

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

August 2015

ICD-10-CM Testing- Don't Skip This Essential Step

The transition date from ICD-9-CM to the ICD-10-CM/PCS code sets is **October 1, 2015**. As we begin counting down the last few weeks, now is the time to make sure that you have done everything you can to prepare for this switch. One very important preparation action is to test your claims. ICD-10-CM testing can demonstrate a healthcare practice's state of readiness and also identify any areas that need improvement.

Centers for Medicare and Medicaid Services (CMS) Testing Opportunities

CMS offered both end-to-end testing and acknowledgement testing. End-to-end testing was only available during three testing periods: January 2015, April 2015 and July 2015. As noted on CMS.gov,

"Testing is essential to ensure compliance with the requirements adopted by the Secretary and ensure the uninterrupted flow of transactions with trading partners. Given the number of new requirements that covered entities will need to implement in the coming years, a process and tool to perform end-to-end testing is needed to aid the industry in meeting the compliance dates."

The end-to-end testing process included submission of test claims to CMS with ICD-10 codes and the healthcare provider's receipt of a Remittance Advice (RA). Medicare provides patients with RAs to explain reasons for payment, denial and adjustments. The primary goals for end-to-end testing were to demonstrate that:

- Healthcare providers can successfully submit ICD-10 claims
- CMS software modifications made to support ICD-10 result in properly adjudicated claims
- Claims processing results in accurate RAs

CMS plans to post results of the July 2015 end-to-end testing period within the next few weeks. ICD-10-CM end-to-end testing results from the January and April testing periods are available at:

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/2015-Jan-End-to-End-Testing.pdf>
<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/2015-April-Testing-Results.pdf>

These end-to-end testing results shows that the acceptance rate for the April test period was higher than that of the January testing period (88% and 81% respectively). Claim denials were not necessarily due to ICD-10-CM/PCS; 13% of the denials from the January testing period were due to reasons that were unrelated to ICD-10-CM/PCS

One of the more significant differences between acknowledgement testing and end-to-end testing is that acknowledgement testing does not confirm whether the claim can be properly adjudicated.

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Although end-to-end testing has finished, it is not too late to participate in acknowledgement testing. Unlike end-to-end testing, opportunity to participate in acknowledgement testing will be available until September 30, 2015 and there is no need to register. While tested claims are not adjudicated, participants will receive notification that their claim(s) was either accepted or rejected.

More information on how to participate in CMS's acknowledgement testing until September 30, 2015 is available from CMS at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8858.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1501.pdf>

For additional information, practices should also follow up with their Medicare Administrative Contractors (MACs).

The better prepared you are before October 1, 2015, the smoother your transition will be.

Sources:

- 1.) www.cms.gov