



Claims and HIPAA 5010

ATTN: ALL PROVIDERS

*Time is running out! **Don't jeopardize your reimbursement! Act now!***

The federal government has mandated the transition from HIPAA 4010A1 to HIPAA 5010 for electronic transactions effective **January 1, 2012**. This includes electronic claims as well as other standard electronic files. We would like to highlight some of these changes for you, our valued providers.

We are also in communication with clearinghouse vendors and will be working with them very closely during the next few months to ensure compliance.

To avoid any interruption in cash flow, please be sure to include the information below on your claims. Contact your billing service, practice management software vendor or clearinghouse to verify that your claims will be compliant with the new changes. These changes will be effective **January 1, 2012**.

- Physical street address for billing provider (if a P.O. Box is given, the claim will be rejected)
- National Provider ID --NPI
- Provider secondary ID (such as a valid CalOptima, Medi-Cal or State License ID number)
- 9 digit ZIP code (ZIP+4)
- Diagnosis code for patient reason for visit
- Additional diagnosis-related information (when available)
- Specialty information – taxonomy codes
- Co-pays (when they apply)
- Coverage of Benefits (when known)

Contact Provider Relations with any questions you may have about this change at 714-246-8600.

Additional information is available on the CMS website at https://www.cms.gov/electronicBillingEDITrans/18_5010D0.asp.