



What is HIPAA 5010?

HIPAA X-12 version 5010, and NCPDP version D.0 (pharmacy claims), are new standards that regulate the electronic transmission of specific health care transactions. The corresponding current transaction standards are X-12 version 4010A1, and NCPDP version 5.1.

As of **January 1, 2012**, all covered entities, such as health plans, health care clearinghouses, pharmacies, and health care providers (hospitals, physicians, dentists, etc.) are required to conform to HIPAA 5010 standards.

What transactions are specified in the HIPAA 5010?

270/271	Eligibility benefit inquiry and response
276/277	Claim status request and response
278	Authorization request and response
820	Payroll deducted and other group premium payment for insurance products
834	Benefit enrollment and maintenance
835	Claim payment/advice
837	Health care claim (professional, institutional and dental)
NCPDP D.0	Pharmacy claim

Why is it necessary to upgrade to HIPAA 5010?

By standardizing transaction content, 5010 makes it easier for payers and clearinghouses to more consistently process claims. Drug claims, for example, will always contain a drug unit count and a drug measurement type (e.g. gram or milligram) when a National Drug Code (NDC) is used.

HIPAA 5010 also lays the groundwork and provides the much-needed software structure to accommodate the increased size and complexity of the upcoming mandatory adoption of **ICD-10** code sets scheduled for implementation on October 1, 2013.

UHA timeline

UHA is currently testing with some trading partners on 5010 claim processing. Eventually all trading partners will be contacted to do the same. UHA will be fully compliant to accept 5010 electronic transactions by the compliance date of January 1, 2012.

If you have any questions, please contact:

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