

Part B Insider (Multispecialty) Coding Alert

CMS FORMS: Start Preparing Your Software Systems to Get Ready for the HIPAA 5010 Form

CMS reps offer advice on how to ensure that you're prepared for the new "universal claim format," which takes effect in 2012. You've got over a year to prepare for using the new HIPAA 5010 form, but CMS wants you to get ready sooner rather than later. On March 23, CMS reps confirmed what many practices had wondered -- the HIPAA 5010 form will become Medicare's new universal claim format starting next year, noted **Pat Brooks, RHIA**, senior technical advisor with CMS, during a March 23 Open Door Forum. To get acquainted with the 5010 form and its nuances, CMS offered the following tips during a March 24 conference call. Read on to find out the scoop about how to prepare for 5010.

- 1. The 5010 Form is ICD-10 Ready.** The new form offers "infrastructure" preparation for ICD-10, whereas the current 4010A1 does not, said **Christine Stahlecker**, director of the division of Medicare Billing Procedures in CMS's Office of Information Services. Other enhancements that you'll find on the new form include improved claims receipt, claims editing, and error handling by the MACs, Stahlecker noted. The improvements will allow MACs to return claims that require correction earlier in the process, and will assign claim numbers closer to the time that the MAC receives the claim.
- 2. Mandatory Compliance for the New Form Begins on Jan. 1, 2012.** Internal testing by CMS will take place this year, and external testing will begin starting in January, Stahlecker said. Providers will have all of 2011 to complete their transition to the new form, but "Medicare fee-for-service will be productionally ready on Jan. 1, 2011," she noted.
- 3. Analyze Your System Software Within the Next Year.** Not only will the MACs have to adjust their systems to prepare for the 5010 form, but you'll have to prepare as well. "Your systems that you are using to actually create the Medicare billing or receive and process the remittances, posting them to your accounts receivable systems, they will all need to change," Stahlecker said. "Some of these new versions have new data element requirements, so you should be studying up on these changes and understanding which business processes you may need to modify," she indicated.
- 4. Contact Your Vendors.** Ask your system vendors whether your current software license includes regulatory updates, Stahlecker advised. If not, the vendor may require you to pay additional funding before they perform such upgrades. You should also inquire to determine when your vendor plans to upgrade your system, and ensure that your transition will take place long before the Jan. 1, 2012 cutoff date, Stahlecker advised.
- 5. Say Goodbye to P.O. Boxes.** "Please note that post office boxes are no longer permitted in a billing provider address," Stahlecker said. This new regulation will take effect as soon as you begin using the 5010 forms. "It's mandatory when you stop using the 4010 format," Stahlecker said during the call.
- 6. Check out Educational Materials.** CMS created information for providers so you can determine your timeline for preparing for the new form. Visit the CMS Web site www.cms.hhs.gov/Versions5010 for more information on these resources, or look to future calls on the topic, the next of which will take place on April 28.