

Part B Insider (Multispecialty) Coding Alert

Diagnosis Coding: CMS Reps: All Systems Go for Next Month's ICD-10 Launch

You can continue to participate in acknowledgement testing until Oct. 1.

You've had years to prepare for ICD-10, but you may not have thought the day would actually arrive when you'd have to utilize the new coding system. That day, however, is nearly here.

"The short story is that we're ready," said CMS's **Diane Kovach** during an Aug. 26 Medicare Open Door Forum. "Systems changes for ICD-10 were done over several year and were completed on Oct. 1, 2013 and since that time we've been testing our systems extensively and making tweaks as needed, and we're very pleased with the testing results and we believe they confirm our system readiness."

Testing Worked Out Kinks

CMS performed two types of ICD-10 testing to find problems in both the agency's system and with providers' programs. Both sides were able to spend the last several years working out kinks so claims processing will work smoothly next month.

CMS's acknowledgement testing has been taking place for quite a while, and it will continue into these last few weeks of preparation for the new diagnosis coding system. "In acknowledgement testing, claims are not fully adjudicated—they're simply accepted into our system, and providers can engage in acknowledgement testing any time up to the Oct. 1 implementation date," Kovach said.

During previous acknowledgement testing, CMS was pleased with the results. "The good news is that we found no Medicare systems issues during any of the acknowledgement testing weeks," she added. "We were able to accept all of the properly submitted test claims for acknowledgement testing."

Issues that CMS saw and continue to see from the provider side during the testing include things like using incorrect or invalid NPIs, submitter IDs and health insurance claim numbers, she said. "Missing the segments that actually carry the diagnosis codes, missing the diagnosis code and having invalid diagnosis, procedure and place of service codes" were also problems that CMS saw, she added.

Some providers have purposely practiced "negative testing," in which they deliberately submitted a claim that included incorrect codes just to see if the claim got rejected. If you want to go this route, or to submit clean claims, you can submit acknowledgement testing over the next month.

End-to-End Testing Helped Resolve Issues

Practices have also had the opportunity to perform end-to-end testing, which allows providers to submit claims with ICD-10 codes, and then receive adjudication that confirms whether the claim would be payable or not. They receive remittance advices just as the practice would get during standard claim submissions.

CMS has completed its end-to-end testing, so there are no further opportunities for that type of tests, but over 2,700 providers participated in the three previous rounds, submitting over 67,000 test claims. CMS uncovered several systems



issues during the testing rounds, which the agency was able to correct and fix in anticipation of the Oct. 1 implementation date.

"Based on our results, we believe it all further supports that the Medicare Fee-for-Service systems are ready for ICD-10 implementation," Kovach added.

Look for Alternatives If Your Systems Are Struggling

If you don't think your systems will be ready to submit ICD-10 claims by Oct. 1, CMS does offer submission alternatives. These include downloading free billing software from your MAC's website, "though be advised that going through a network service center might be necessary to utilize the free billing software," Kovach said. In addition, you can submit paper claims if you meet the waiver provisions. Contact your MAC if you need any alternative billing methods.

"We are now 35 days away from ICD-10 implementation, and CMS has created a number of tools and resources to meet the Oct. 1 compliance date," she said. Visit www.cms.gov/icd10 to find these products.