



## ANSI Version 5010 Frequently Asked Questions

**1. Are insurance companies required to make the conversion to ANSI v5010?**

All covered entities must migrate to ANSI v5010 by Jan. 1, 2012. As of this compliance date, all electronic HIPAA transactions must be exchanged using ANSI v5010 standards. HIPAA-covered entities affected by this rule include health plans, clearinghouses, health information trading partners, health information networks and health care providers who transmit HIPAA transactions electronically.

**2. Is BCBSTX following the CMS-mandated timelines?**

Yes. We are following the implementation guidelines that have been adopted as part of the industry coalition, which includes the Centers for Medicare and Medicaid Services (CMS), WEDI, AHIP, AHIMA\* and others. This industry timeline includes the recommended schedules for providers, vendors and payers. To view the CMS-mandated timelines, visit the [CMS website](#).

**3. What is BCBSTX's timeline for external testing?**

BCBSTX began testing ANSI v5010 transactions in the second quarter of 2011, with a select group of providers, billing agents, clearinghouses and other trading partners who demonstrate their readiness to exchange ANSI v5010 data. Effective Jan. 1, 2012, BCBSTX will accept *only* ANSI v5010 transactions.

**4. How does a provider become an ANSI v5010 testing partner with BCBSTX?**

BCBSTX is currently developing ANSI v5010 testing criteria for providers. If you are interested in becoming a testing partner, email us at [ansi\\_icd@bcbstx.com](mailto:ansi_icd@bcbstx.com). Once identified, potential testing partners will be contacted individually regarding their testing partner status. If you use a billing service/clearinghouse, contact your vendor(s) to discuss their testing plans.

**5. Will Electronic Remittance Advice (ERA) 835 test files in ANSI v5010 be available?**

Test files will be available upon request. Email your request to, [ansi\\_icd@bcbstx.com](mailto:ansi_icd@bcbstx.com).

**6. Will ANSI v4010A1 transactions be accepted once ANSI v5010 transactions are in full effect?**

Upon the required Jan. 1, 2012, compliance date, all ANSI v4010A1 claims will be rejected by BCBSTX as invalid formats.

**7. Can providers with a direct transaction exchange send both ANSI v4010A1 and v5010 transactions?**

During the testing phase and leading up to the compliance date, BCBSTX will accept separate ANSI v4010 and v5010 transactions; however, we will not accept both in the same batch. **Note:** We will accept *only* ANSI v5010 transactions beginning Jan. 1, 2012.

**8. Will BCBSTX publish companion guides?**

Payer-specific companion guides are no longer necessary. The new implementation guides for ANSI v5010 are known as "Technical Reports Type 3" (TR3s). The Washington Publishing Company (WPC) is an independent publisher of implementation guides recognized by CMS as the industry standard. To purchase TR3s, visit the [WPC website](#).

**9. May I continue to enter a P.O. Box or lock box address in the Billing Provider Address field (Loop 2010AA) under ANSI v5010?**

The new implementation guides for ANSI v5010, now known as "Technical Reports Type 3" (TR3s), specify that: **"The Billing Provider Address must be a street address.** P.O. Box or lock box addresses are to be sent in the Pay-to Address Loop (Loop ID-2010AB), if necessary." Under ANSI v5010, electronic claims submitted with a P.O. Box or lock box instead of a physical address for the Billing Provider Address will cause the claim to reject. For details, view the "Alerts" in the Claims and Eligibility/Electronic Commerce/Alerts section at [bcbstx.com/provider](http://bcbstx.com/provider).



**10. Will BCBSTX provide training for my office staff?**

BCBSTX is offering informational webinars to provide a general overview of ANSI v5010 and ICD-10. For details on upcoming sessions, visit our [Webinar](#) page. Other than these general webinars, BCBSTX will not provide training for your office staff.

**11. Are there any fees for electronic transactions?**

BCBSTX does not charge a fee for electronic transactions. However, you should contact your vendors, practice management software suppliers, billing service and/or clearinghouse regarding any fees they may charge for electronic transactions, and/or any additional costs that may be incurred related to the upgrade to ANSI v5010.

**12. Will testing be on errata versions?**

Yes. Our development is based on errata versions. We have a version control process to ensure that our vendor partners are notified as new errata versions are released, and we will continue including the latest errata versions for testing in preparation for the Jan. 1, 2012, compliance date. For official CMS information on errata version releases, visit the [CMS website](#).

**13. Will providers who submit paper claims need to do anything for the conversion from ANSI v4010 to ANSI v5010? Will it require changing the Superbill?**

Providers submitting paper claims are not impacted by the v5010 conversion. However, now is a good time to convert to a practice management system that supports electronic medical records as well as filing electronic claims. Doing so enables providers to take advantage of government incentives, which could, in turn, help cover the related costs. It will also likely ease the conversion to ICD-10, which all covered entities must complete by October 1, 2013. The transition to v5010 will probably not require Superbill changes. However, some may be required for the ICD-10 transition.

**14. Can I submit v4010 claims after Jan. 1, 2012, for service dates before Jan.1, 2012? Will claims that are submitted in ANSI v4010 before Jan. 1, 2012, and then resubmitted afterward need to be converted to ANSI v5010?**

Use of v5010 is **submission date-driven**. So claims submitted **on or after Jan. 1, 2012**, must use the v5010 transaction set, regardless of the type of submission (original, resubmit, etc.).

**15. Will you accept ANSI v5010 transactions before Jan. 1, 2012?**

We began accepting v5010 transactions in a test environment from a select group of providers, billing agents, clearinghouses and other trading partners during the second quarter of 2011. The number of testing partners will grow as more are identified who can demonstrate their readiness to exchange v5010 data. As we progress through validating their submissions, we will begin moving this group to a live environment. For further direction and updates, work with your clearinghouse or billing service and watch for updates on our ANSI version 5010/ICD [home page](#),

*\*WEDI = Workgroup on Electronic Data Interchange, AHIP = America's Health Insurance Plans, AHIMA = American Health Information Management Association*