

This is to inform about the required changes for 5010 transition due on January 1st 2012.

Billing Provider Specific Changes

Provider Commercial Number in Billing Provider

A new field called **Provider Commercial Number** has been added under the Identification Information section of the Billing Provider form. In general it should contain the legacy ID (Medicaid Number), if required by your state.

Identification Information

ID Type	ID Number
* Employer's Identification Number (EIN) ▼	1234567
State License Number ▼	7654321
Medicaid Provider Number	123444333C
NPI Number	M1234AB89Q
Provider Commercial Number	123456789
Additional Provider Number	
Taxonomy Code List	Select ▼

Provider Commercial Number field introduced.

9 digit zip code for Billing Provider Address

Users will need to enter 9 digit zip codes in the **ZIP** field under the Provider Address section of the Billing Provider form.

E.g. **12345-6789** or **123456789**

Provider Address

* Street 1	Street 1
Street 2	
* City	City 1
* State	CONNECTICUT ▼
* ZIP	12345-6789
Sample format	Zip: xxxxxxxx or xxxxx-xxxx

ZIP code should be 9 digits long.

Note: Claims will be rejected if a 9 digit zip code is not entered.

Provider Address in Billing Provider

P.O.Box should not be entered in the **Street 1** or **Street 2** fields under the Provider Address section.

Note: Claims will be rejected if P.O.Box is entered in the address fields.

Changes related to Professional Claim

Providers using Professional Claim are required to enter **Primary Diagnosis Code** and **Diagnosis Code Pointer** fields when creating services. No decimal point should be entered in the diagnosis code field.

Note: Claims will be rejected if Primary Diagnosis Code and Diagnosis Code Pointer fields are missing.

Institutional Claim Specific Changes

Providers using Institutional Claims are required to select **Admission Type** and **Patient Status** fields when creating Institutional Claim Template.

New Institutional Claim Template

Form ID: ICT-BILLNNY-9DH2AYZTSL

Claim Information

Template Status Inactive Active

Template Group Waiver Services

*** Individual Name** Active, Mary / 817112

Individual ID Type Medicaid Number

* This ID will be fetched from IDF and will be used as Medical Record Number

*** Type of Bill** 34

Admission Date 05/03/1993

Admission Time 09 Hours 00 Mins

Admission Type 3-Elective

Admission Source

Discharge Time Select Hours Select Mins

Patient Status 30-Still a resident

Note: Claims will be rejected if Admission Type and Patient Status fields are missing.