CMS Announces Successful ICD-10 Testing Week

Summary

On May 30, CMS released results from the March week of ICD-10 acknowledgement testing.

This testing allowed providers to submit Medicare fee-for service claims with ICD-10 codes and, in return, receive electronic confirmation that their claim was accepted by CMS.

CMS stated that approximately 2,600 providers submitted more than 127,000 claims. The largest group of participants was clearinghouses, which submit claims on behalf of other providers (50 percent of total test claims). Other participants include large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers and ambulance providers.

CMS accepted 89 percent of the test claims, with acceptance rates varying by region with a high of 99 percent. Currently, ICD-9 claims acceptance rates average between 95 percent and 98 percent. CMS did not indicate where the rates were the highest or lowest, and some claims were rejected as a result of providers intentionally submitting bad claims to ensure those claims would be rejected. CMS did not identify any issues with its claims systems.

CMS anticipates requiring all HIPAA-covered entities to use the ICD-10 code sets beginning on Oct. 1, 2015. A plethora of providers and CMS appear prepared for the move from ICD-9 to ICD-10; however, questions still remain as to whether providers will supply the additional documentation required to accurately code using ICD-10. End-to-end testing, which is being delayed from July 2014 to an unannounced time next year, will provide a more thorough assessment of CMS’ and providers’ execution of ICD-10 and identify systems gaps and
opportunities for training.

In the near future, CMS will release an interim final rule on the ICD-10 delay that will include the new Oct. 1, 2015, implementation date. CMS also will continue to accept test claims for acknowledgement until Oct. 1, 2015. However, CMS indicated that providers may want to wait until after Oct. 6, 2014, when Medicare updates its systems.

Providers and other claims processing organizations are likely to take this opportunity to work with their local Medicare Administrative Contractor (MAC) to conduct acknowledgement testing prior to ICD-10 implementation. Manufacturers may partner with customers performing a high volume of target services to ensure that claims with applicable ICD-10 codes will be received by CMS and to serve as a means to check for potential coding pitfalls before the shift to ICD-10.