

Common 5010 Professional Rejections and Requirements

RelayExchange™ Transaction Services

Reminder: You must comply with these updates to avoid rejections

October 20, 2011

RelayHealth has been actively testing 5010 claim transactions with Medicare, Medicaid, BlueCross BlueShield, and commercial payer lines of business. Through our extensive testing we have identified that each payer line of business is continuing to reject test claims from providers because they do not meet 5010 Errata requirements. **You are responsible for making updates to your current production environment to ensure your smooth transition to 5010 production standards.**

- **National Provider Identifier (NPI)**
 - The NPI of the organization health care provider or its subpart is reported as the Billing Provider in Data Element NM109 of Loop 2010AA.*
 - If the organization health care provider has enumerated subparts, then it is required that the subpart's NPI be reported as the Billing Provider.
 - The subpart reported as the Billing Provider must always represent the most detailed level of enumeration.
 - Must use the same organizational health care provider's or subpart's NPI for all the payers to whom you submit claims.
 - Review subpart enumeration schemas
 - If re-enumerating, communicate those changes to your business partners (payers, clearinghouses, trading partners, etc).
 - May require enrollment or system updates for your business partners in order for them to identify new or changed numbers for your organization.
 - Contact your business partners' Enrollment Department for instructions on updating your NPI in their systems.
 - Update the National Plan and Provider Enumeration System (NPPES).
 - Service Facility NPI
 - NPI is not allowed within the Service Location for health care providers except when the Service Location is not part of the Billing Providers' organization.
 - Must be an external entity to the Billing Provider identified in Loop 2010AA,* for example, an Independent Reference Laboratory.
 - Subparts with unique NPIs from the Billing Provider may no longer be sent in the Service Location and must be sent as the Billing Provider for the claim.
 - Loops 2310C and 2420C,* Data Element NM109
 - Rendering Provider NPI
 - If the Rendering Provider NPI represents an organizational provider, then it must be an entity external to the Billing Provider.
 - Individual NPIs will only be allowed to be sent as the billing NPI when services were performed by, and will be paid to, an independent, non-incorporated individual.
 - Loops 2310B and 2420A,* Data Element NM109

[*Get the details on Loop data and full 5010 Change Impacts documentation.](#)

- **COB Balancing**
 - COB data is required to balance the claim after adjudication by the Other Payer identified in Loop 2330B/2400.*
 - Remaining Patient Liability is a new AMT segment and is the remaining amount to be paid after adjudication by the Other Payer.
 - COB Payer Paid Amount is reported in an additional AMT segment.
 - Claim or Line Level Adjustments must be reported in the CAS segment to report prior payers' claim level adjustments.
 - Amounts and Adjustments must balance to the total claim charge amount at both the claim and service line levels.
 - Loops 2320 and 2430,* Segments AMT and CAS

- **Admission Date**
 - Required for all claims with inpatient medical visits and for all ambulance claims when the patient was known to be admitted to the hospital.
 - Must be on or before the Discharge Date.
 - Required when Place of Service is Inpatient 21, 31, 51, or 61.
 - Must not submit Admission Date on claims for which it is not required.
 - Loop 2300,* Data Element DTP03

- **Discharge Date**
 - Required for inpatient claims when the patient is discharged.
 - Must be on or after the Admission Date.
 - Must not submit Discharge Date on claims for which it is not required.
 - Loop 2300,* Data Element DTP03

- **Anesthesia Services**
 - Minutes are required for Anesthesia claims, units are no longer accepted.
 - Loop 2400,* Data Element SV103

- **Procedure Code**
 - Must be sent with value of 'HC' Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes.
 - RelayHealth will reject claims that do not contain a value of 'HC'.
 - Loop 2400,* Data Element SV101

- **Health Care Diagnosis Code**
 - Must be sent with value of 'BK' ICD-9-CM until ICD-10-CM takes affect 10/01/2013.
 - RelayHealth will reject claims that do not contain a value of 'BK'.
 - Loop 2300,* Data Element HI01-1

- **Drug Quantity**
 - The CTP segment has changed from situational to required when Loop 2410, LIN03 National Drug Code (NDC) is present.
 - RelayHealth will reject claims that do not contain the Drug Quantity when NDC is present.
 - Loop 2410, Data Element CTP04

[*Get the details on Loop data and full 5010 Change Impacts documentation.](#)

Please review the following items which may require enrollment updates with your payers:

- **9 Digit Zip on Select Fields**
 - 5010 standards require a 9 digit zip code for both the Billing Provider and Service Facility Location.
 - Providers may begin submitting full 9 digit Zip Codes prior to their 5010 conversion.
 - **If a 9 digit zip code is not sent, RelayHealth will edit in “0000” for the missing last four digits. However, if a payer does not accept that, RelayHealth will reject the claim.**
 - **NOTE: Medicare will not allow “0000” for the last four digits.**
 - Please work with your payers now to update crosswalks with your 9 digit zip code.
 - Loops 2010AA, 2310C and 2420C/Data Element N403

- **Billing Provider Address**
 - The Billing Provider Address is required to be a physical address.
 - PO Box or Lock Box addresses are to be sent in the Pay-To Address when necessary.
 - **RelayHealth will reject claims that contain PO Box or Lock Box anywhere in the Address.**
 - **For example: PO Box, Box, P.O. , P.O. Box, P.O.Box, P O Box, POBox**
 - This change may potentially affect contractual reimbursement if used as a data element by a payer to crosswalk NPI and subsequently may require coordination with the payer. Please work with your payers now to update crosswalks with a street address.
 - Professional Loop 2010AA, Data Elements N301 and N302

We encourage you to start sending 5010 production claims to the 5010 live payers.

[*Get the details on Loop data and full 5010 Change Impacts documentation.](#)