

As the October 1st deadline for ICD-10 implementation approaches, all providers and facilities should engage in acknowledgement testing (also known as end-to-end testing) to ensure they will be ready, the day the transition occurs. Testing results so far have been not only positive, but suggest that misgivings about ICD-10 implementation have been exaggerated.

Acknowledgement testing is a coordinated effort among health providers, clearinghouses, and payers. Providers submit test claims using the ICD-10 code set. Payers process the claims to determine if they and their systems—as well as those of the health providers submitting claims—are ready to use ICD-10. Testing gives all parties an opportunity to correct claims' deficiencies prior to the "go live" date.

The Center for Medicare & Medicaid Services (CMS) and other payers offer acknowledgement testing to health providers, on a volunteer basis. For example, CMS will conduct limited acknowledgement testing April 27-May 1, 2015 and July 20-24, 2015.



Resource tip: For more information on CMS acknowledgement testing, visit the CMS website (<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html>). Additional information may be found in MLN Matters® Number SE1409 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf>).

Don't allow fear and dread to prevent you from testing. ICD-10 acknowledgement testing has brought unexpectedly good news, so far. For example, during a recent (November 2014) testing period, CMS processed 13,700 claims from more than 500 providers, suppliers, billing companies, and clearinghouses. CMS revealed, "Testing did not identify any issues with the Medicare FFS claims systems." Overall, CMS accepted 76 percent of total test claims. Acceptance rates improved throughout the week; by Friday the acceptance rate for test claims was 87 percent.

The results are more impressive when you consider that many testers "intentionally included errors in their claims to make sure that the claim would be rejected." The most common errors are easily corrected and had nothing to do with ICD-10. For instance, per CMS, "The majority of ejections on professional claims were common rejects related to an invalid NPI. Some claims were rejected because they were submitted with future dates. Acknowledgement testing cannot accept claims for future dates."



Source: CMS MLM Connects Provider eNews, December 22, 2014 (<http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2014-12-22-enews.html>).

CMS's positive testing results match closely the experiences of AAPC members who responded to a recent AAPC survey (Learn more on the AAPC website:

<http://news.aapc.com/index.php/2015/01/end-to-end-testing-dont-let-icd-10-implementation-glitches-catch-you-by-surprise/>).

Of the over 2,000 respondents, 84 percent of those who had taken part in acknowledgement testing considered it to be a success. Seventy-two percent of respondents saw no claims denied during testing. An additional 16 percent experienced a rejection rate of less than 10 percent. Over 90 percent of respondents said they noticed no payment shift on test claims.

Approximately one in three of those surveyed had testing with either Medicare or Medicaid. The remaining respondents tested with various private payers, suggesting that ICD-10 readiness among those payers is generally good.

The AAPC survey also shed additional light on the costs of ICD-10 implementation. Here, too, we learn good news: per provider costs have been more manageable than many had speculated. For example, 72 percent of respondents to the AAPC survey said they've spent less than \$5,000, per provider for ICD-10 implementation, while only 2 percent said they had spent either nothing or in excess of \$10,000, per provider. These numbers confirm earlier AAPC cost estimates for ICD-10 implementation of \$750-\$3,500, per provider, on average, depending on the size of your practice.

Many respondents also stated that ICD-10 implementation has not been as hard as they thought it would be, and that overall it has improved processes and documentation in their practices.



Resource tip: For more information on AAPC cost estimates for ICD-10 implementation, see "ICD-10 Implementation – Where Do We Really Stand?" by Rhonda Buckholtz, AAPC vice president of ICD-10 education and training, ICD10 Monitor, June 9, 2014 (<http://icd10monitor.com/enews/item/1220-exclusive-icd-%2010-implementation-where-do-we-really-stand>).

As ICD-10 implementation approaches and we begin to experience the real world consequences, we're beginning to recognize that the sky isn't falling. Preparation is required, but it hasn't been remarkably difficult, for most health care entities. Early testing suggests that the transition will occur without major problems, and the improved documentation and attention to detail that ICD-10 requires will leave us all (whether provider, payer, or patients) better off.

The bad news about the upcoming ICD-10 transition is that too few health providers have taken the final step to ensure that the transition is seamless. For example, only 17 percent of respondents in the AAPC survey, cited above, said they have taken part in acknowledgement testing to assess ICD-10 readiness. Over half (56 percent) said they were not offered testing.

If you haven't performed acknowledgement testing with all your important payers, don't wait for them to contact you. Reach out to your payers and ask them if the offer acknowledgement testing. Take part, if you can. Lessons learned during testing may be vital to a successful transition. Better

to confirm your ICD-10 readiness, now, than to face cash flow problems due to a backlog of unprocessed claims, come October.