

“Errata”: What It Is and What It Means for Practices

This is the seventh fact sheet in a series and is focused on the 5010 errata. Collectively, the fact sheets will provide information, suggestions, guidance, and checklists to assist you with understanding what you need to do to be HIPAA compliant.

“Errata” is the term used by ASC X12 for any corrections to the original version of the transaction. Publication of an errata document is the process for making non-substantive corrections to a published version of a transaction.

Several errors were identified in 5010 HIPAA standard transactions that were adopted by the Department of Health and Human Services (HHS) in January 2009. The errors were found after the public comment periods and publication of the implementation guides, known as Technical Reports Type 3 (TR3). The errors were determined to be maintenance changes and are not substantive. They correct typographical-type errors, correct technical requirements, and clarify reporting requirements. They are not considered controversial and are essential to proper implementation of the transactions.

Following a thorough review by ASC X12, errata documents were published for each affected transaction. On October 13, 2010, HHS published a notification that adopts the errata documents for the applicable 5010 transactions. Therefore, the standard transactions that are required under HIPAA is the 5010 **plus** errata version.

The publication of the errata documents and their subsequent adoption by HHS as the standard does not change the 5010 compliance date. All covered entities must use only the 5010 (with errata) transactions as of January 1, 2012.

Transactions with Errata

The following are the transactions that have errata.

- Health claims or equivalent encounter information
 - Professional (837P)
 - Institutional (837I)
- Health care payment and remittance advice (835)
- Eligibility for a health plan (270 – request and 271 – response)
- Enrollment and disenrollment in a health plan (834)

What Does This Mean for Your Practice?

You need to immediately contact the vendors you use for creating and receiving HIPAA standard transactions (usually your practice management software vendor or electronic health record (EHR) vendor if you use an EHR with an integrated practice management module). If you have already undergone installation of the 5010 upgrades for any of the above transactions, you need to talk to your vendor about when they will have the errata changes completed and installed in your system.

If you have not undergone the installation of the 5010 upgrades, you need to talk to your vendor about when they will have the 5010 plus errata changes completed and ready for installation in your system. At this point, you may wish to wait until your vendor can do the complete installation. Be firm with your

vendor, if necessary, about the need to have the entire upgrade complete prior to the compliance date. It is your responsibility to be ready with the 5010 (with errata) transactions on January 1, 2012.

How Does the Errata Affect Testing?

The year 2011 has been designated as the time to complete external testing with trading partners (clearinghouses and payers). Contact the trading partners with whom you intend to conduct testing. You will want to discuss with them their approach to testing. Will they be testing 5010 only and then re-testing later for errata? Or, will they wait and test 5010 plus errata at one time. In terms of the workload of testing and disruption in your practice, it may be best to wait and test the complete 5010 plus errata transactions. You may, however, make a business decision to test in stages if that is the approach being taken by your clearinghouse or larger payers. The key point is that you test with your trading partners before the compliance date to ensure your 5010 (with errata) transactions are being sent and received properly.

With the 5010 implementation, practices may switch to sending and receiving 5010 only transactions in full production mode prior to the January 1, 2012 compliance date, if you and the other organization are both in agreement to do so. It is recommended that you wait until you have 5010 plus the errata upgrades completed prior to converting to production mode, or “go live”, with the 5010 transactions. There are benefits to being finished with the implementation and testing of the 5010 (with errata) transactions and moving to the production mode prior to January 1, 2012. You will know that for those clearinghouses and payers with whom you have completed the switch, your transactions will continue to process smoothly after the compliance date. But, switching to production for the 5010 transactions without errata changes may complicate your overall transition to the 5010 (with errata) transactions.

What If You Use a Billing Service or Clearinghouse?

If you use a billing service or clearinghouse that sends and receives the HIPAA electronic transactions on your behalf, you need to make sure they have implemented and tested the 5010 plus errata transactions. They will decide which approach to the implementation and testing best meets their business needs. You should obtain written confirmation that they have completed their implementation and testing and are prepared to send and receive the 5010 (with errata) transactions as of the compliance deadline.

Summary

Minor corrections made to several of the 5010 transactions, called “errata”, have been adopted by HHS as part of the 5010 transaction standard that is required to be implemented as of January 1, 2012. Talk to your applicable vendor, billing service, and/or clearinghouse about their plans to make sure that your transactions will be the required 5010 plus errata version as of the compliance date.

Upcoming HIPAA Dates:

January 1, 2012 – Compliance with version 5010 transactions

October 1, 2013 – Compliance with ICD-10 code sets

**Visit the AMA’s website for more resources for
implementing the HIPAA 5010 transactions.**

www.ama-assn.org/ao/5010