

Welcome to  
**ICD-10**  
**TESTING READINESS**



# Topics for Discussion



- **ICD-10 Overview**
- **Risks and Rewards of Testing**
  - Risks of Not Testing with ICD-10
  - Rewards of Testing with ICD-10
- **Pre-Testing Assessment**
  - Recommended Actions
- **Understanding the Testing Process**
  - Your Organization's Claims Process
  - Internal Testing
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  - Troubleshooting
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# ICD-10 Overview

- **World Health Organization** developed ICD-10 in 1994
  - Later adopted by Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC).
  - ICD-10 is a provision of Health Insurance Portability and Accountability Act (HIPAA) regulations.
  - HIPAA covers entities that include health care providers, payers, clearinghouses, billing services and others that must transition to ICD-10.
  
- **Moving from ICD-9 to ICD-10** – U.S. is the last industrialized nation to adopt ICD-10
  
- **ICD-9 is outdated** - limited capacity, capability and unable to serve future needs
  
- **ICD-10-CM and ICD-10-PCS code sets**
  - ICD-10-CM replaces ICD-9-CM (Volumes 1 and 2)
  - ICD-10-PCS replaces ICD-9-CM (Volume 3)
  
- **ICD-10 has no direct impact on Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS).**



**Making the  
transition  
to ICD-10 is  
NOT optional**

## Why is the transition necessary?

- **ICD-9** code sets are outdated, limited and not expandable
- **ICD-9** cannot capture advances in medicine and medical technology
- **ICD-10** code sets use current medical terminology and will allow for advances in medical technology and knowledge
- **ICD-10** allows for greater detail in diagnoses and treatments

# ICD-10 Overview (Cont.)

- **For services rendered on or after October 1, 2015**
  - All claims must use ICD-10 codes
  - Claims using ICD-9 codes for services rendered on or after October 1, 2015 will NOT be accepted
  
- **For services rendered before October 1, 2015**
  - All claims must use ICD-9 codes
  
- **Systems must accommodate BOTH ICD-9 and ICD-10 codes**
  - Effective with the October 1, 2015 compliance date
  
- **Significant code increase from ICD-9 to ICD-10**
  - Increasing from 14,000 to approximately 69,000 ICD-10-CM codes
  - Increasing from 3,000 to approximately 87,000 ICD-10-PCS codes
  - ICD-10 has more than nine times the codes in ICD-9

## Not testing with ICD-10 may:

- Create uncertainties regarding claims adjudication as well as payment of claims.
- Require additional staff and time to correct or adjust incorrect claims.
- Fail to make software issues related to ICD-10 apparent before October 1, 2015.
  - Code changes have an increased risk of failure primarily because of untested branches and paths.
  - Testing allows detection of defects in a system utilizing a code set that has a greater complexity than ICD-9.

# Rewards of Testing with ICD-10

## Testing may:

- Minimize delays in claims adjudication.
- Help to minimize issues that may occur on October 1, 2015.
- Assist in preparing your staff for the transition.
- Allow for hands-on experience prior to October 1, 2015.
- Provide practice for converting commonly used ICD-9 codes to ICD-10 codes.



# Pre-Testing Assessment

**Recommended actions for your organization to have in place prior to testing are:**

- Develop a plan of action or a roadmap
- Select an ICD-10 champion who can lead transition efforts
- Review your ICD-9 coding to identify the areas where ICD-10 will affect your organization
- Start training initiatives with your staff



# Understanding the Testing Process

**It is vital that you have a firm understanding of your claims submission process. Knowing this will enable you to have an effective and successful testing period.**

- Do you submit claims to a clearinghouse, outside billing firm or other?
- Do you submit claims directly to the Bureau for Medical Services (BMS) fiscal agent? What about your other payers?

# Understanding the Testing Process (Cont.)

**The stages of testing are vital and equally important to a successful transition.**

- Internal Testing
  - Integration Testing
  - End-to-End Testing
  
- External Testing
  - Providers, Clearinghouses and Payers
  - End-to-End Testing
  - Work with payers to develop test scenarios to conduct end-to-end testing specifically to identify payment results.

# Internal Testing

**This phase involves merging all components impacted by ICD-10 and executing a test to accomplish the flow of ICD-10 data.**

- Did the internal test scenarios accurately represent your practice and its daily activities? This should include any special processes performed for the end of a week, a month or a year.
- What were the lessons learned from testing?
- What do you need to correct prior to October 1, 2015?

# External Testing

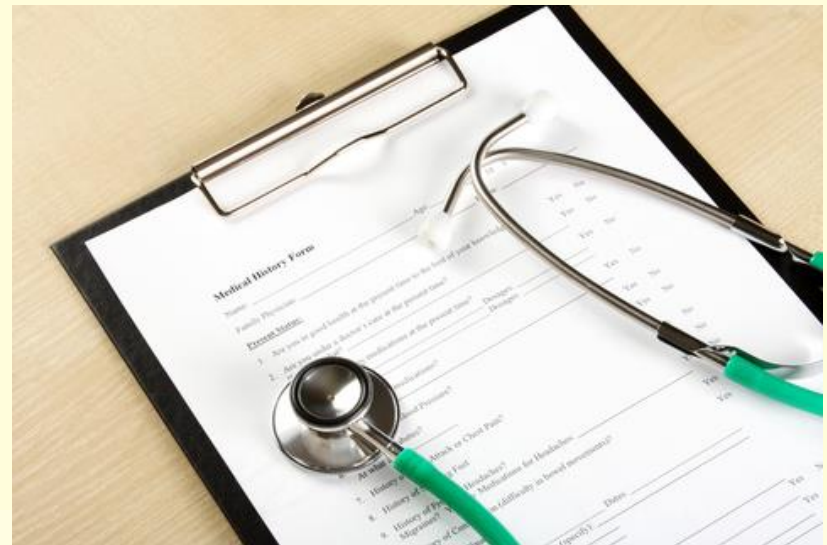
- **Create a list of your practice's Trading Partners.**
  - What type of transactions are sent and received?
  - Reminder: Have you identified the most commonly used codes for your organization?
  
- **Communicate with Trading Partners to gauge their state of readiness for ICD-10.**
  - What steps have they taken to ensure a smooth transition?
  - Are they testing internally and externally?
  
- **Determine your Trading Partners' testing guidelines.**
  - Is there a checklist of specific testing criteria they want you to follow?
  - Is there a schedule or a testing timeline?
  - Will they provide you with test cases?
  - Will they assist with remediation of negative test cases?

# Developing Test Cases

**When developing test cases, it is best to refer back to high-volume/high-dollar claims that you have had in the past.**

## **Test Cases should include:**

- Both positive and negative scenarios
- Simple and complex test cases
- System edits and audits
- Date validation



**Testing provides great feedback during the transition to ICD-10. Test cases can be utilized as lessons learned to target issues prior to October 1, 2015.**

## **We encourage you to:**

- Review and correct test cases that did not process as expected.
- Document in detail the steps taken to correct errors.
- If necessary, make updates as needed to your system and processes.
- Ensure that your staff is well-versed with coding, medical terminology and policies.

# WV ICD-10 Provider Testing

- WV Medicaid will be conducting pilot testing for ICD-10 transition between June 1, 2015 and August 28, 2015.
- Please refer to the [WV ICD-10 Pilot Trading Partner Testing Manual](#) for instructions for participating in this test.
- For more information about ICD-10 testing for providers, see the link below:

[CMS End-to-End Testing](#)

# ICD-10 Resources



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# ICD-10 Resources (Cont.)

## Centers for Medicare & Medicaid Services (CMS)

- **CMS ICD-10 Main Page**

<http://www.cms.gov/ICD10>

- **CMS Overview**

[http://www.cms.gov/Medicare/Coding/ICD10/Statute\\_Regulations.html](http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html)

- **CMS ICD-10 Implementation Planning**

<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

- **HHS, CMS ICD-10 Final Rule and October 1, 2015 Compliance Date Announcement**

<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

<http://www.gpo.gov/fdsys/pkg/FR-2015-08-04/pdf/2015-18347.pdf>

## World Health Organization (WHO) ICD-10 Page

- <http://www.who.int/classifications/icd/en/>

## West Virginia Resources

- **WV Molina Medicaid Solutions ICD-10 Transition Website**

<https://www.wmmis.com/SitePages/ICD-10%20Transition.aspx>

## **Molina Provider Relations Unit**

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