



## Aetna Provider eSolutions<sup>SM</sup>

### Referral Add and Referral Inquiry<sup>†</sup> 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 the vendors or clearinghouses involved in processing your transactions.

† Note: While Referral 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<sup>®</sup> and [Aetna EDI Connect<sup>SM</sup>](#) 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:

- National Provider Identifier (NPI) Enforcement
- 5010 Referral Response Changes
- 5010 Readiness

## NPI Enforcement

Federal regulations require you to identify yourself using your NPI in the HIPAA-standard Referral Add electronic transaction. Aetna will reject any version 5010 Referral 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 Referral Response Changes

- What is currently referred to as the “**Certification Number\***” will be sent as “**Review Identification Number**” for all **approved** referral requests.

\*Certification Number is the tracking number returned by Aetna for each unique referral request

While the new 5010 referral format will support submission of ICD-10 Diagnosis and Procedure codes, ICD-10 codes are not valid for use until October 1, 2013. Use of ICD-10 codes prior to October 1, 2013 will result in a rejected referral request.

## 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.