



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. COMPLIANCE DATE OCTOBER 1, 2015

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About Acknowledgement and End-to-End Testing

While ICD-10 is almost here, you still have time to get ready. But you must get ready now. Each day this week we are highlighting 1 of the 5 recommendations to help you begin testing: 1) Why Test Now, 2) How to Get Started, 3) Testing with Trading Partners, 4) Types of Testing, and 5) Testing Tips.

Today our focus is:
Type of Testing

ICD-10 Test Now!

4 Types of Testing

Acknowledgement testing:

Confirms you can submit ICD-10 claims



Available for Medicare FFS providers until Sept 30

End-to-end testing:

Health plans process claims and provide remittance advice



See Medicare end-to-end testing results



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Acknowledgement Testing

In acknowledgement testing, providers and other submitters, like clearinghouses, submit claims with ICD-10 codes and ICD-10 companion qualifiers. While claims are not adjudicated, submitters receive an acknowledgement that their claim was accepted or rejected.

Tip: Be sure to use ICD-10 qualifiers, which differ from ICD-9 qualifiers. Some providers have reported that ICD-10 qualifiers had to be manually set up in their systems.

Beyond testing with Medicare as described below, you can check with your commercial health plans, clearinghouses, and billing services for more acknowledgement testing opportunities.

Medicare FFS Acknowledgement Testing

All Medicare fee-for-service (FFS) providers who submit electronic claims can conduct acknowledgement testing with their [Medicare Administrative Contractor \(MAC\)](#) at any time until September 30:

- You do not need to register to participate
- You may submit an unlimited number of claims
- You can acknowledgement test claims directly or through a clearinghouse or billing agency

To submit claims for testing, you must use:

- Current dates of service
- The test indicator “T” in the Interchange Control Structure (ISA) 15 field

Analysis of acknowledgement testing to date has found no issues with Medicare systems for FFS claims. Rejected claims have been largely due to improperly prepared test claims—issues unrelated to ICD-10. Specific issues have been:

- An invalid National Provider Identifier (NPI), or an NPI that is not on the NPI crosswalk
- Invalid Healthcare Common Procedure Coding System (HCPCS) codes on professional claims
- Invalid postal ZIP codes on professional claims

End-to-End Testing

During end-to-end testing, providers submit claims containing valid ICD-10 codes. Health plans process the claims through system edits to return an electronic remittance advice (ERA).

While registration has closed for the Medicare FFS end-to-end testing described below, some health plans continue to offer opportunities. If you have not conducted end-to-end testing yet, check with your health plans, clearinghouses, and billing services about opportunities.

Medicare FFS End-to-End Testing

Medicare’s last round of end-to-end testing is taking place this week, ending tomorrow, July 24. Advance registration was required to participate. Medicare FFS end-to-end testing is no longer open to new volunteers. (Please note that **volunteers who took part in the January or April end-to-end testing are able to participate** in the current testing, even if they did not register for July).

Results from the July will be analyzed and released next month.

[Results from the last round](#) of Medicare FFS end-to-end testing, held April 27 to May 1, showed that overall, participants were able to successfully submit ICD-10 test claims and have them processed through the Medicare billing systems. Testers included providers,

clearinghouses, and billing agencies. CMS was able to accommodate most volunteers, representing a broad cross-section of provider, claim, and submitter types.

The acceptance rate for April was higher than for [January](#), with an increase in test claims submitted and a decrease in the percentage of errors related to either ICD-9 or ICD-10 codes:

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

Additional rejections were from non-ICD-10 related errors, including:

- Incorrect NPI
- Incorrect Health Insurance Claim Number
- Incorrect submitter ID
- Dates of service outside the valid range for testing
- Invalid HCPCS codes
- Invalid place of service

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

To learn more about getting ready, visit cms.gov/ICD10 for free resources including the Road to 10 tool designed especially for small and rural practices, but useful for all health care professionals.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) and Roadto10.org for the latest news and resources to help you prepare. Sign up for and [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



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