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***FOCUSED EXPERIENCE IN ACTION***  
***LEGAL TECHNOLOGY WITH PERSONAL SERVICE***

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## **ARE YOU READY FOR HIPAA 5010?**

On January 1, 2012, covered entities will be required to conduct the current HIPAA electronic transactions using the upgraded 5010 version. Such transactions include claims submission, remittance advice, eligibility, claims status, referral authorizations, and others.

In order to successfully implement the 5010 transactions, covered entities should take the following steps if they have not already been completed. This will help to avoid rejected claims and cash flow interruptions.

1. Review the details involved in the upgrade and assess the impact the change to HIPAA 5010 will have on your business operations and systems.
2. Contact your vendors for specific information regarding the installation of upgrades to your system. Also, contact your clearinghouses, billing service, and payers for preliminary information on when they expect their upgrades will be completed and they will be ready to accept the 5010 transactions.
3. Have your vendor install the necessary 5010 upgrades. Remember that the timing of the system upgrades will depend on your vendor's readiness, both with respect to product development and scheduling.
4. Once the upgrades are completed, internally test your systems to make sure you can generate the 5010 transactions. Allow extra time to resolve any issues that may arise and work with your vendor to address these. It is important to make sure that staff members are properly trained on the 5010 transactions as part of this process.
5. Contact your clearinghouses, billing service, and payers to conduct external testing with them. This will help to ensure that you can send and receive the transactions properly.
6. After you have completed external testing, you may switch to using only the 5010 transactions. You are permitted to begin using the 5010 transactions prior to the compliance date, as long as you and the other organization are in agreement with the early conversion.

### **Important Dates to Keep in Mind:**

**January 1, 2012** – Covered entities must use only 5010 transactions as of this date. The 4010 transactions will be rejected.

**January 1, 2012 to March 31, 2012** – The first 90 days is a period of discretionary enforcement. A covered entity generally will not receive penalties for failing to comply with HIPAA 5010 as long as it is making reasonable efforts to follow the requirements.

**October 1, 2013** – The industry switches from the ICD-9 to the ICD-10 diagnosis and procedure code sets.

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