ICD-10 Readiness Testing

The Department of Health and Human Services (HHS) mandates that all covered entities under the Health Insurance Portability and Accountability Act (HIPAA) must transition from the International Classification of Diseases, 9th Edition (ICD-9-CM), to the International Classification of Diseases, 10th Edition (ICD-10-CM/PCS) code sets for medical diagnoses and inpatient procedures for dates of service on and after October 1, 2014. Do note, anesthesiologists will continue to use CPT® for their professional services. You will need to switch to ICD-10-CM for diagnosis coding. ASA is urging physician anesthesiologists to recognize that it is imperative to begin preparing systems, modifying current billing processes, and training administrative employees for transition to ICD-10-CM.

To help Medicare Fee-For-Service (FFS) providers prepare for the ICD-10-CM implementation in October, CMS is taking a comprehensive four-tiered approach to testing to ensure readiness. The four-tiered approach includes:

- CMS internal testing of its claims processing systems;
- Provider-initiated Beta testing tools;
- Acknowledgement testing; and
- End-to-end testing.

Acknowledgement Testing

CMS has offered ICD-10 acknowledgement testing during the week of March 3-7, 2014. This testing will allow all providers, billing companies, and clearinghouses the opportunity to determine whether CMS will accept their ICD-10 code claims. Although test claims will not be arbitrated, the Medicare Administrative Contractors (MACs) will confirm receipt to the submitter (a 277A) as to whether the submitted test claims were accepted. Further information pertaining to acknowledgement testing can be found on your MAC’s website.

*Note: The “MAC B Jurisdictions” table listed below provides information to help you identify your MAC based on Jurisdiction and/or State with links for testing registration.*

CMS plans to offer a second week of acknowledgement testing in early May 2014. For more details and information regarding announcements, updates, and future registration, sign up for your MAC listserv and/or contact your MAC directly.
**Testing Preparation**

It is also important to note the following in order to conduct testing:

- Test Medicare claims must be coded in ICD-10 format.
- Test claims with ICD-10 codes must be submitted with current dates of service—future dates of service will not be accepted.
- Practices must ensure their internal systems are capable of accepting, storing, and transmitting ICD-10 codes—front-end testing will not prepare ICD-10 claims nor verify the capabilities of hardware and software in handling ICD-10 codes.

**Be on the Lookout for ‘End-to-End Testing’**

In late July 2014, CMS will offer end-to-end testing. This testing will include submission of test claims to CMS with ICD-10 codes and the provider’s receipt of a Remittance Advice (RA) that explains the final decision of the claim. An RA is a notice of payments and adjustments Medicare Contractors send to providers, billers, and suppliers after a claim is processed. The purpose of end-to-end testing is to validate that:

- Submitters are able to successfully submit ICD-10 code claims to the Medicare FFS claims systems
- CMS software changes made to support ICD-10 result in appropriately finalized claims
- Accurate RA’s are issued

End-to-end testing will be provided to a selected group of providers who volunteer to participate in the exercise. **This is an important opportunity you do not want to miss.** Only about 500 volunteers will be selected nationwide to participate in end-to-end testing. CMS will issue more information on volunteer registration later this month (March 2014). More information is available in MLN Matters Article: “Medicare Fee-For-Service (FFS) International Classification of Disease, 10th Edition (ICD-10) Testing Approach”:


Notice: The foregoing information is being provided specifically to you based on the facts and details you provided. This information or advice is not necessarily applicable if the facts you provided are incomplete or inaccurate. The ASA has used its best efforts to provide accurate coding and billing advice, but this advice should not be construed as representing ASA policy (unless otherwise stated), making clinical recommendations, dictating payment policy, or substituting for the judgment of a physician.
MAC B Jurisdictions

<table>
<thead>
<tr>
<th>Former Jurisdiction Designation</th>
<th>New Jurisdiction Designation</th>
<th>MAC Contractor</th>
<th>States</th>
<th>Registration Links</th>
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References:

1. **MLN Matters Article** - Medicare Fee-For-Service (FFS) International Classification of Disease, 10th Edition (ICD-10) Testing Approach  

2. **Medicare Learning Network** - Remittance Advice Information: An Overview  

3. **AAPC** – ICD-10 Implementation  

   [http://journal.ahima.org/2014/02/19/cms-announces-limited-icd-10-claims-testing/](http://journal.ahima.org/2014/02/19/cms-announces-limited-icd-10-claims-testing/)

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