as well as production files. Use the same login and password, folder or phone numbers as you do for production for these methods. If you ordinarily send production files through the MATH web portal, you will need to use EDI Online (<https://edionline.acs-inc.com/html/login.html>) to send 5010 test files as the MATH web portal does not allow test file submissions. You can retrieve your test response files from the MATH web portal, however. The login and password for EDI Online are those you received when you first enrolled as a trading partner; contact ACS

Provider Relations at 1-800-624-3958 if you do not have this information. **Please** make sure the ISA segment, data element 15 Interchange Usage Indicator is set to T on any 5010 files.

Send the information listed in Question 4 to MTPRHelpdesk@ACS-inc.com if you are interested in testing with us.

837 Health Care Claim Transactions

6. When will Montana Health Care Programs stop accepting 4010 837 files from providers?

Beginning February 1, 2012, any HIPAA transactions submitted in the 4010 format will be rejected at the translator and will NOT be processed. Transactions must be submitted in the 5010 format in order for the claims to be accepted into the claims processing system.

7. When will Montana Health Care Programs receive 837 files in the 5010 format from COBA?

Montana Health Care Programs began accepting COBA files from the COBC contractor in the HIPAA 5010 format on January 2, 2012. Medicare will still accept files submitted after this date in the 4010 format but will convert them to a “skinny” HIPAA 5010 format before passing them onto us. This “skinny” file may not have the data necessary for Montana Health Care Programs to process the claims so could result in rejected claims. For example, taxonomy is one of the fields not passed on the 837P “skinny” file and this data can affect whether or not we can process the file. Providers may need to submit some claims directly to Medicaid with the Medicare payment information included when these types of rejections occur.

Medicare may have some files that were submitted in the 4010 format that were still in process within their system when the switch to 5010 was made on January 2. They should have processed and passed all of these claims onto us by January 17, 2012.

8. What qualifier is needed to identify taxonomy on HIPAA 5010 837 claim transactions?

The qualifier for taxonomy is changing from ZZ to PXC for HIPAA 5010 837 transactions. The taxonomy qualifier on the CMS-1500 paper form should remain as ZZ even for claims sent after January 1, 2012, per the July 2011 instructions published on the NUCC website. The qualifier for taxonomy on the UB-04 paper form should remain as B3 even after January 1, 2012. See the [provider notice](#) on the Provider Information website.

9. What qualifier is needed to indicate an atypical provider?

The qualifier sent to indicate a provider’s secondary identifier (used by atypical providers who do not have an NPI) is changing from 1D (Medicaid) to G2 (Provider Commercial Number) for HIPAA 5010 837 transactions. The value on the CMS-1500 paper form should be sent as G2 (Provider Commercial Number) for any claims sent on or after January 1, 2012, regardless of date of service per the July 2011 instructions published on the NUCC website. The qualifier to indicate provider secondary identifier on the UB-04 paper form remains as 1D (Medicaid) even after January 1, 2012. See notice on website.

10. Where on the 837P transaction should a provider send the school-based provider team number?

Per the 5010 837P Technical Report Type 3 (TR3), the contract segment can only be sent for post-adjudication claims, which do not meet the definition of a health care claim under HIPAA. Therefore, school-based providers must send their two-digit team number in Loop 2300, NTE Note segment as the first two characters of NTE02 data element. The qualifier value in NTE01 Note Reference Code should be ADD (Additional Information). In the example below, the data element NTE02 indicates CSCT team 02.

NTE*ADD*02~

See the [provider notice](#) on the Provider Information website.

11. Is the billing provider ZIP code required on the 5010 837 transactions?

Yes, the billing provider must be sent with full 9-digit ZIP code (5 +4) in the 2010AA Billing Provider Name loop, N4 City, State and ZIP Code segment, per the TR3 for all 837 transactions in order to be compliant. Although the last 4 characters can be zeroes, Montana Health Care Programs encourages providers to send the full 9-digit ZIP code with which they enrolled on all claims in order to help prevent claims from rejecting.

12. Is taxonomy required for the billing and rendering providers on the 837 transactions?

837P – Health Care Claim: Professional

The NM1 segment in the 2010AA Billing Provider Name loop is required. The PRV segment in the 2000A (Billing Provider) loop is situational so is not required per the TR3. However, Montana Health Care Programs encourage providers to send the taxonomy with which they enrolled in this segment in order to prevent claims from rejecting.

Both the NM1 and PRV segments in the 2310B Rendering Provider loop are situational so are not required per the TR3. However, Montana Health Care Programs encourage providers to send the taxonomy with which they enrolled if this loop is sent in order to prevent claims from rejecting.

Both the NM1 and PRV segments in the 2420 Rendering Provider loop are situational so are not required per the TR3. However, Montana Health Care Programs encourage providers to send the taxonomy with which they enrolled if this loop is sent in order to prevent claims from rejecting.

837D – Health Care Claim: Dental

The NM1 segment in the 2010AA Billing Provider Name loop is required. The PRV segment in the 2000A (Billing Provider) loop is situational so is not required per the TR3. However, Montana Health Care Programs encourage providers to send the taxonomy with which they enrolled in this segment in order to prevent claims from rejecting.

The NM1 segment in the 2310B Rendering Provider loop is situational but if it sent, the PRV taxonomy segment is required per the TR3. The taxonomy sent should be the same as that with which the provider enrolled if this loop is sent in order to prevent claims from rejecting.

Both the NM1 and PRV segments in the 2420 Rendering Provider loop are situational so are not required per the TR3. However, Montana Health Care Programs encourage

providers to send the taxonomy with which they enrolled if this loop is sent in order to prevent claims from rejecting.

837I – Health Care Claim: Institutional

The NM1 segment in the 2010AA Billing Provider Name loop is required. The PRV segment in the 2000A (Billing Provider) loop is situational so is not required per the TR3. However, Montana Health Care Programs encourage providers to send the taxonomy with which they enrolled in this segment in order to prevent claims from rejecting.

Rendering provider sent on the 837I transaction is not used in claims processing for Montana Health Care Programs.

13. What transactions can a submitter expect in response to 837 files?

Montana Health Care Programs will be sending the following transactions in response to 837 files.

- TA1 Interchange Acknowledgment to indicate acknowledgement of the transaction envelope. Per the TR3, this will only be returned as a response if the submitter requested it in the ISA Header of the 837 transaction.
- 999 Implementation Acknowledgment to indicate whether the transaction was accepted (is 5010-compliant) or rejected (is not 5010-compliant). This transaction replaces the 997 which was sent for 4010 transactions.
- 277CA Claim Acknowledgment to indicate whether specific claims in the 837 file passed Montana Health Care Program edits or not. This transaction replaces the 824 which was sent for 4010 transactions.

835 Claim Payment/Advice Transactions

14. When will the 835 transaction be available in the 5010 format and will the 4010 format still be sent?

Montana Health Care Programs plans to send the first production 835 transaction for the January 23, 2012 paid date. The paid date of January 30, 2012 will be the last 835 file sent in the 4010 format by Montana Health Care Programs. If you do not want to receive the 835 file in the 4010 format for the January 23 or January 30 payment cycles, please contact ACS Provider Relations so that we can prevent the delivery of the files.

15. Are test files in the 5010 format available?

Yes, Montana Health Care Programs has created test 835 files from the production data for the December 12, December 19, December 26, January 2, January 9 and January 16 paid dates. These files are available for downloading from whatever method you normally use for production files. If you do not need this test data for any reason, it can be deleted.

You may see several versions of the same 5010 835 test files for these dates since we have been completing our internal testing of that transaction.

16. Does Montana Health Care Programs plan to create 5010 production files for past paid dates?

Based on the feedback from several submitters who indicated it would be a hardship to have the duplicate data sent, we do NOT plan to create production files for the December 12, December 19, December 26, January 2, January 9 and January 16 paid dates. Since this data has already been received in the 4010 format and processed by submitters, it is not necessary to send it.

270/271 Eligibility Inquiry and Response

17. When will Montana Health Care Programs stop accepting 4010 270 transactions and sending 4010 271 response files?

Beginning February 1, 2012, any HIPAA transactions submitted in the 4010 format will be rejected at the translator and will NOT be processed. Transactions must be submitted in the 5010 format in order for the claims to be accepted into the claims processing system.

18. If I sent a production 5010 270 batch file but have not received a 271 response yet, what should I do?

Montana Health Care Programs began accepting HIPAA 5010 transactions on December 7, 2011, including the 270 Health Care Eligibility Benefit Inquiry and Response. However, it has recently come to our attention that not all of the 270 files were processed upon receipt as we had expected. Most of them were processed on January 13, 2012 and the 271 responses were created and delivered that day. If you did not receive the 271 response files for any HIPAA 5010 270 transactions submitted since December 7, please contact ACS Provider Relations. You may have to send the file again if we cannot reprocess it. We apologize for any inconvenience this may have caused.

276/277 Claim Status Inquiry and Response

19. When will Montana Health Care Programs stop accepting 4010 276 transactions and sending 4010 277 response files?

Beginning February 1, 2012, any HIPAA transactions submitted in the 4010 format will be rejected at the translator and will NOT be processed. Transactions must be submitted in the 5010 format in order for the claims to be accepted into the claims processing system.

20. If I sent a production 5010 276 batch file but have not received a 277 response yet, what should I do?

Montana Health Care Programs began accepting HIPAA 5010 transactions on December 7, 2011, including the 276 Health Care Claim Status Request and Response. However, it has recently come to our attention that not all of the 276 files were processed upon receipt as we had expected. Most of them were processed on January 13, 2012 and the 277 responses were created and delivered that day. If you did not receive the 277 response files for any HIPAA 5010 276 transactions submitted since December 7, please contact ACS Provider Relations. You may have to send the file again if we cannot reprocess it. We apologize for any inconvenience this may have caused.