



Aetna Provider eSolutionsSM

Claim Acknowledgement and Claim Pending Status Information

5010 Transaction Upgrade Regulatory Update August 2010

The 5010 Transaction Upgrade

The U.S. Department of Health and Human Services (HHS) published a final rule January 16, 2009 adopting X12 version 5010 for HIPAA electronic health care transactions. Exclusive use of version 5010 by HIPAA Covered Entities is required by **January 1, 2012**. (Visit the [HHS website](#) for details.)

If you electronically submit or receive provider transactions (claim, claim status inquiry, eligibility, referral, precertification or electronic remittance advice), you may notice some differences in the information you need to input, as well as information you receive in the transaction response. These changes may occur at different times between August 2010 and December 2011, depending on whether the required changes are performed by Aetna or by the vendors or clearinghouses involved in processing your transactions.

Aetna will provide additional information about the changes we are making at [Aetna.com](#). Information specific to [Aetna's secure provider website](#) via NaviNet[®] and [Aetna EDI ConnectSM](#) will be made available on those websites as well. Your vendor or clearinghouse should also offer you specific information on the changes that may affect you.

Aetna will have its suite of upgraded transactions available for testing by **directly connected vendors and clearinghouses** as early as **January 1, 2011**. If you submit your transactions using vendor software through a clearinghouse or a vendor website, we recommend you review their information sources or contact them to discuss their 5010 timeline. You may also wish to ask your vendor or clearinghouse about specific changes you'll experience based on changes they will be implementing.

Highlights

This document will cover:

- Transaction Content Changes for:
 - 5010 Claim Acknowledgement (277CA)
 - 5010 Claim Pending Status Information (277P)
- Delivery Timing
- 5010 Readiness

Transaction Content Changes for 5010 Claim Acknowledgements (277CA) and Claim Pending Status Information (277P)

We are converting Claim Status transactions to version 5010 to conform to industry recommendations. Aetna will create version 5010 claim status formats whenever we receive version 5010 claims.

The current formats (version 4010) will continue to be used to respond to current (version 4010) claims. Note that some clearinghouses and vendors have indicated they will convert claims between versions 4010 and 5010 before delivering them to us and other payers. As a result, the date when you begin receiving version 5010 reports may differ from the date that your system actually begins generating version 5010 claims.

As a result of the use of the new formats

- We will return details about the service line that was the cause of the rejection.
- The maximum number of claim status messages sent at the claim level will increase to 9.
- Up to a maximum of three claim status messages will be sent at the line level.
- When a claim or services within the claim are pended, you will receive a more detailed claim status message.

While we have outlined the changes we are aware of in the Claim Status (277CA and 277P) transactions based on the 5010 transaction upgrade, how your vendor presents these changes may differ. Please contact your vendor for information on other changes you may experience based on changes they will be implementing.

Note: Claim Status messages are not sent for finalized claims. Information about benefits determination for the services on a finalized claim is found in the Electronic Remittance Advice (835) or other explanation of medical benefit.

Delivery Timing

- All 5010 Claim Acknowledgements (277CA) claim status messages will be delivered according to the current schedule used for acknowledgements for version 4010 claims.
- Status reported via the 5010 Claim Acknowledgements (277CA) is developed for each claim during Aetna's internal pre-adjudication claim screening and routing process. For some claims, an initial acknowledgement response will be sent and updated after claim information needed for routing has been manually verified. As a result, status information for claims received in a single batch of claims may be returned within one or more batches of 5010 Claim Acknowledgements (277CA).
- Pended claim status messages will be sent once daily.

5010 Readiness

- If you use a Web-based solution, refer to the appropriate website(s) for information about 5010 transaction changes.
- If you submit electronic transactions using computer software, contact your computer system vendor support area for assistance.
- We recommend you obtain any necessary software upgrades well in advance to help ensure successful transition before the January 1, 2012 compliance date.
- Check with your vendor or software supplier about their 5010 readiness and testing plan.