

5010 837 Implementation

Frequently Asked Questions

Is CareOregon moving to 5010 or is it using the step-up/step-down methodology?

CareOregon has updated its systems and is able to send and receive 5010 transactions. CareOregon receives all 837's via Emdeon. If you are interested in testing, please contact Emdeon at www.hipaasimplified.com. They have their companion guides posted at the same website. CareOregon's EDI is 93975.

What if my system is not ready for 5010 by the deadline? Should I bill paper claims?

No, please continue to send your electronic claims as normal. Our clearinghouse, Emdeon, will use step-up, step-down methodology to convert your information into the correct format.

I'm hearing that I may have to change the way I bill my NPI. Is that true?

A 5010 requirement is that providers who have NPI subparts must bill with them in the Billing Provider segment to the most detailed level of enumeration and must be the same identifier sent to any trading partner.

What is a NPI subpart?

According to CMS, subparts are "organizations that would otherwise meet the tests for being a covered health care provider themselves if they were separate legal entities". For example, a clinic that included a lab and a radiology facility on site might request the original NPI and two subparts. Any claims from the lab would be required to bill with the subpart, not the clinic NPI.

So do I have to worry about CareOregon rejecting my NPI?

CareOregon relies on providers billing information listed on the claim as being accurate; we will not be investigating if providers have additional NPI's or subparts. If you do start billing with a new NPI or subpart, the claim will be

pending by matching logic and we will investigate and contact you at that time. Also, as listed on our website, anytime you want to update your address, phone number, NPI or other demographic you can always send that information in an e-mail to providerupdates@careoregon.org.

I keep hearing that there might be an issue if I use a post office box. Is that true? Do I need to update my records with CareOregon?

5010 has some restrictions on where a post office box address can be used. CareOregon's system and matching logic will still accept P.O. boxes in both 4010 and 5010 submissions.

What about zip codes? I hear that I have to use all nine digits.

That is correct, 5010 requires a nine digit zip code. While CareOregon strongly encourages billing with the full information, a five digit zip code will **not** stop the claim from being processed.

If I'm not on 5010 at implementation, what extra changes may cause issues with the 4010 to 5010 conversion?

These two 4010 to 5010 situations will cause the clearinghouse to reject your submission:

- **Ambulance diagnosis:** Diagnosis codes are required on all 837's or they will reject at the clearinghouse. According to Palmetto, ambulance services have three options:
 - Code based on observation during transport (must be an acceptable primary diagnosis billed to the highest specificity)
 - After arrival, ask the treating provider what they are using
 - Use the diagnosis code 799.9 (unspecified illness)
- **Release of Information:** 5010 has removed the Release of Information signature requirement as it's assumed that you would never violate HIPAA by billing without approval of the member. On 4010, if the claim indicates that the release is missing or not obtained, it will reject at the clearinghouse.

The situations below will be accepted by our clearinghouse and processed but will most likely result in a denied claim:

National Drug Code Quantities: NDC quantities are required in 5010, so must be included in your 4010 submission. The claim will process but will not be payable without that information.

Patient Status code: This code is required on all 5010 837I's and therefore must be submitted on any 4010's to be converted and processed.

Anesthesia: In 5010, Anesthesia Services with procedure codes that do not have a specific time period defined in the description of the code must be reported using the value of 'MJ,' which is Minutes. Reporting as units is no longer allowed. Claims will be processed, but may not be payable without the correct minutes.

What if I have other questions?

CareOregon will continue to update this FAQ as needed.

For general questions on the 5010 implementation, please refer to the CMS 5010 website pages <https://www.cms.gov/Versions5010andD0/>

For comments and questions specific to CareOregon, please send an e-mail to icd10@careoregon.org. Contracted providers can also contact their Network Relations Associate.