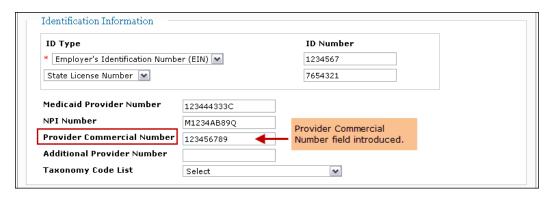


This is to inform about the required changes for 5010 transition due on January 1<sup>st</sup> 2012.

## **Billing Provider Specific Changes**

#### **Provider Commercial Number in Billing Provider**

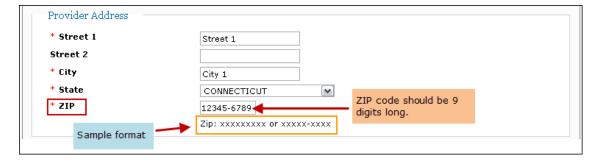
A new field called **Provider Commercial Number** has been added under the Identification Information section of the Billing Provider form. In general it should contain the legacy ID (Medicaid Number), if required by your state.



# 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

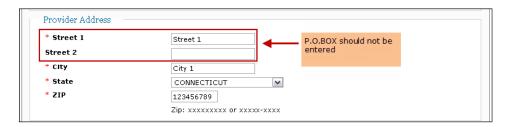


Note: Claims will be rejected if a 9 digit zip code is not entered.



## **Provider Address in Billing Provider**

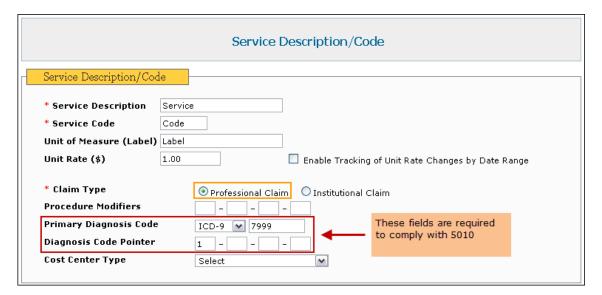
P.O.Box should not be entered in the **Street 1** or **Street 2** fields under the Provider Address section.



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.

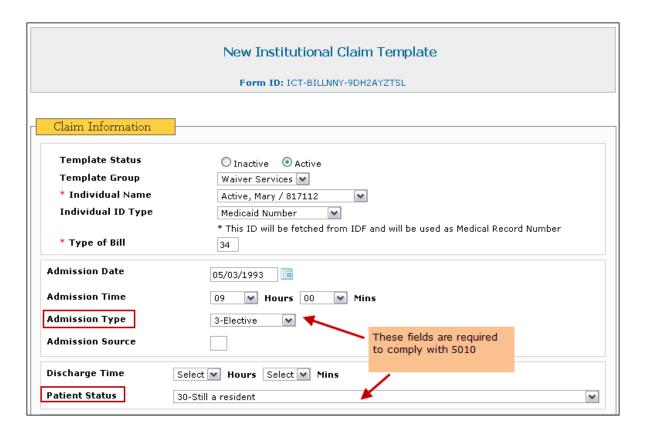


**Note:** Claims will be rejected if Primary Diagnosis Code and Diagnosis Code Pointer fields are missing.



# **Institutional Claim Specific Changes**

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



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