DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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FAQs – International Classification of Diseases, 10th Edition (ICD-10) Acknowledgement Testing and End-to-End Testing

Provider Types Affected

This MLN Matters® Special Edition article is intended for all physicians, providers, suppliers, clearinghouses, and billing agencies who participate in Medicare ICD-10 acknowledgement testing and who are selected to participate in end-to-end testing.

Provider Action Needed

Physicians, providers, suppliers, clearinghouses, and billing agencies who participate in acknowledgement testing and who are selected to participate in Medicare ICD-10 end-to-end testing should review the following questions and answers before preparing claims for ICD-10 acknowledgement testing and end-to-end testing to gain an understanding of the guidelines and requirements for successful testing. When "you" is used in this publication, we are referring to ICD-10 acknowledgement testers or end-to-end testers.

Question	Acknowledgement Testing	End-to-End Testing
Do I need to register for testing?	No, you do not need to register for acknowledgement testing.	Yes, end-to-end testing volunteers must register on their Medicare Administrative Contractor (MAC) website during specific time periods.

Question	Acknowledgement Testing	End-to-End Testing
Who can participate in testing?	Acknowledgement testing is open to all Medicare Fee-For-Service (FFS) electronic submitters.	End-to-end testing is open to: • Medicare FFS direct submitters; • Direct Data Entry (DDE) submitters who receive an Electronic Remittance Advice (ERA); • Clearinghouses; and • Billing agencies.
How many testers will be selected?	All Medicare FFS electronic submitters can acknowledgement test.	50 end-to-end testers will be selected per MAC jurisdiction for each testing round. **You must be selected by the MAC for this testing.**
What will the testing show?	The goal of acknowledgement testing is to demonstrate that: • Providers and submitters can submit claims with valid ICD-10 codes and ICD-10 companion qualifier codes; • Providers submitted claims with valid National Provider Identifiers (NPIs) • The claims are accepted by the Medicare FFS claims systems; and • Claims receive 277CA or 999 acknowledgement, as appropriate, to confirm that the claim was accepted or rejected by Medicare.	The goal of end-to-end testing is to demonstrate that: • Providers and submitters can successfully submit claims containing ICD-10 codes to the Medicare FFS claims systems; • Software changes the Centers for Medicare & Medicaid Services (CMS) made to support ICD-10 result in appropriately adjudicated claims; and • Accurate Remittance Advices are produced.
Will the testing test National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)?	No, acknowledgment testing will not test NCDs and LCDs.	Yes, end-to-end test claims will be subject to all NCDs and LCDs.

Question	Acknowledgement Testing	End-to-End Testing
Will the testing confirm payment and return an ERA to the tester?	No, acknowledgement testing will not confirm payment. Test claims will receive 277CA or 999 acknowledgement, as appropriate, to confirm that the claim was accepted or rejected by Medicare.	Yes, end-to-end testing will provide an ERA based on current year pricing.
How many claims can testers submit?	There is no limit on the number of acknowledgement test claims you can submit.	You may submit 50 end-to-end test claims per test week.
How do testers submit claims for testing?	You submit acknowledgement test claims directly or through a clearinghouse or billing agency with test indicator "T" in the Interchange Control Structure (ISA) 15 field.	You submit end-to-end test claims directly with test indicator "T" in the ISA15 field or through DDE.
When should testers submit test claims?	You may submit acknowledgement test claims anytime. We encourage you to test during the highlighted testing weeks: • March 2 – 6, 2015; and • June 1 – 5, 2015.	You must submit end-to-end test claims during the following testing weeks: • January 26 – 30, 2015; • April 27 – May 1, 2015; and • July 20 – 24, 2015.
What dates of service do testers use during testing?	You must use current dates of service during acknowledgement testing.	You must use the following future dates of service during end-to-end testing: • Professional claims – Dates of service on or after October 1, 2015; • Inpatient claims – Discharge dates on or after October 1, 2015; • Supplier claims – Dates of service between October 1, 2015, and October 15, 2015; and • Professional and institutional claims – Dates up to December 31, 2015. You cannot use dates in 2016 or beyond.

Important Note: Remember that you must be selected by the MAC in order to participate in end-to-end testing.

RESOURCES

The chart below provides ICD-10 resource information.

For More Information About…	Resource
ICD-10	**http://www.cms.gov/Medicare/Coding/ICD10/index.html** on the CMS website
ICD-10 Information for Medicare Fee-For-Service Providers	**http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html** on the CMS website
ICD-10 Statute and Regulations	**http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html** on the CMS website
All Available Medicare Learning Network® (MLN) Products	"Medicare Learning Network® Catalog of Products" located on the CMS website or scan the Quick Response (QR) code on the right
Provider-Specific Medicare Information	MLN publication titled "MLN Guided Pathways: Provider Specific Medicare Resources" located at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf** on the CMS website
Medicare Information for Patients	**http://www.medicare.gov** on the CMS website

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html** under - How Does It Work.