



Aetna Provider eSolutionsSM

Precertification Add and Precertification Inquiry[†]

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, 2010 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.

† Note: While Precertification Inquiry is not a HIPAA-covered transaction, Aetna will upgrade it for consistency across supported electronic transactions.

Aetna will provide 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 sites 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:

- National Provider Identifier (NPI) Enforcement
- 5010 Precertification Transaction Input and Response Changes
 - Level of Care
 - Ambulance Address and Round Trip Reason Description
 - Certification Number Designation
 - Ability to request additional Bed Types for Admissions
 - Increased User Friendly Response
- Opportunities
- 5010 Readiness

NPI Enforcement

Federal regulations require you to identify yourself using your NPI in the HIPAA-standard Precertification Add electronic transaction. Aetna will reject any version 5010 Precertification Add transaction that does not include an NPI as your primary identifier. For more information, [refer to FAQs](#).

NPI exemption for noncovered entities

If you are not a health care provider as defined under HIPAA and the regulations do not apply to you, your transactions will be processed with other identifiers if we have been advised of your exempt status. To notify us of your noncovered entity status, submit the [NPI Exemption Notification Form](#).

5010 Precertification Transaction Changes

Input Changes

- Submission of precertification transactions in the new 5010 version will require the submitter to indicate the level of care if it is **not routine**. Options and guidelines for selection of the appropriate **level of care** are:
 - **Emergency**
Should be selected when the patient is admitted to the facility after services are rendered in the emergency room.
Example: The patient requires an admission after the emergency room visit.
 - **Urgent**
Should be selected when care for services are needed within 24 to 72 hours from the time the precertification request is submitted.
Example, the patient is directly admitted to the hospital at the request of the Attending or Primary Care Physician.
 - **Elective**
Should be used for all non-emergent, non-urgent, or non-routine requests for care.
Example: The patient requires a future scheduled surgical procedure such as a gastric bypass, or venous ligation.
- Additional Bed Type options will be available in the request. The additional Bed Type options are:
 - Burn Care
 - Intensive Care
 - Residential Psychiatric Treatment
 - Coronary Care
 - Neonatal Intensive Care
 - Transitional Care and Transitional Nursery Care
- All ambulance requests will require input of the address locations for the pick up and the final destination locations (and the next destination, if a third stop is necessary). In addition, all round trip requests will require a brief description as to why the round trip is needed.

Response Changes

- What was referred to as the “Certification Number* will be displayed as:
 - **Review Identification Number** for all *approved* requests
 - **Administrative Reference Number** for *pending* requests

*Certification Number is the tracking number returned by Aetna for each unique precertification request.

Please note: While the new 5010 precertification format supports submission of ICD-10 Diagnosis and Procedure codes, ICD-10 codes are not valid for use until October 2013. Use prior to October 2013 will result in a rejected precertification request.

Opportunities

- Facilities will have the ability to indicate an emergency admission.
- Providers will have the ability to indicate an urgent request.
- Your vendor or software supplier needs to be prepared to accept and process the additional information. For example, they need to be prepared to provide an appropriate explanation of all the codes Aetna can send.
- Ambulance providers will have the ability to indicate the appropriate address location information at the time of the request.
- Ease of Implementation
 - The Precertification transaction requirements changed considerably from the 4010 to the 5010 version. The changes allow for services to be requested at an event level instead of the service level.
 - Simplified responses for unsuccessful requests.

Ask your vendor if they plan to include precertification into their suite of transaction offerings. Or, if your vendor currently offers precertification, check to see how the 5010 version will make it easier for you to conduct business.

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.