

## Health Information Compliance Alert

### HIPAA: HIPAA 5010 Form Paves the Way for ICD-10 Claims

Plus: Know what to ask your vendors.

Want the scoop on how the new HIPAA 5010 form will affect your practice? Check out these highlights from a June 9 CMS open door forum on the topic:

- The new 5010 form is making way for the ICD-10 code set. CMS describes the transition to ICD-10 as a "Y2K-like expansion of the claim record," said **Chris Stahlecker**, director of the division of Medicare billing procedures with CMS's office of information services, during the call.
- CMS identified some enhancement processes that it would like to implement in its fee-for-service (FFS) applications to move toward modernization of the system.
- The 5010 form will improve the claims receipt, control, and balancing procedures, Stahlecker said. "Our objective is that although we have multiple MACs with individual systems, we want each one to perform as if it were a virtual single system. You, the provider, no matter which MAC you are exchanging transactions with, should experience very similar results."
- The HIPAA 5010 form will increase the field size for diagnosis codes from 5 bytes to 7 bytes, allowing for ease of use when the ICD-10 transition occurs. In addition, it increases the number of diagnosis codes allowed on a claim.

The 5010 form will allow ICD-9 and/or ICD-10 code values -- it won't solely accept ICD-10 codes, Stahlecker noted.

- Each MAC will be required to exercise a "certification test package" before CMS will permit that MAC to begin transitioning to the 5010 form.
- CMS recommends that you contact your system vendors "right away," to get assurance that your licensing agreement includes regulatory updates, because if it does, your implementation to the new form might be easier. Ask if the upgrade will include the 5010 versions of the new transactions, and if so, find out when the vendor plans to upgrade your system to ensure that it's before the deadline of Jan. 1, 2012.

Too confusing? If the new electronic billing changes that will be required for the new 5010 form make your head spin, don't be tempted to rely on paper forms.

CMS is trying to limit how many paper forms it receives and requires a waiver for providers who need to continue billing on paper. "Medicare FFS is very interested in moving toward electronic data interchange," Stahlecker said.

Visit [www.cms.hhs.gov/electronicbillingeditrans](http://www.cms.hhs.gov/electronicbillingeditrans) for more on the 5010 conversion.