

Eli's Hospice Insider

HIPAA: Your 5010 Extension May Be Shorter Than You Think

Deadline will depend on your testing status.

Get ready to start submitting 5010 claims by February, despite the feds' recent announcement of a delay on enforcement of the new claims format.

Then: In November, the **Centers for Medicare & Medicaid Services** announced a 90-day "discretionary enforcement period" ending March 31 for 5010 use. As long as providers showed they were making a good faith effort to become compliant with the new HIPAA standards, CMS wouldn't penalize them for not using the 5010, the agency said.

Now: CMS is whistling a different tune in its latest 5010 deadline announcement. For Part B and durable medical equipment claims, "In December 2011, submitters/receivers that have tested and been approved for 5010/D.0 will be notified that they have 30 days to cutover to the 5010/D.0 versions," CMS says in a Dec. 14 e-mail to providers. Part A will start the same deadline a month later, CMS explains.

The deadline is more lax for providers that haven't tested at all. Hospices were scheduled to be notified in January "that they must submit their transition plan and timeline to their MAC in 30 days," CMS says.

"Medicare FFS has experienced significant increases in 5010 production transactions during the last few months," CMS notes. But many submitters have tested but not moved into production for 5010, and many submitters haven't initiated testing at all. Therefore CMS is instituting the new deadlines "to ensure that progress continues to be made," it says.

Why: The CMS Office of E-Health Standards and Services (OESS), which is responsible for HIPAA code set compliance, instituted the delay in the first place because "testing between some covered entities and their trading partners has not yet reached a threshold whereby a majority of covered entities would be able to be in compliance," CMS explains in its original delay statement. "The number of submitters, the volume of transactions, and other testing data used as indicators of the industry's readiness to comply with the new standards have been low across some industry sectors. OESS has also received reports that many covered entities are still awaiting software upgrades."

Even if you're a provider that hasn't tested yet and is getting a break on the 5010 deadline until March, you should still work to get into compliance as soon as possible, suggests **Matthew Hawkins**, CEO of software vendor **Vitera Healthcare Solutions** in Tampa, Fla. Taking the time now to upgrade to a 5010-compliant system reduces risk associated with scheduling system upgrades and provides time to certify that systems work appropriately, Hawkins says in a release. "It also puts responsibility on payors to facilitate the 5010 compliant transactions," he adds.

You should also consider becoming "ICD-10 enabled" at the same time that you install updates for 5010, Hawkins adds. "Why perform the 5010 upgrade now and then the ICD-10 upgrade in the future?" he asks.

Note: More information on 5010 is at www.cms.gov/Versions5010andD0. CMS's original deadline announcement is at www.cms.gov/ICD10/Downloads/CMSStatement5010EnforcementDiscretion111711.pdf.