

## ICD-10 Medicare FFS End-to-End Testing: April 27 through May 1, 2015

Medicare Fee-For-Service (FFS) health care providers, clearinghouses, and billing agencies participated in a second successful ICD-10 end-to-end testing week with all Medicare Administrative Contractors (MACs) and the Durable Medical Equipment (DME) MAC Common Electronic Data Interchange (CEDI) contractor from April 27 through May 1, 2015. CMS was able to accommodate most volunteers, representing a broad cross-section of provider, claim, and submitter types.

- Approximately 875 participated, including 329 returning testers from January.
- Approximately 1,700 National Provider Identifiers (NPIs) were registered to test, of which 15% were repeat NPIs from the January test period. This indicates that many clearinghouses that participated in both January and April testing chose different providers for April.

Overall, participants in the April end-to-end testing week were able to successfully submit ICD-10 test claims and have them processed through Medicare billing systems. The acceptance rate for April was higher than [January](#), with an increase in test claims submitted and a decrease in the percentage of errors related to both ICD-9 and ICD-10 diagnosis codes.

- 23,138 test claims received
- 20,306 test claims accepted
- 88% acceptance rate
- 2% of test claims were rejected due to invalid submission of ICD-10 diagnosis or procedure code
- <1% of test claims were rejected due to invalid submission of ICD-9 diagnosis or procedure code

Additional rejections were from non-ICD-10 related errors, including incorrect NPI, Health Insurance Claim Number, or Submitter ID; dates of service outside the range valid for testing; invalid HCPCS codes; and invalid place of service. These types of errors also occurred in the January end-to-end testing week.

Types of test claims received:

- 50% - Professional
- 43% - Institutional
- 7% - Supplier

Provider types:

Type	January Tester %	April Tester %	Combined %
Ambulance	1.8%	1.1%	1.4%
ASC	1.0%	0.5%	0.7%
Behavioral Health	0.6%	1.4%	1.1%
DME	11.5%	4.8%	7.4%
ESRD	1.9%	1.4%	1.6%
FQHC	0.3%	0.8%	0.6%
Home Health	0.9%	1.5%	1.3%
Hospice	1.0%	1.1%	1.1%
Hospital - All Others	23.4%	24.5%	24.1%

Type	January Tester %	April Tester %	Combined %
Hospital - CAH	2.9%	3.9%	3.5%
Hospital - Psych	2.2%	2.8%	2.6%
Hospital - Rehab	2.5%	2.0%	2.2%
Imaging/Testing	0.5%	0.3%	0.4%
Lab	2.2%	1.7%	1.8%
Non-MD	3.6%	3.4%	3.5%
Other	3.1%	0.7%	1.6%
Primary Care	4.9%	9.5%	7.7%
RHC	1.0%	2.2%	1.7%
Skilled Nursing	3.1%	3.2%	3.1%
Specialty	31.6%	33.2%	32.6%
	100.0%	100.0%	100.0%

Testing demonstrated that CMS systems are ready to accept ICD-10 claims:

- Professional and Supplier Claims - No issues identified and zero rejects due to front-end CMS systems issues.
- Institutional Claims - One issue identified related to system edits: Certain inpatient hospital test claims were inappropriately processed due to a systems issue with codes that are exempt from Present on Admission reporting. This issue will be resolved prior to the July end-to-end testing week, and testers will have an opportunity to re-submit these test claims.
- The home health issue discovered during the January end-to-end testing week was resolved prior to the April testing. January testers had the opportunity to re-submit these test claims, and they were processed correctly.

Remittance Advices (RAs) were sent to the April end-to-end testing participants per standard procedure. In addition, all testers will receive a report on the disposition of all of their test claims on or about May 29.

Tester education will be conducted to avoid common testing environment errors in preparation for the final July end-to-end testing week. Testers who participated in the January and April testing weeks are automatically eligible to test again in the July testing week.

#### *Prepare Now for ICD-10 Implementation*

Medicare claims with a date of service on or after October 1, 2015, will be rejected if they do not contain a valid ICD-10 code. The Medicare claims processing systems do not have the capability to accept ICD-9 codes for dates of service after September 30, 2015; or accept claims that contain both ICD-9 and ICD-10 codes.

#### *There is still time to get ready!*

Even though the October 1, 2015, mandatory implementation date is quickly approaching, providers still have time to prepare for ICD-10, and CMS has created a number of tools and resources to help you succeed. One tool is the ["Road to 10,"](#) aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help you with implementation.