

Testing Your ICD-10 Readiness

With the industry making a change as big as transitioning from ICD-9 to ICD-10, there is a very real potential for problems to arise. Testing that your systems, workflow processes, and trading partners are ready will be the best assurance that your operations will continue without cash flow interruptions after the October 1, 2015 deadline.

There are different types of testing and each one serves a different purpose. Each type of testing, individually, has benefits and is useful for preparing for the ICD-10 transition. A combination of all of the testing, however, is the best strategy for being prepared.

All of these types of testing will take time and staff resources, but the information gained from testing and the ability to correct any issues prior to the ICD-10 deadline will make it well worth the effort.

Content-based Testing

- Tests your documentation and ability to code in ICD-10.
- Involves being given documentation and coding the clinical scenario in ICD-10.
- Can do this at any time and does not require practice management system or other system upgrades be installed.
- This type of testing is being offered by some large payers and other consultant organizations. Look for payers or organizations that are providing this testing.
- The Healthcare Information and Management Systems Society (HIMSS) ICD-10 National Pilot Program is an example of this type of testing. Resources that you can use in your practice are available on the HIMSS Web site at: www.himss.org/library/icd-10/national-pilot-program.

Internal Testing

- Tests your ability to create and use ICD-10 codes in the practice throughout the patient workflow where you currently use ICD-9 codes.
- Requires upgrades be installed in your practice management system and other systems that use diagnosis codes, e.g., electronic health record, disease registry, quality reporting, etc.
- Requires that updated paperwork and other internal workflow processes be in place.
- Follow the flow of a patient through a visit to see where diagnosis codes are used and that updated systems are in place and functioning to accommodate ICD-10.
- Use this testing to identify any gaps in the ICD-10 updates.

External Testing

- Tests your ability to send and receive transactions with ICD-10 codes with your external trading partners, including your billing service, clearinghouse, or payers.
- Requires upgrades be installed in your practice management system and other systems that send and receive transactions with diagnosis codes.
- Requires you to work with your trading partners on their schedule and follow their criteria for completing the testing. Check with your payers, clearinghouse, or billing service about their plans for testing.
- End-to-end testing of submitting a claim and getting a remittance advice back is the best form of testing, but any testing with your trading partners is good.
- Make sure you have time after testing is completed to fix any issues that were found.

Medicare Testing: Medicare Administrative Contractors (MACs) are conducting “acknowledgement” testing during three separate weeks, November 17 – 21, 2014, March 2 – 6, 2015, and June 1 – 5, 2015, where they will accept claims from submitters and return information on whether or not the claims made it in the MAC’s “front door” for processing. MACs may also be willing to conduct this testing until October 1, 2015. Check your MACs website for information on the testing.

Medicare will also be selecting a limited number, cross section of providers to conduct “end-to-end” testing in January, April, and July. Check with your MAC on how to register to be selected to participate in this testing.

Visit the AMA’s website for more resources on ICD-10
www.ama-assn.org/go/ICD-10