BlueCross BlueShield of Texas

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ANSI 5010

What providers need to know.

What does ANSI 5010 mean to your practice or facility?

The new transaction set means there will be less ambiguity in the implementation guides. You will have one new standard to handle all transactions. ANSI 5010 will also increase the usefulness of transactions such as referrals and authorizations (X12 and National Council for Prescription Drug Programs).

When you adopt ANSI 5010, there will be increased use of the electronic data interface (EDI) between all covered entities—enhancing the efficiency and economy of all communications throughout the entire health care network. In short, it will become the foundation of e-health initiatives now and in the future.

Benefits of migration

Every revision of the HIPAA electronic data interface has improved the previous version. The migration to ANSI 5010 is no different; it addresses the ambiguities and shortcomings of 4010, which can lead to overall improvements in confirming eligibility and authorizations.

Other potential benefits include:

- Improved accuracy in claims data
- Quicker turn around in payment to the provider
- Ability to handle ICD-10 codes

Why now?

Q: Why is it important NOW to take the next step into the brave new world of tomorrow?

A: Perhaps you don't see the need to migrate your medical information platform to the new ANSI 5010 standard. Or maybe you're planning to do it when the U.S. Department of Health and Human Services (HHS) mandates adoption of the ICD-10 code set.

One physician said: "I won't be using ICD-10, so I don't have to convert to ANSI 5010."

That doesn't accurately address the fact that on Jan. 1, 2012, the ANSI 5010 transaction set becomes the new mandatory standard for transmitting all HIPAA-related documentation. HIPAA covered entities that must migrate to ANSI 5010, include:

- *Providers (physicians, alternate-site providers, rehabilitation clinics, hospitals)*
- *Health plans*
- *Clearinghouses*
- *Billing agents*

So not conforming to the ANSI 5010 mandate is not an option.

Another physician was upset with the estimated cost of compliance—the expense involved in updating her office hardware systems and practice management software to process the new 837. "Why should I install ANSI 5010 at all? How does it benefit my patients and my practice?"

ICD-10 requires the upgrade to ANSI 5010. Adoption of the updated ICD-10 code set is also required by law. The updated, more comprehensive and detailed ICD-10 code set goes into effect 21 months after ANSI 5010—on Oct. 1, 2013. (The ICD-9 code set currently in use will no longer be accepted. All HIPAA covered entities will have to adopt the new ICD-10 coding standard.) Your patients will benefit from:

- *Improved diagnosis and procedural specificity*
- *Improved claims receipt, control and balancing procedures*
- *Increased consistency of claims editing and error handling…and many other benefits*

Want to continue electronic billing?

The most practical reason for moving to ANSI 5010 is to continue your automated, electronic billing. Already using ANSI 4010A1? Then you're already "electronic"—which means HHS has mandated that you upgrade to ANSI 5010. It also means your efficient connection to a revenue stream will continue flowing when you migrate to the new platform.

But there is another financial reason as well—avoiding fines for noncompliance. More about this later.

Today, more than 90 percent of all provider-payer transactions are electronic. It's more efficient and economical for everyone involved.

Solo practitioner? No high-speed Internet access? Rural or isolated location?

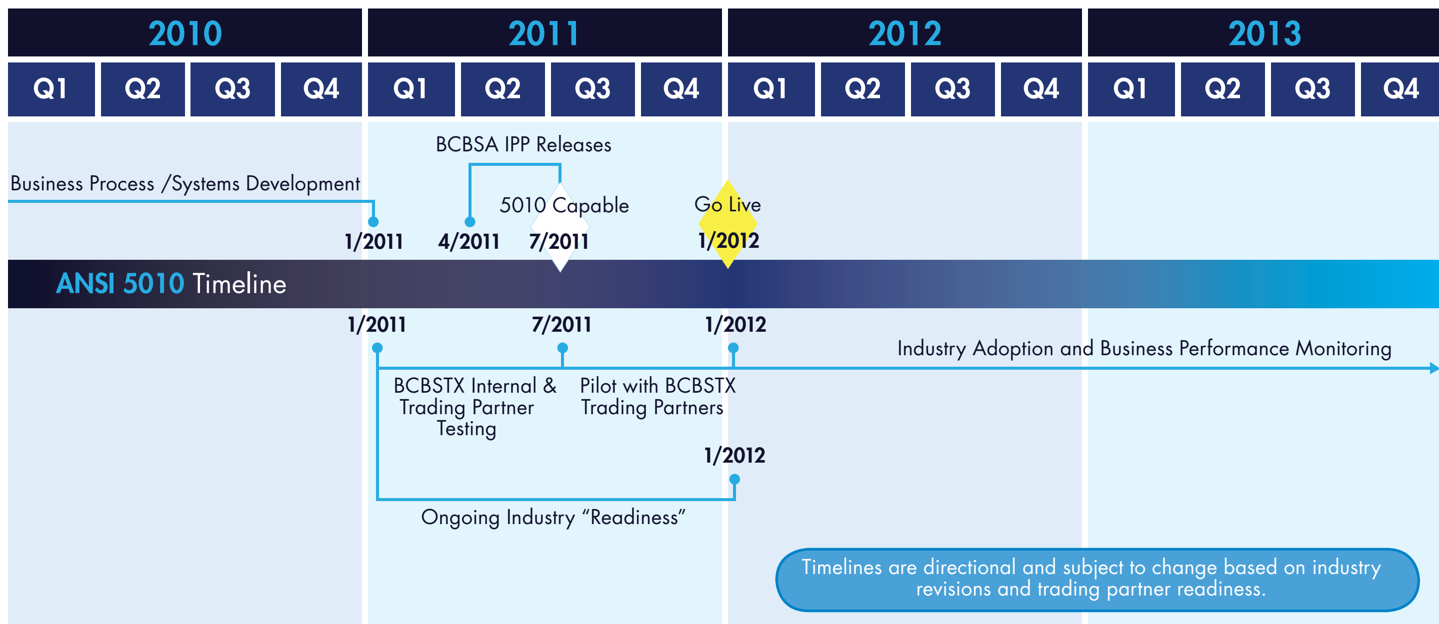
Blue Cross and Blue Shield of Texas (BCBSTX) can help by providing a list of billing services that create electronic files, process your claims and submit them as a batch with those of other providers they service.

BCBSTX processes millions of claims a year, so processing your electronic claims (and even your paper claims) will be routine. But seriously consider ANSI 5010 compliant electronic processing and payment. Turnaround is much faster, more convenient and easier to track.

Still transacting claims and payments through the mail?

If you still snail-mail your claims and receive mailed payments, you should know that turnaround is much faster when you go electronic. On the payment alone, you'll save from 4 to 10 days versus paper checks through the mail. You'll receive electronic payments as a direct deposit. No paper checks to handle. No potential for mail theft. No expensive lockbox rental.

This is the perfect time to look into electronic submitting and payments. Those continuing with paper claims will have updated documents to complete. (HIPAA regulations govern electronic transactions of private and personal health care information. For non-electronic documents (paper forms), both the UB-04 and HCFA 1500 are ANSI 5010 ready.)



From ANSI 4010A1 to ANSI 5010: What is changing?

The HIPAA 4010 electronic transaction rule was adopted in 2000 (effective date October 2002). It standardized electronic transactions between covered entities. HHS updated the standard to ANSI 4010A1 to address critical changes. In January 2009, HHS released the new ANSI 5010 transaction set. HHS has mandated that it becomes effective on Jan.1, 2012.

The number of changes varies by transaction and not all changes have implications for covered entities. Some of the key changes in ANSI 5010 are outlined below:

270-271 - Eligibility

- Requires eligibility responses to include all subscriber/dependent National Provider Identifier (NPI) data elements that the payer would require on subsequent transactions
- Requires alternate search options using member identifier and date of birth or member identifier and name
- Adds new service type codes
- Identifies primary and secondary insurance, enabling correct billing to the correct carrier

276/277 - Claim Status

- Eliminates unnecessary sensitive patient information
- Provides greater detail for status information

278 - Referral Certification and Authorization

- Adds segments for reporting key patient conditions
- Expands usage for authorizations

835 - Remittance

- Clarifies rules for use
- Improves balancing

837 - Claims

- Enables use of Present on Admission (POA) indicator
- Clarifies use of NPI

(Source: Healthcare Information and Management Systems Society)

High-level timeline for testing and implementation

BCBSTX is scheduled to make required changes to systems, portals and processes. Pilot testing is scheduled to begin in the second quarter of 2011. It will involve providers, direct submitters and clearinghouses to ensure any implementation issues are identified and addressed quickly. Full conversion is mandated for Jan.1, 2012; at that time all transactions must be in the ANSI 5010 format or they will be rejected.

Lean on your vendors for help

As a provider, your key vendors are your first line of support. These include your practice-management software supplier, billing agent, vendors or clearinghouse. Consult with them first. Put the responsibility firmly on them to get your practice or facility on a testing-and-compliance schedule. Being ahead of HHS-mandated deadlines and being compliant before it is required, makes the entire process much easier.

Perform pilot testing throughout your practice or facility to be sure there is total communications compatibility with your software and your vendors' systems. The sooner your office or facility is compliant, the sooner the benefits will show up on your bottom line.

Screens will have new look and feel

Don't be surprised by the appearance of the data fields you may see online during testing with your vendors.

In most cases, the on-screen data fields will be in approximately the same order and position as they are in today's online transactions. Many vendors are taking this opportunity, however, to change and upgrade the "look and feel" of their electronic forms for greater clarity, simplicity and ease of completion. The new code set requests more detailed reporting data, so there will be additional data fields. Take time to familiarize yourself with them.

Join the trial-testing program

How do you become a partner with BCBSTX for pilot testing? Please e-mail your interest in testing to ansi_icd@bcbstx.com and you'll get a response details.

Benefits of partnering with BCBSTX

Pilot testing is a live, real-time production test that moves you toward compliance as you learn the ins and outs of ANSI 5010 and master the new system.

You'll receive constant supervision, quick communications and rapid responses to modifications before the system goes "live" so that you can correct any glitches and gain proficiency in navigating the new standard.

Now…about ICD-10

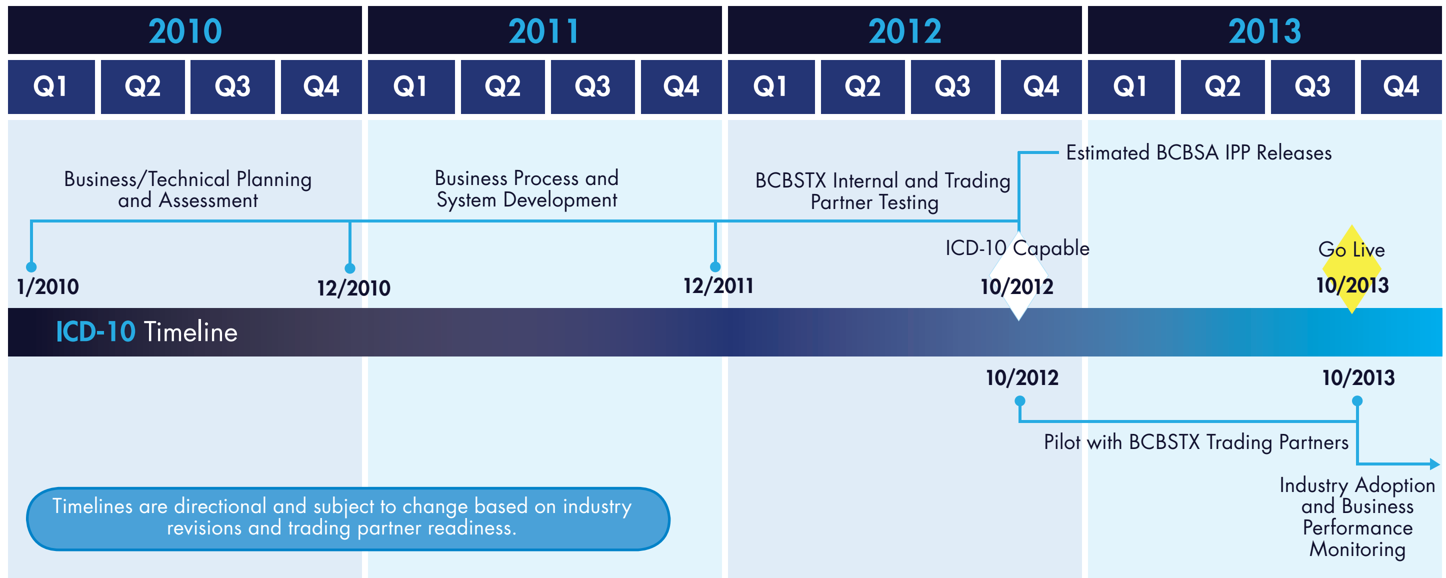
Migrating to ANSI 5010 is required because ANSI 4010A1 does not have the capacity to transmit the new ICD-10 code set.

But what does converting to ICD-10 do for you—your practice, clinic, office or hospital? With ANSI 5010 and ICD-10, you will be able to:

- Submit an ICD-10 claim in compliance with HHS-mandated requirements
- Capture accurate reimbursement by providing correct documentation for appropriate payment of services rendered and
- Help mitigate errors in submitting diagnosis and procedural codes

To receive accurate reimbursement, you must create and submit documents correctly.

Think of ANSI 5010 as the pipeline and ICD-10 as the oil—the highly detailed and clinically more accurate and discrete coding information system to help ensure precise reimbursement.



The penalties for noncompliance are significant and unavoidable

HHS has already delayed the dates for adopting the new ANSI 5010 transaction set and ICD-10 coding structure. They have warned all covered entities that the current dates are firm and non-negotiable. Experts agree that no further extensions will be granted because ICD-10 coding is a significant component of the mandated future changes. (HIPAA regulations govern electronic transactions of private and personal health care information. For non-electronic documents—paper forms—both the UB-04 and HCFA 1500 are ANSI 5010 ready.)

All covered entities must comply with the HIPAA mandates and implementation dates to continue sending and receiving HIPAA electronic transactions. The enforcement of HIPAA violations will be a process based on self-reporting in which both providers and payers can report perceived violations. The reports are mediated, and, if a covered entity is found in violation, the remediation effort will determine how the violation will be settled. Corrective actions, based on an agreed-upon plan, can be taken. Blatant and continuous violations will result in fines, penalties and potentially imprisonment.

And there are benefits

ANSI 5010 and ICD-10 will benefit all covered entities (large and small clinics, small and solo practices, hospitals, vendors, and payers). Captured data will help formulate a more precise and systematic diagnosis and procedural process locally, regionally, nationally and internationally. In time, diagnostic patterns and effective therapeutic and treatment trends will emerge to benefit all providers and patients. We know this from data developed after other industrialized countries made the conversion.

Guidelines and companion guides

BCBSTX will adhere to the implementation guidelines published by the Centers for Medicare & Medicaid Services (CMS) and other government agencies *and will not publish a companion guide to interpret stated government policies.*

BCBSTX is committed to partnering with you every step of the way to full implementation on Oct. 1, 2013, and beyond.

BCBSTX has a vested interest in your success and in the success of the entire endeavor and considers you a vital partner in achieving better quality health care through the adoption of a more accurate and accountable system.

For more information, visit bcbstx.com or e-mail ansi_icd@bcbstx.com

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