Optometry Coding & Billing Alert

ICD-10: Sign Up Now to Test Your Practice's ICD-10 Readiness

Determine which testing option is best for your providers.

You don't want to be surprised by denials when ICD-10 rolls around in the fall. So now's the time to test out your know-how with the new codes and make changes before the Oct. 1, 2015, implementation date comes along.

That's why you should be aware of some testing opportunities available with your Medicare contractor before the actual "go live" date later this year.

Join In Acknowledgement Testing At Will

Acknowledgement testing simply means that you submit claims with ICD-10 codes to the Medicare Fee-For-Service claims systems and receive acknowledgements to confirm that your claims were accepted or rejected.

"CMS has now completed two acknowledgement testing weeks with submitters in March and November 2014. During the March acknowledgement testing week, testers submitted over 127,000 claims with ICD-10 codes and received acknowledgements confirming that claims were accepted," stated CMS's **Suzie Chagniss** during a recent CMS Open Door Forum on ICD-10 preparation.

The testing during those two 2014 dates did not identify any system issues with the Medicare system, "so we consider both of these tests to be a great success," Chagniss added.

During a Jan. 26 to Feb. 3 testing period, CMS says it processed 14,929 test claims from 661 participating providers. An overwhelming majority of claims 81 percent were accepted through the system, and the remaining claims were rejected for three main reasons, as follows, according to the most recent statistics released by CMS:

- Invalid submission of ICD-9 codes (seen in three percent of rejected claims)

- Invalid submission of ICD-10 codes (as demonstrated by another three percent of claims that didn't pass through the system)

- Errors unrelated to ICD-10, such as using an incorrect NPI, an invalid date, the wrong place of service or an incorrect HCPCS code (seen in 13 percent of rejected claims).

Lessons learned: The date of service errors led CMS to discover that some providers are confused about when they can submit claims with ICD-10 codes in both the testing arena and the real, "non-testing" world, said CMS Administrator **Marilyn Tavenner** in a Feb. 25 blog post on the topic.

"ICD-10 can be used only for test purposes before October 1," said Tavenner. "Only ICD-10 can be used for doctor's visits and other services that happen on or after October 1. ICD-9 cannot be used to bill for services provided on or after October 1. This rule applies no matter when the claim is submitted, so claims submitted after October 1, 2015, for services provided before that date must use ICD-9 codes."

Overall, the testing results indicate that the majority of health care providers are poised to succeed under the ICD-10 system and those who aren't should step up their training to be ready in time for the Oct. 1 deadline.

Join in: There is still the June 1 through June 5, 2015 testing period ahead. "In addition to this, providers are invited to submit acknowledgement testing claims at any time up until the deadline of Oct. 1 of this year," Chagniss said. "The advantage to testing during the testing week allows for additional customer service support from the MAC and during

this time CMS collects data so we can report out our national statistics."

Apply for Final End-to-End Testing Option

If you want to know more than whether you can get CMS to accept your claims with ICD-10 codes, you might want to participate in end-to-end testing.

End-to-end testing processes claims through all Medicare system edits to produce and return an accurate Electronic Remittance Advice (ERA). While acknowledgement testing is open to all electronic submitters, end-to-end testing is limited to a smaller sample of submitters who volunteer and are selected for testing, according to an MLN Matters article.

Although the application deadline has passed for the next round of end-to-end testing, you will have one more opportunity. "If you weren't selected to participate [earlier], we encourage you to reapply for the subsequent round of testing in July," said **Stacey Shagena** with Medicare Contractor Management Group/CMS in a recent MLN Connects call.

Each MAC will select 50 participants per testing round. To be eligible to test, you must be ready for ICD-10, including ensuring that your vendor software is ready to use. In addition, you must be a direct submitter to Medicare and be able to receive electronic remittance advice. Look for opportunities to register for the July date on your MAC's website.

Resource: You can read more about ICD-10 testing opportunities at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1435.pdf.