

New Errata for 5010 Transactions

On October 13, 2010, the Standards Development Organizations adopted 7 Errata that will effect HIPAA 5010 transactions. According to the Federal Register, HIPAA compliance will require the implementation of the Errata versions on January 1, 2012. Copies of the new Errata are available through the Washington Publishing Company.

ASK is currently working to update the EDI System to accommodate the new requirements defined within the Errata versions. The ASK website will be updated with more information regarding testing as soon as it is available. Testing will be required for the new 5010 Errata versions.

HIPAA 5010 Transactions	Base Version	Errata Version
270/271 Health Care Eligibility Benefit Inquiry and Response	005010X279	005010X279A1
276/277 Status Inquiry and Response	005010X212	N/A
277CA Claim Acknowledgment	005010X214	N/A
278 Health Care Services Request for Review and Response	005010X217	N/A
820 Payroll Deducted and Other Group Premium Payment for Insurance Products	005010X218	N/A
834 Benefit Enrollment and Maintenance	005010X220	005010X220A1
835 Health Care Claim Payment/Advice	005010X221	005010X221A1
837 Health Care Claim: Dental	005010X224	005010X224A2
837 Health Care Claim: Institutional	005010X223	005010X223A2
837 Health Care Claim: Professional	005010X222	005010X222A1
999 Implementation Acknowledgment for Health Care Insurance	005010X231	005010X231A1