



## HIPAA X12 VERSION 5010 AND NCPDP VERSION D.0

### FREQUENTLY ASKED QUESTIONS

Revised 4/9/2012

As of January 1, 2012, ASCX12 HIPAA Version 5010 replaced the Version 4010/4010A and The National Council for Prescription Drug Programs (NCPDP) Version D.0 replaced Version 5.1. For New York, the eMedNY system is currently processing both 4010/5.1 and 5010/D.0 electronic transactions & code sets in accordance with federal timelines. Below is the eMedNY FAQ for our trading partner community. These questions will be revised regularly based on feedback regarding implementation.

The home page to most links in this document is [www.emedny.org](http://www.emedny.org)

QUESTION	ANSWER
<b>General Section</b>	
1. What is 5010 & D.0?	<p>HIPAA X12 Version 5010 &amp; NCPDP Version D.0 are a set of standards that regulates the electronic transmission of certain health care transactions. This includes, but not limited to, transactions for eligibility requests, claim status requests, claims, prior approvals and remittances. These versions are required by modifications made to the HIPAA Act of 1996 in January 2009.</p> <p>Versions 5010 &amp; D.0 clarify how the transactions should be formatted, added new business functionalities and removed obsolete or outdated functionalities. Version 5010 &amp; D.0 will also accommodate the use of the ICD-10 values when they are implemented.</p>
2. What is the compliance date for Version 5010 and Version D.0?	The federal mandatory compliance date is January 1, 2012.
3. Will NY Medicaid/eMedNY follow the CMS Discretionary extension through June 2012?	eMedNY will continue to process 4010/5010 x12 versions and 5.1/D.0 NCPDP versions concurrently until June 30, 2012.
4. When can I start submitting “test” 5010 or D.0 transactions?	The Provider Test Environment (PTE) began accepting test transactions on June 13, 2011. The PTE is available for 5010 and D.0

	transactions, as well as 4010 and 5.1.
5. When can I start submitting production 5010 or D.0 transactions?	The eMedNY production system began processing 5010 and D.0 transactions on 7/21/2011.
6. How will I be able to submit a test?	<p>Users of the eMedNY Provider Testing Environment can use their existing FTP or eXchange mailboxes and User-ID accounts for testing.</p> <p><b>For this reason it is critical that the “Test Indicator” is set to “T”. In the X12 transaction this will be the ISA15. In the D.0 transaction this will be field 702 in the 1.2 Batch Envelope. Otherwise test transactions will be processed through the production environment.</b></p> <p>Complete testing details can be found in the <a href="#">Trading Partner Information Companion Guide</a></p>
7. Are there any new tools or applications I can use?	Yes, on July 21, 2011 the eMedNY Dashboard was introduced to assist Trading Partners with tracking the status of batch submissions. The Dashboard can be accessed on the home page on <a href="http://www.emedny.org">www.emedny.org</a> . Trading Partners are encouraged to review the User Manual. To access the User manual, click on the link on the eMedNY home page that says Dashboard Information.
8. Where do I find the Implementation Guides for the 5010 and NCPDP (D.0)?	<p>The 5010 Implementation Guides (ASC X12 Standards for Electronic Data Interchange Technical Report Type 3) are available for purchase from the X12 Store at their website, <a href="http://store.x12.org/">http://store.x12.org/</a>.</p> <p>The NCPDP Implementation Guides are available from NCPDP at <a href="http://www.NCPDP.org">www.NCPDP.org</a>.</p>
9. Will ICD-10 be implemented at the same time with 5010 and D.0?	No. ICD-10 will be implemented subsequent to 5010 and D.0. On April 9, 2012 HHS announced a proposed rule that would delay ICD-10 implementation from October 1, 2013 to October 1, 2014.
10. I submit my claims through a billing service, what changes will I need to make?	Contact your billing service and confirm that all changes associated with Version 5010 will be communicated in a timely manner. Remind your vendor the PTE is already open for testing.
11. Will Medicaid create Companion Guides for the 5010?	Yes. The eMedNY 5010 Companion Guides (CG’s) are available at: <a href="http://www.emedny.org/HIPAA/5010/index.html">http://www.emedny.org/HIPAA/5010/index.html</a> .

	<p>The eMedNY 5010 CG's only contain information that is specific to communicate to our trading partners NYS Medicaid business needs.</p> <p>It will be necessary for trading partners to utilize the 5010 HIPAA Implementation Guide for their specific transaction, in conjunction with the eMedNY 5010 CGs. The HIPAA 5010 Implementation Guides are available for purchase from the X12 Store at their website, <a href="http://store.x12.org/">http://store.x12.org/</a>.</p>
<p>12. Who should I contact if I have technical questions related to the 4010/5010 or 5.1/D.0 transactions?</p>	<p>At this time, all questions related to the 5010/D.0 must be sent by email to <a href="mailto:eMedNYHIPAASupport@CSC.COM">eMedNYHIPAASupport@CSC.COM</a></p>
<p>13. Will there be changes to the responses I receive when I transmit 5010 batch transactions?</p>	<p>Yes. For 5010, eMedNY will return the 999 (Implementation Acknowledgement) transaction for each functional group within the interchange envelope.</p> <p>In addition, for a 5010 version 837 transaction eMedNY will send a 277CA (Claim Acknowledgment) for each transaction set within the interchange envelope, which will contain the status of all the claims in the batch.</p> <p>For 4010 version 837's, eMedNY will continue to return the 997 and U277 transactions. The U277 will contain rejected claims <u>ONLY</u>. If there are no rejected claims, there will be no U277 returned.</p>
<p>14. Why is eMedNY implementing the 277CA response (Claim Acknowledgement)?</p>	<p>The advantage of responding to claim submissions with a 277CA is that eMedNY will be able to give submitters information about significant claim issues more quickly (within hours) where in the past that information is only available on a remittance statement sent long after the claim is processed. With the 277CA, claims that are rejected could be corrected if necessary and resent the same day. It is important to evaluate the information in the 277CA as much more editing is being completed up front. Claims rejected in the 277CA will not be adjudicated and reported on the remittance statement.</p> <p>eMedNY has published a list of the more</p>

	common 277CA pre-adjudication edits: <a href="#">Pre-Adjudication Crosswalk for Healthcare Claims</a>
15. What can I do to prepare for the 5010 and D.0 implementation?	Talk to your technical staff or vendor to ensure the system will be ready.
16. Are there any other updates about 5010/D.0?	In February 2011 NYS DOH published a Special Edition Medicaid Update, which contains details of all the business and technical changes. To see the Medicaid Update, please visit: <a href="http://www.health.state.ny.us/health_care/medicaid/program/update/2011/index.htm">http://www.health.state.ny.us/health_care/medicaid/program/update/2011/index.htm</a>  Also, periodically the <a href="#">News and Issues of eMedNY</a> will contain news or issues that need to be immediately documented and relayed to the trading partner community.
17. Will there be changes to the paper checks?	No. But for reissued checks, the original check number will be printed on the top portion of the stub.
18. Are there changes to the Paper Remit?	Yes, the paper remit will have an expanded space to accommodate a prescription number up to 12 digits.
<b>835 Remittance Section</b>	
19. When will I have to be ready for the new 5010 835?	eMedNY switched all remits to 5010 on March 1, 2012.
20. Will the 835 remittance information change with 5010?	Yes. There are several changes. There will be changes for the PLB to report Financial Management Group (FMG) audits vs. other audits. eMedNY will also correct errors to prevent credit balances that are currently inappropriately reported.
21. What other changes can I expect with the 835?	<ul style="list-style-type: none"> <li>• The Supplemental Remittance will no longer return Denied claim information or Paid State Adjustments.</li> <li>• MMIS Edits will still be returned in the Supplemental for PENDED claims ONLY.</li> <li>• Claims that fail history claim edits, such as duplicates will contain the TCN of conflicting claim (only for 5010 version).</li> </ul>
<b>Pharmacy Only Section</b>	
22. Will the Pharmacy form (eMedNY 00301) be changing?	No, the pharmacy forms will not change.
23. Will the NCPDP claim transaction have	Yes, eMedNY will conform to the NCPDP

changes related to reporting the NDC?	standard for compound claims reporting.
24. How will ingredients be processed?	All ingredients will be priced individually but combined for the claim total.
25. Will NCPDP Version D.0 multi-ingredient compound claims be accepted for prescription refills, if the original fill was processed as a Version 5.1 under the product service ID of 999999999999 (\$50 limit / qty of 1)?	Yes, but the 999999999999's ID will not be used after 01/01/2012.
26. Will NY Medicaid accept a Version D.0 B2 reversal transaction when the B1 claim was paid under Version 5.1?	Yes.
27. When would a Service Billing transaction (S1, S2, S3) be required?	A Service Billing transaction may be submitted via NCPDP D.0 when billing for Procedure codes such as immunization codes. Refer to the October 2009 Special Edition of the Medicaid Update entitled (Special Vaccine Issue) for procedure codes.
<b>Non Pharmacy Section - Claims</b>	
28. Why are my claims rejecting during pre-adjudication for COB balancing on the 277CA?	<p>eMedNY is enforcing claim balancing according to 5010 guidelines for both claim total charges and COB amounts.</p> <p>For an example of claim balancing, refer to <a href="http://www.emedny.org/HIPAA/5010/transactions/5010_Claim_Balancing_Example.pdf">http://www.emedny.org/HIPAA/5010/transactions/5010_Claim_Balancing_Example.pdf</a></p> <p>The front matter of each 837 5010 Implementation Guide has a section that explicitly addresses claim balancing.</p>
29. Are there changes to how I enter OFILL?	<p>Yes. In the 4010, OFILL is still entered in Loop 2000B SBR04 = OFILL, when applicable. You can continue to send OFILL on 4010 claims but only for claims that meet the OFILL criterion.</p> <p>In 5010 the literal "OFILL" is not used. OFILL is derived by the system when AMT02 (loop 2320) Coordination of Benefits (COB) Total Non-Covered Amount is greater than zero. Submitters should not submit the AMT (Coordination of Benefits (COB) Total Non-Covered Amount) segment for claims that have been adjudicated by the payer identified in 2320. If the claim was adjudicated by the prior payer, OFILL will be derived, when applicable, from the CAS adjustments amounts.</p>

30. Will paper claim forms be changing?	No.
31. Are there changes to how the Group NPI is entered on the 837?	<p>Yes, the Group Provider NPI can only be sent in 2010AA NM109 in the 5010.</p> <p>Loop 2010AB will no longer contain any unique provider identifiers. It will only convey a name and address. This Loop will not be used by eMedNY.</p>
32. Will the 837P use Condition Codes?	Yes, please review the <a href="#">5010/D.0 Presentation/Webinar</a> .