

## LTC Encounter HIPAA 5010 Test Submission and Verification Process

### Timing and Cut-Over

Compliance with **5010 HIPAA** Standard is mandatory by January 1, 2012

All MCO's and/or Supporting TPAs must submit a successful 5010 Encounter test file to the Encounter IAT test region during the fourth quarter of 2011.

Testing must occur prior to submitting anything under the new 5010 format in the Encounter reporting production region.

Beginning with Oct posting dates (i.e., November xml submission of October data), the LTC Encounter production application will accept both the current format and the 5010 release formats.

The 5010 editing for new required fields will not be enforced until Jan 2012 posting dates, however the required fields (that are not currently required) will be flagged as warnings within the Encounter application.

### Scope of LTC Encounter Testing

All LTC Encounter Reporting submitters need to have a successful and approved test submission that shows that they are prepared for HIPAA 5010 data collection/submission.

Testing involves ensuring that xml submissions pass both Parser and Content edit testing.

Details concerning new Parser and Content edits can be found on the Encounter Documentation website under "Upcoming 5010 Changes" link.

Users to coordinate all testing with Bob Haessly and submit test files to the following Encounter Test Environment; <https://iatlencounter.forwardhealth.wi.gov/ltcencounter-noframes/secureLogin.html>

HIPAA 5010 testing can be broken down into the following four areas:

#### 1. New Data Elements / Fields

While majority of new fields are optional, we strongly encourage you to test each field for both parser and content edits.

## 5010 NEW FIELDS for LTC Encounter LOB's FC, FCP, IRIS and CW

FIELD NAME	FORMAT	LENGTH
Ambulance Drop Off Location	Alphanumeric	60
Anesthesia Related Surgical Procedure Primary	Alphanumeric	30
Anesthesia Related Surgical Procedure Secondary	Alphanumeric	30
Benefit Stage Amount	Numeric (2 dec)	9
Benefit Stage Count	Numeric	1
Benefit Stage Qualifier	Numeric	2
Billing Provider Secondary Identifier	Alphanumeric	50
Care Plan Oversight Number	Alphanumeric	50
EPSDT Condition Code 1	Alphanumeric	3
EPSDT Condition Code 2	Alphanumeric	3
EPSDT Condition Code 3	Alphanumeric	3
External Cause of Injury Code 2	Alphanumeric	30
External Cause of Injury Code 3	Alphanumeric	30
External Cause of Injury Code 4	Alphanumeric	30
External Cause of Injury Code 5	Alphanumeric	30
External Cause of Injury Code 6	Alphanumeric	30
External Cause of Injury Code 7	Alphanumeric	30
External Cause of Injury Code 8	Alphanumeric	30

External Cause of Injury Code 9	Alphanumeric	30
External Cause of Injury Code 10	Alphanumeric	30
External Cause of Injury Code 11	Alphanumeric	30
External Cause of Injury Code 12	Alphanumeric	30
Health Plan Funded Assistance Amount	Numeric (2 dec)	9
Length of Need Qualifier	Numeric	2
Non Covered Amount	Numeric (2 dec)	10
Obstetric Additional Units	Numeric	15
Patient Reason for Visit 1	Alphanumeric	30
Patient Reason for Visit 2	Alphanumeric	30
Patient Reason for Visit 3	Alphanumeric	30
Patient Residence	Numeric	2
Pay to Plan Organizational Name	Alphanumeric	60
Payer Paid Amount	Numeric (2 dec)	10
Pharmacy Service Type	Numeric	2
Remaining Patient Liability Amount	Numeric (2 dec)	10
Rendering Provider Name Suffix	Alphanumeric	10
Rendering Provider Secondary Identifier	Alphanumeric	50

## 2. Data Element / Field Length Changes

All changes involved expansion of existing field sizes.

### Family Care and IRIS

<b>FIELD NAME (LTC)</b>	<b>FIELD NAME (HIPPA)</b>	<b>4010 LENGTH</b>	<b>5010 LENGTH</b>
Billing Provider First Name	Billing Provider First Name	25	35
Billing Provider Last Name or Organization	Billing Provider Last Name or Organization	35	60
Claim Adjustment Reason Code	Claim Adjustment Reason Code	3	5
DCN Primary	Primary DCN	26	50
DCN Secondary	Secondary DCN	26	50
DCN Tertiary	Tertiary DCN	26	50

Recipient First Name	Patient First Name	25	35
Recipient Last Name	Patient Last Name	35	60
Rendering Provider First Name	Rendering Provider First Name	25	35
Rendering Provider Last Name	Rendering Provider Last Name	35	60

### Family Care Partnership

<b>FIELD NAME (LTC)</b>	<b>FIELD NAME (HIPPA)</b>	<b>4010 LENGTH</b>	<b>5010 LENGTH</b>
Billing Provider First Name	Billing Provider First Name	25	35
Billing Provider Last Name or Organization	Billing Provider Last Name or Organization	35	60
Claim Adjustment Reason Code	Claim Adjustment Reason Code	3	5
DCN Primary	Primary DCN	26	50
DCN Secondary	Secondary DCN	26	50
DCN Tertiary	Tertiary DCN	26	50
Recipient First Name	Patient First Name	25	35
Recipient Last Name	Patient Last Name	35	60
Rendering Provider First Name	Rendering Provider First Name	25	35
Rendering Provider Last Name	Rendering Provider Last Name	35	60
External Cause of Injury Code	External Cause of Injury	6	30

Prescription Number	Prescription Number	8	50
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### Children's Waivers

<b>FIELD NAME (LTC)</b>	<b>FIELD NAME (HIPPA)</b>	<b>4010 LENGTH</b>	<b>5010 LENGTH</b>
Billing Provider First Name	Billing Provider First Name	25	35
Billing Provider Last Name or Organization	Billing Provider Last Name or Organization	35	60
Claim Adjustment Reason Code	Claim Adjustment Reason Code	3	5
DCN Primary	Primary DCN	26	50
DCN Secondary	Secondary DCN	26	50
DCN Tertiary	Tertiary DCN	26	50
Recipient First Name	Patient First Name	25	35
Recipient Last Name	Patient Last Name	35	60
Rendering Provider First Name	Rendering Provider First Name	25	35
Rendering Provider Last Name	Rendering Provider Last Name	35	60

### 3. Data Element Tag Name Changes

Existing data elements are being re-named;

- "type\_of\_bill\_code" changed to "type\_of\_bill"
- "patient\_status\_code" changed to "patient\_discharge\_status"
- "external\_cause\_of\_injury\_code" changed to "external\_cause\_of\_injury\_code\_1" through 12

### 4. Required Fields

"claim\_type" will be required on all non-member share records, plus other situational fields dependent on claim type values.