

## Changes to the Electronic Health Care Claim Payment/Advice – ANSI ASC X12N 835

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Health Insurance Portability and Accountability Act (HIPAA) electronic transactions must be upgraded to Version 5010 no later than January 1, 2012, per the **Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA); Final Rules**. In preparation for this transition, the purpose of this article is to communicate changes from the current HIPAA Version 4010A1 to the new version regarding remittance advice. Articles specific to the other HIPAA transactions are/will be available under separate cover. It is recommended that practice management vendors and clearinghouses refer to the version 5010 implementation guides for each transaction to identify all changes, additions and deletions.

### GENERAL 5010 INFORMATION

HIPAA Implementation guides for Version 5010 are called TR3s (Type Report 3s) and are available on the Washington Publishing Company's website at: <http://www.wpc-edi.com/content/view/817/1>

#### VERSION 5010 TR3 DOCUMENTS INCLUDED IN HIPAA MODIFICATIONS:

270/271	005010X279	Health Care Eligibility Benefit Inquiry and Response
276/277	005010X212	Health Care Claim Status Request and Response
278	005010X217	Services Review Request for Review/Response
835	005010X221	Health Care Claims Payment/Advice
837P	005010X222	Health Care Claim: Professional
837I	005010X223	Health Care Claim: Institutional
837D	005010X224	Health Care Claim: Dental

Blue Cross and Blue Shield of Alabama will replace our current proprietary Electronic Report File (ERF) with the ANSI ASC X12N 277 Health Care Claim Acknowledgment (277 HCCA) transaction during the transition to 5010. The ERF and 277 HCCA files contain claim submission status information. Additionally, the 999 transaction will replace the 997 transaction for Standard status (Level 1) and Implementation status (Level 2) reporting. A text file interpretation of the 277 HCCA will also be downloaded to FTP directories. More information about these transactions and our transition plans for them will be available soon. The Acknowledgement TR3 documents are located on the WPC website at: <http://www.wpc-edi.com/content/view/1001/1/>

#### ACKNOWLEDGEMENT TRANSACTIONS THAT BLUE CROSS WILL ADOPT FOR VERSION 5010:

999	005010X231	Implementation Acknowledgment for Health Care Insurance
277 HCCA	005010X214	Health Care Claims Acknowledgment

Additional information is available on the CMS website including documents for each transaction that list each loop, segment and data element for both versions 4010A1 and 5010 for a side-by-side comparison at: [http://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp).

### LOOP IDENTIFIERS AND DATA ELEMENTS

New data elements, changes to usage (Required, Not Used, Situational) or valid codes/qualifiers have not been outlined within this document. Make sure to pay special attention to this type of information while reviewing the 835 5010 TR3 for impact assessment.

**ATTENTION:** New data elements, changes to the Repeat count, or changes to valid codes and qualifiers have not been outlined within this document. Only changes in Usage where the segment is now Required in 5010 and was Situational in 4010A1 have been listed.

This document is intended to be used as an overview aid only and does not contradict requirements in ANSI ASC X12N implementation guidance nor is it intended to be used as a primary assessment tool. Refer to the applicable TR3 for detailed information regarding version 5010.

### 835 5010 – LOOPS REMOVED

There were no 835 loops removed for transition to Version 5010.

### 835 5010 – LOOP IDENTIFIER CHANGES

There were no 835 loop identifier changes for transition to Version 5010.

### 835 5010 - NEW LOOPS

There were no new 835 loops added for transition to Version 5010.

### 835 5010 - SEGMENTS REMOVED FROM LOOPS THAT REMAIN IN 5010

There were no 835 segments removed for transition to Version 5010.

### 835 5010 - NEW SEGMENTS IN LOOPS THAT WERE PRESENT IN 4010A1

Loop Identifier	Segment Identifier	Usage	5010 Segment Name
1000A	PER	R	Payer Technical Contact Information
1000A	PER	S	Payer WEB Site
1000B	RDM	S	Remittance Delivery Method
2100	NM1	S	Other Subscriber Name
2100	DTM	S	Coverage Expiration Date
2100	DTM	S	Claim Received Date
2110	REF	S	Line Item Control Number
2110	REF	S	HealthCare Policy Identification

TABLE 1

### 835 5010 - SEGMENT NAME ALTERATIONS

5010 Loop Identifier	Segment Identifier	4010A1 Segment Name	5010 Segment Name
1000A	PER	Payer Contact Information	Payer Business Contact Information
2100	DTM	Claim Date	Statement From or To Date

TABLE 2