

## ICD-10 Medicare FFS Acknowledgement Testing: June 1 through 5, 2015

CMS and volunteer health professionals conducted another successful acknowledgement testing week in June 2015. Acknowledgement testing gives providers and stakeholders the opportunity to submit claims with ICD-10 codes to the Medicare Fee-For-Service (FFS) claims systems and receive electronic acknowledgements, confirming that their claims were accepted. Volunteers were not required to register, and there was no limit on the number of claims that could be submitted.

The June acknowledgement testing week once again demonstrated that CMS systems are ready for ICD-10:

- 1,238 submitters participated, submitting over 13,100 claims
- Nationally, CMS accepted 90 percent of test claims

No Medicare FFS claims systems issues were identified during this testing week or the previous acknowledgement testing weeks in [March 2015](#), [November 2014](#), and [March 2014](#). In the June test, as in previous acknowledgement testing weeks, CMS found that most rejects resulted from improperly developed test claims unrelated to ICD-10, which contained errors such as:

- Invalid National Provider Identifier (NPI)
- NPI not on the NPI crosswalk
- Invalid Healthcare Common Procedure Coding System (HCPCS) code
- Invalid beneficiary number
- Invalid or missing postal ZIP code
- Missing or invalid billing NPI
- Future dates of service

Most rejects were the result of provider submission errors in the testing environment that would not occur when actual claims are submitted for processing. CMS will continue to conduct extensive outreach to testers on setup of test claims to avoid these issues for providers who plan to acknowledgement test.

Testers from all areas are actively participating in acknowledgement testing. This chart shows the percentage of each provider type that tested in the March 2015 and June 2015 acknowledgement testing weeks.

Type	March 2015 Tester %	June 2015 Tester %	Combined %
Ambulance	2.1%	0.3%	1.0%
ASC	0.0%	0.4%	0.3%
Behavioral Health	1.8%	1.3%	1.5%
DME	1.4%	3.6%	2.8%
ESRD	0.5%	0.3%	0.4%
FQHC	1.0%	1.2%	1.1%
Home Health	3.4%	5.8%	4.8%
Hospice	1.9%	2.4%	2.2%
Hospital - All Others	19.1%	14.6%	16.4%
Hospital - CAH	4.3%	2.9%	3.5%
Hospital - Psych	2.6%	2.0%	2.2%

Hospital - Rehab	1.0%	0.9%	1.0%
Imaging/Testing	0.4%	0.7%	0.6%
Lab	0.5%	0.7%	0.6%
Non-MD	6.2%	3.2%	4.4%
Other	1.4%	0.4%	0.8%
Primary Care	18.7%	6.0%	11.0%
RHC	1.4%	2.4%	2.0%
Skilled Nursing	3.9%	4.5%	4.2%
Specialty	28.4%	46.4%	39.3%
	100.0%	100.0%	100.0%

Although this was the last special CMS acknowledgement testing week, providers are welcome to submit acknowledgement test claims anytime up to the October 1, 2015, implementation date. See [MLN Matters® Article MM8858](#) and [MLN Matters Article SE1501](#) or contact your [Medicare Administrative Contractor](#) for more information.

*Prepare Now for ICD-10 Implementation*

Medicare claims with a date of service on or after October 1, 2015, will be rejected on and after October 1 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.