ICD-10 Medicare FFS End-to-End Testing: January 26 through February 3, 2015

Medicare Fee-For-Service (FFS) health care providers, clearinghouses, and billing agencies participated in the first 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 January 26 through February 3, 2015*. CMS was able to accommodate all volunteers.

- 661 participated
- Approximately 1,400 National Provider Identifiers (NPIs) were registered to test, equally split between direct submitters and clearinghouses/billing agencies

Overall, participants in the end-to-end testing week were able to successfully submit ICD-10 claims and have them processed through Medicare billing systems:

- 14,929 test claims received
- 12,149 accepted - 81%

Reasons for rejected claims:

- 3% - Invalid submission of ICD-9 diagnosis or procedure code
- 3% - Invalid submission of ICD-10 diagnosis or procedure code
- 13% - Non-ICD-10 related errors, including issues setting up the test claims (e.g., incorrect NPI, Health Insurance Claim Number, Submitter ID, dates of service outside the range valid for testing, invalid HCPCS codes, invalid place of service).

Types of claims received:

- 56% - Professional
- 38% - Institutional
- 6% - Supplier

Provider types that participated in the January end-to-end testing:

Type	Percent of Testers
Ambulance	1.8
Ambulatory Surgical Center	1.0
Behavioral Health Provider	0.6
Clinic/Group	0.3
Durable Medical Equipment Supplier	11.5
End Stage Renal Disease Provider	1.9
Federally Qualified Health Center	0.3
Home Health Agency	0.9
Hospice	1.0
Hospital - All Others	23.4
Hospital – Critical Access Hospital	2.9
Hospital – Psychiatric	2.2
Hospital - Inpatient Rehabilitation	2.5
Imaging/Testing	0.5

Lab	2.2
Non-MD	3.6
Other	3.1
Primary Care	4.9
Rural Health Clinic	1.0
Skilled Nursing Facility	3.1
Specialists	31.3

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.

- Home health claims with dates that spanned the October 1, 2015, implementation date were not processed correctly. These claims contained ICD-10 codes but were returned to the submitter.
- Impacted less than 10 test claims.
- This issue will be resolved prior to the next end-to-end testing week, and testers will have an opportunity to re-submit these claims.

Remittance Advices (RAs) were sent to the January end-to-end testing participants on or before March 5, 2015. Due to issues with the testing environment, RAs could not be generated for approximately 6 percent of the test claims, and some MACs experienced difficulty sending RAs to providers during the anticipated timeframe. These issues are not related to ICD-10 will be resolved prior to the next end-to-end testing week.

Tester education will be conducted to avoid non-ICD-10 related errors in preparation for the upcoming end-to-end testing weeks. Testers who participated in the January testing are automatically eligible to test again in April and July, 2015.

**The January end-to-end testing week was extended from January 30 to February 3 due to severe weather in parts of the country.*