ICD-10 End-to-End Testing Checklist

Professional Claims

Thank you for volunteering to conduct ICD-10 testing with CGS. Your partnership puts us on course for successful implementation of this important initiative by October 1, 2015. Below are testing suggestions and tips we would like to share with you as you continue to test:

PREPARING FOR TESTING

- Testing will be conducted July 20 through July 24, 2015.
- Test claim files must be sent to the Medicare Administrative Contractor (MAC) the same way you send claims today.
- Test claim files must use the Submitter ID (Trading Partner ID) that was provided to the MACs during the volunteer registration.
- Test claim files must be marked as "Test" by using indicator "T" in the ISA 15 field.
- Test claim volume is limited to a total of 50 claims for the entire testing week with no more than 3 test files. If more than your allotted 50 claims are submitted for the week, they may not be processed.
- Remittance Advices (RAs) will be produced daily as claims complete processing; please be sure to check them daily to identify any discrepancies that have occurred and contact your MAC accordingly. Please note: Certain types of claims could take up to two weeks.
- The ERA files will be marked as "Test" files in the ISA 15 field with a "T."
- Be sure the MAC has a complete list of all of the Health Insurance Claim Numbers (HICNs) that will be used to test. Do not submit claims with any other HICNs.
- Ensure the MAC has a complete list of the NPIs and PTANs that you will use to test because the MACs must set up their files to accept them.
- If you use NPIs, PTANs, or HICNs that were not submitted to the MAC on the volunteer form, your claims will not be processed.

CREATING TEST CLAIMS

- **IMPORTANT:** Claims that you would **normally submit** should be used to start building your test cases. Include procedure codes you commonly bill, along with the ICD-10 diagnosis that most closely represents the diagnosis you would submit for that type of claim. Refer to the Future Local Coverage Determinations for questions on the covered diagnosis codes for a particular policy.
- Ensure your claim has complete information so it is not rejected for anything not related to ICD-10. Remember the purpose of your testing is to help you prepare for ICD-10. The Medicare claims processing system used to process test claims is the same one you use today, with the exception of the ICD-10 logic. If your test claims do not meet all of the existing coding guidelines for submitting a proper claim, the claim will reject and not show on your RA. Most test claim errors in the previous end-to-end testing week were not ICD-10 related.
- Do not submit a date of service earlier than October 1, 2015 for test claims that contain ICD-10 codes.
- Do not bill ICD-9 and ICD-10 codes on the same claim.
- Ensure test claims contain both the National Provider Identifiers (NPIs) and corresponding Provider Transaction Access Numbers (PTANs) that you told your MAC you would use for testing.
- Ensure the rendering provider corresponds with the correct billing provider submitted during the volunteer process.
- Ensure test claims contain the Health Insurance Claim Number (HICNs) that you told your MAC you would test with and ensure they are active, valid HICNs (not for deceased patients).
- Ensure the patient's name matches the HICN.
- Consider submitting multiple detail lines of service.
- Submit procedure codes and ICD-10 diagnoses codes that have specific medical necessity requirements as outlined in Local Contractor Determinations (LCDs), National Coverage Determinations (NCDs), or other local coverage policies your MAC may have in place.
- Consider choosing patients who have different billing situations (i.e. Medicare as the secondary payer (MSP), Coordination of Benefits (COB), Medicaid crossover claim, hospice, and Health Maintenance Organization (HMO) in addition to traditional Medicare.
- Avoid submitting claims for the same patient for the same date of service AND procedure code. The claim will deny as a duplicate.
- Do not use the same diagnosis code as your principal/primary diagnosis code for each test claim.
- Ensure claims for date of service October 1, 2015 and after must be billed with an ICD-10 code and Diagnosis Qualifier/Indicator 0. Dates of service September 30, 2015 and prior must be billed with an ICD-9 code and Diagnosis Qualifier/Indicator 9.
- Consider submitting the maximum number of ICD-10 diagnosis codes per claim. ICD-10-CM codes can have from 3 to 7 characters. You must report all of the characters. For instance, if the ICD-10-CM code is 7 characters long, then you must report all 7 characters.
- If you tested in a previous end-to-end testing week, ensure your claims for this testing week do not duplicate previously processed claims.

AFTER SUBMITTING TEST CLAIMS

As Remittances Advices (RAs) are produced, check them daily to identify any discrepancies that have occurred and contact your MAC accordingly.

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ADDITIONAL RESOURCES:

Centers for Medicare & Medicaid Services Resources

CMS has developed timeline resources, checklists, and provides various resources to help the health care industry transition to ICD-10 by the October 1, 2015, deadline.

- CMS ICD-10
  http://www.cms.gov/Medicare/Coding/ICD10/index.html
- ICD-10 Final Rule
  http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html
- Latest News
  http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html
- Provider Resources
  http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

Frequently Asked Questions

A listing of ICD-10 frequently asked questions is available on the http://www.cgsmedicare.com/partb/faqs/index.html of the CGS website.

MLN Matters Articles

- MM7492: Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing ICD-10
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf
- MM8465: International Classification of Diseases, 10th Revision (ICD-10) Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf
- SE1239: Updated ICD-10 Implementation Information
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1239.pdf
- SE1240: Partial Code Freeze Prior to ICD-10 Implementation
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1240.pdf
- SE1409: Medicare Fee-For-Service (FFS) International Classification of Diseases, 10th Edition (ICD-10) Testing Approach
  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf

MLN Matters Fact Sheets:

- ICD-10-CM/PCS: The Next Generation of Coding
  http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10Overview.pdf
- ICD-10-CM/PCS: Myths and Facts
  http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10MythsandFacts.pdf