

Facility Bulletin

Subject: TIME FRAMES AND OTHER HIGH-LEVEL INFORMATION ABOUT HIGHMARK'S PREPARATIONS FOR UPGRADING TO VERSION 005010

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To: Billing Office Personnel
Chief Financial Officer
Director/Manager of Patient Accounts
Director of Information Systems

From: Highmark Blue Shield, Hospital Relations

References:

PURPOSE

This bulletin notifies providers that as mandated by federal regulations under the Health Insurance Portability and Accountability Act (HIPAA), Highmark is preparing to upgrade its electronic data interchange (EDI) transactions to Version 005010 ("Version 5010").

BACKGROUND/OVERVIEW

HIPAA regulations require that all electronic claim, remittance, eligibility and claim status transactions be upgraded to version 5010 by January 1, 2012. Highmark is committed to meeting the compliance date for this mandate and is evaluating the impacts of Version 5010 to its systems and customers. Highmark will continue to update providers on its progress toward meeting this federal deadline.

IMPACT/ACTION

All providers submitting claims electronically will be affected by this change. To ensure that their claim submission software is ready before January 1, 2012, providers should contact their vendors as soon as possible to discuss the necessary changes, including the high-level changes listed below:

Electronic Claims and Remittance Advice Transactions (837 and 835)

- Highmark is working to be ready to accept Version 5010 837I and 837P claim transactions and create 835 remittance transactions by late summer 2010.
- All providers sending electronic claims and receiving electronic remittance advices must use the Version 5010 transactions by January 1, 2012.
- Conversion to Version 5010 accommodates the use of the International Classification of Diseases, Tenth Revision (ICD-10) code sets, which are not supported by the current version 4010A1 transaction set. Use of actual ICD-10 codes is scheduled to begin on October 1, 2013.
- Under Version 5010, the National Provider Identifier (NPI) must be used for reporting and billing in the 837 claim transaction. If a Highmark-assigned provider number is included on a claim, it will not be used in processing. Electronic claims without an NPI would be rejected. (When the billing provider's NPI is associated with more than one Highmark-assigned provider number, the Provider Taxonomy Code correlating to the contracted specialty must be submitted in addition to the NPI. This enables the accurate

- application of the provider's contractual business arrangements with Highmark.)
- In all claim submissions, providers will need to report a nine-digit zip code for the **Billing Provider** and **Service Facility Location**. **0000** is not a valid value in the last four digits of the zip code. Claims reporting zip codes with fewer than nine digits or reporting **0000** in the last four digits will be rejected.
- Claims reporting a Post Office box number in the Billing Provider address will be rejected.

Claim Transaction Acknowledgments (999 and 277CA)

The changes below will occur *when a provider begins to use Version 5010 for its electronic claim submission (837) transactions:*

- Highmark will use Version 5010 standardized acknowledgment transactions within the claim submission and editing process.
- The provider will no longer receive the current 997 (Functional Acknowledgment) transaction. It will be replaced by the **005010X231 999** transaction (Implementation Acknowledgment for Health Care Insurance).
- Highmark will no longer create a text-based, printable Claim Acknowledgment report. All Trading Partners submitting 837 claim transactions in Version 5010 must be able to accept the **005010X214 277 Health Care Claim Acknowledgment (277CA)** transaction.

In addition, providers should be aware that Highmark's Real-Time Estimation and Adjudication processes will be converted to use the Version 5010 transactions. Providers wishing to integrate this functionality into their claim submission software should also bring this to the attention of their vendor.

TIME FRAME

Providers are asked to keep the following time frames in mind when planning for their own implementation of Version 5010.

- **After December 31, 2011**, all electronic claim, remittance, eligibility and claim status transactions between Highmark and providers must use only Version 5010 transactions. Version 004010A1 transactions cannot be accepted after that date.
- Highmark is working to be ready to accept Version 5010 837 claim transactions and create Version 5010 835 remittance transactions by **late summer 2010**.
- Highmark plans to update its Inquiry transactions (270/271 Eligibility, 276/277 Claim Status and 278 Authorizations) to Version 5010 in the **second quarter of 2011**. This will align Highmark with current Blue Cross and Blue Shield Association plans to update BlueExchange[®] and other supporting systems to Version 5010.

Highmark will communicate additional information, including updates to its plan for transition to Version 5010, via bulletins and NaviNet[®] Plan Central announcements. Providers and their vendors are also welcome to work directly with Highmark's EDI Operations Department on issues related to this transition.

ASSISTANCE

Inquiries about Electronic Edit Reports or Changes to Electronic Transactions

Questions about electronic edit reports or changes to electronic transactions should be directed to your facility's software vendor(s), or to Highmark's EDI Operations Department (1-800-992-0246).

Inquiries about Other Topics Related to This Bulletin

Other questions about this bulletin may be directed to the appropriate Facility Customer Service Unit, based upon the product under which the member has coverage:

For members with coverage under...	Contact Facility Customer Service at...
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FreedomBlue PPO	1-866-588-6967
FreedomBlue PFFS	1-866-675-8635
Commercial products	1-866-803-3708

Inquiries About Eligibility, Benefits, Claim Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark encourages providers to use the electronic resources available to them -- NaviNet and the applicable HIPAA transactions -- prior to placing a telephone call to Facility Customer Service.

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BlueExchange is a registered service mark of the Blue Cross and Blue Shield Association.

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