

5010 Transition Checklist

Transition Team Member Roster¹

Lead: _____ Members: _____

Task	Assigned to:	Date due:	Completed:	Notes:
Identify current claims/billing software vendor contact				
Determine current version of software				
Review current software support contract for information on costs and responsibilities for HIPAA-mandated upgrades				
Investigate potential need for upgrade to system hardware (check with software vendors, consider both 5010 & ICD-10 updates)				
Identify electronic transactions the practice currently processes (see List of Transactions)				
Identify electronic transactions not currently performed & assess value of adding in conjunction with 5010 transition				
Identify any interfaces between billing system and other electronic systems currently in place or expected within				

¹ Be sure to include your information technology support staff and/or any contracted support consultants in at least initial planning and maintain communication throughout transition planning and process.

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next 1-2 years				
Arrange meeting/call with billing/claims software vendor (see list of questions to ask software vendor)				
Identify clearinghouse & contact information				
Review current clearinghouse costs, inquire regarding any changes associated with 5010 and request ongoing communication				
Identify commonly billed payers, contact info., implementation /testing schedules & sources of ongoing communication				
Analyze costs to practice including any disruption of work and overtime expenses, budget accordingly				
Provide internal communication of plans, timeline and responsibilities				
Train staff on any process/data collection changes				
Develop testing schedule/protocol				
Test & review test results until approved for production				
Transmit in 5010, monitor transaction acknowledgements and reports, correct any transmission errors & underlying causes				

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List of Transactions – HIPAA 5010

- Professional claims (837-P)
- Institutional claims (837-I) (may apply to facility-based practices)
- Remittance advice (835)
- Claim status (276/277)
- Eligibility (270/271)
- NCPDP (D.0) (pharmacy)

Transactions currently supported by software vendor:

Transactions that practice might add in conjunction with 5010 transition:

Transactions that practice might add in future but not with 5010 transition:

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Discussion Checklist for 5010 Conversion

1. What is your company's strategic plan/timeline for transitioning customers to 5010? ICD-10? Who specifically can we contact with questions regarding the 5010 transition?
2. Will updates to current software versions be released or will an upgrade to an entirely new version be necessary?
3. If practices will have options of updating current version or migrating to a newer version of software, can you provide a price and specification list?
4. Has the software been through pre-production testing with a third-party to validate or certify readiness for all transaction types?
5. Have you successfully tested with any payers? Medicare?
6. Are any resources/planning tools available to help customers make this transition? Will you provide information on any new data-collection that will be necessary?
7. Will customers bear costs for upgrades and/or increases to support fees?
8. How will upgrades be delivered? Will downtime be necessary?
9. Will you work directly with our information technology staff and/or consultants as needed to supply information on necessary system preparation and scheduling of work?
10. Will hardware specifications change?
11. Will transactions not previously supported be made available with this upgrade? If so, what will be the costs?
12. Will we be able to continue submitting 4010a formatted transactions while testing the 5010 format?
13. Will any additional upgrades or costs be associated with the transition from ICD-9 to ICD-10 codes?