

Bulletin



February 28, 2011

Important update as Blue Cross prepares to receive HIPAA 5010 transactions

This bulletin provides an important interim process that you need to be aware of as Blue Cross and Blue Shield of Minnesota, Blue Plus and BlueLink TPA (Blue Cross) prepare to convert to HIPAA 5010.

Blue Cross has been preparing for the implementation of the HIPAA version 5010 for electronic transactions. We plan to be ready to accept the base and errata version of the HIPAA 5010 837 Institutional and Professional Claims transactions during the 2nd quarter of 2011. A specific date will be communicated shortly. We highly recommend the continued submission of the HIPAA version 4010A1 until notification of our 5010 base and errata readiness is communicated.

What is the interim process and how does it affect me?

Effective now and until Blue Cross implements HIPAA 5010, if you or your clearinghouse choose to send HIPAA 5010 Institutional or Professional claims to Blue Cross prior to our ability to accept those transactions, the claims will be down-converted to version 4010A1 by either your clearinghouse or our clearinghouse, Availity. All down-converted claims will be adjudicated and reimbursed using the 4010A1 data received from the down-converted transaction.

Since 5010 transactions have expanded data elements for some code sets, it is possible that not all information pertinent to the claim will get to Blue Cross. For example, a 4010A1 Professional claim can report up to eight (8) diagnosis codes. A HIPAA 5010 professional claim can report up to 12 diagnosis codes. Blue Cross will not receive the 9th through 12th diagnosis codes on down-converted claims. Blue Cross employees will not have access to the original 5010 transaction to view data elements that could not be included due to the down-converted translation. As a result, Blue Cross will not be able to adjust to add data elements to the claim.

In order to have a claim reprocessed using one of the data elements not included due to the down-converted translation to 4010A1, providers will be required to submit a replacement claim making sure that the element is properly placed in the transaction so it is included in the down-converted translation.

Claims failing 4010A1 compliance due to the down-converted process cannot be sent to payers as paper claims. Again, it is recommended that providers continue to send the HIPAA version 4010A1 until our 5010 base and errata readiness is communicated.

To facilitate submission of claims and replacement claims, Blue Cross has secured the services of Availity to provide free web-based services for provider data entry of AUC compliant claims. To learn more about submitting claims using Availity, please visit their website at availity.com. Availity connects to more than 1,000 payers and is the exclusive clearinghouse service utilized by Blue Cross.

As a second option, Blue Cross, along with several other large Minnesota group purchasers, have secured the services of Infotech Global, Inc. (IGI) to provide free web-based services for provider data entry of AUC compliant claims. To learn more about submitting claims using IGI, please visit their website at mneconnect.com. Claims submitted to IGI will be routed through Availity to Blue Cross.

Additional information

If you would like more information on the HIPAA 5010 base and errata, we recommend you visit the following websites, health.state.mn.us/auc or wpc-edi.com.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.

BlueLink TPA is an independent licensee of the Blue Cross and Blue Shield Association serving residents and businesses of Minnesota.

Availity LLC is an independent company providing claims administration services.