

Internal Medicine Coding Alert

Reader Question: Paper Claims Is Going To Be Different for ICD-10 Prep

Question: If we file paper claims to Medicare, will the claims form change once we begin using ICD-10? Will the form be updated, and will there be any changes for filing paper claims?

Louisiana Subscriber

Answer: No, there is no current change to the CMS-1500 form used for filing paper claims for Medicare beneficiaries. CMS may announce changes as we move closer to the Oct. 1, 2013, deadline for implementing ICD-10, but no revisions to the form or claims-filing procedures are currently on the horizon for paper claims.

On the other hand: For labs filing electronic transactions, you should no longer use forms 4010/4010A as of Jan. 1, 2012. Instead, your clinical laboratory or pathology group will need fully functional form 5010 to comply with the Health Insurance Portability & Accountability Act of 1996 (HIPAA) electronic transaction standards.

If you don't have your 5010 glitches worked out by that date, you won't be able to submit electronic transactions to Medicare.

Version 5010 lays out the technical electronic standards mandated for HIPAA transactions -- that includes claims, eligibility inquiries, remittance advice, and payment data using ICD-10.

The current version -- 4010/4010A1 -- does not accommodate the ICD-10 code set. That's why CMS requires version 5010 for use by all HIPAA-covered entities (providers, health plans, clearinghouses, and their business associates, including billing agents) as of Mar. 1, 2012.