Large Provider High Level ICD-10 Transaction Testing Checklist

The Large Provider High Level ICD-10 Transaction Testing Checklist is designed to provide guidance for completing tasks at each of the three levels of testing within an estimated timeline.

Complete each task as you move through the Levels. More than one task can be completed at the same time.

This High Level Checklist may be used alone or along with the more detailed version of the ICD-10 Transaction Testing Checklist.

Timeline: 12 – 18 months from regulation implementation date

Level 1

Level 1 Testing is the period during which entities perform all of their internal readiness activities in preparation for testing the new versions of the standards with their Trading Partner(s).

Planning

- ❑ Develop a Project Plan and team that will meet your practice/organization needs.
- ❑ Review ICD-10 coding and start identifying all areas that could be impacted by ICD-10. Look to professional associations for information and resources to help in understanding the impact of the ICD-10 changes to your practice/organization.
- ❑ Obtain updated publications and tools for the new Regulation changes.
- ❑ Create a project calendar with important deadline dates, including project activities, from Trading Partner(s).
- ❑ Establish risk management, documentation, and mitigation strategies of Regulation implementation.
- ❑ Develop a plan to communicate schedules and testing plans with your staff and Trading Partner(s).
- ❑ Create a Project Budget and secure funding for your ICD-10 implementation.

Assessment

- ❑ Identify potential impact of ICD-10 Regulation change(s) to your practice/organization by conducting a complete inventory of items such as business processes, vendors, and systems.
- ❑ Identify and create a list of all Trading Partner(s) and the types of transactions traded with each.
- ❑ Review how your practice/organization currently completes clinical documentation and performs ICD-9 coding to determine if changes are needed for accurately assigning ICD-10 codes.
- ❑ Contact your software vendor(s), including billing software, print image vendors, and EHR/EMR vendors, to determine if they are planning to meet the new Regulation and deadline.
- ❑ Begin developing a back-up plan in the event your practice/organization experiences delays with various transactions and/or processes.
- ❑ Identify business contracts that need to be modified to comply with changes.
- ❑ Evaluate training needs for ICD-10 taking into consideration different levels of recommended training.

Design

- ❑ If your practice/organization develops your own software internally, review all system design and development functions to determine if changes are necessary.
- ❑ Design programming changes and create or update data mapping.
- ❑ Ensure all software(s) can support claims incurred with dates of service before 10/1/2014, which will be coded with ICD-9 codes, and for claims incurred with dates of service on or after 10/1/2014, which need to run concurrently.
- ❑ Review/update current or develop new business requirements and technical specifications for all affected systems and processes.
- ❑ Review/update current or develop new Standard Operating Procedures (SOPs) as necessary.

Development

- ❑ Perform necessary functions to complete needed database changes for all affected systems and processes.
- ❑ Perform necessary functions to complete required software development for all affected systems and processes.
- ❑ Perform unit testing to confirm that data structures support the expanded length for ICD-10 codes and qualifiers as well as new edits/audits and business rules are functioning as expected.

Testing

- ❑ From the list of Trading Partner(s), identify those that are mission-critical.
- ❑ To identify your mission-critical Trading Partner(s) to be used in testing, contact each to determine their readiness and availability for testing.
- ❑ In preparation for End-to-End testing in Level 2, work with your mission-critical Trading Partner(s) identified for testing to:
  - ❑ Determine if your practice/organization will conduct testing or if your software vendor(s) will be testing on your behalf.
  - ❑ Determine how test files will be created and sent and how test results will be communicated to you.
  - ❑ Determine the types of transactions and data that your practice/organization requires to be tested.
- ❑ Create a Test Plan that can be used for each level of testing. Test Plan must include testing that will verify the implementation of ICD-10.
- ❑ Start performing Level 1 testing activities; review test results, address defects, update Test Plan, and communicate test results.

Transition

- ❑ Before moving to Level 2, review Level 1 tasks verifying they are as complete as possible.
- ❑ Determine when system/hardware changes will be finalized and evaluate against established timeline.
- ❑ Determine and document how you will monitor ICD-10 claims and reimbursements after implementation deadline. (Post Production Monitoring Plan)
- ❑ Create back-up plan in the event there is a problem moving code to production.

Timeline: 6 – 12 months from regulation implementation date

Level 2

Level 2 Testing is the period during which entities are preparing to reach full production readiness with Trading Partner(s). When an entity is in compliance with Level 2, it has completed some End-to-End testing with external Trading Partner(s).

Assessment

- ❑ Work with each mission-critical Trading Partner(s) to be used in testing to determine their schedule for system/software upgrade(s) and/or testing. Update project calendar and Test Plan as necessary.
- ❑ Review potential Issues/Risks identified to ensure adequate contingencies are in place.
- ❑ Finalize training plans for clinical and coding staff.

Testing

- ❑ End-to-End testing should begin after system upgrade(s)/installation(s) have been completed. Once completed then verify:
    - ❑ Software versions are ICD-10 compliant.
    - ❑ NPI, TIN, Receiver Code, and Interchange ID numbers to be used for testing are accurately set-up.
    - ❑ Connectivity with Trading Partner(s) as applicable.
- ❑ Start performing Level 2 testing activities with each identified mission-critical Trading Partner(s).
- ❑ Perform System Testing to ensure your systems exchange data seamlessly.

Transition

- ❑ Revisit Post Production Monitoring Plan to monitor ICD-10 Regulation changes to ensure compliance and impact.
- ❑ Establish a plan as to how your practice/organization will implement changes and ensure staff will be familiar and knowledgeable with all new or changed workflows, business processes, and system upgrades.
- ❑ Before moving to Level 3, review Level 2 tasks verifying that they are as complete as possible.

Timeline: 1 – 6 months from regulation implementation date

Level 3

Level 3 Testing is the period during which End-to-End testing is performed with external Trading Partner(s) and the Trading Partner(s) is able to operate in production/production-like mode with the new versions of the standards by the end of that period.

Planning

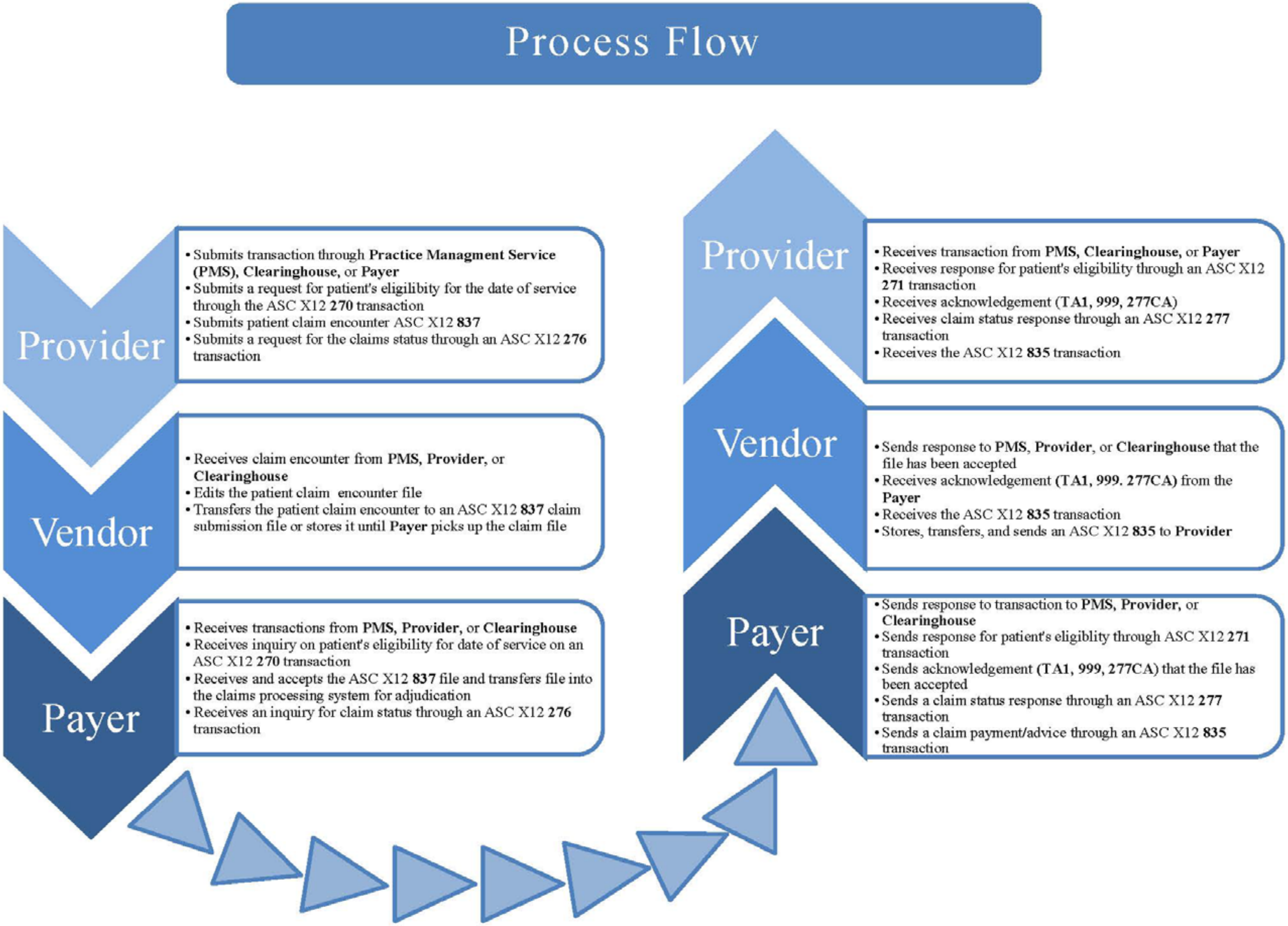
- ❑ Revisit and finalize potential Issues/Risks identified to ensure adequate contingencies are in place prior to the ICD-10 implementation date.
- ❑ Work with project team and/or software vendor(s) to finalize production migration after testing is completed and ensure all system upgrade(s)/installation(s) have been or will be implemented prior to or by the ICD-10 Regulation deadline.
- ❑ Verify all project documentation, including budget, is up-to-date in your project folder.

Testing

- ❑ Continue to work with identified mission-critical Trading Partner(s) until End-to-End testing is completed.

Transition

- ❑ As End-to-End testing is being completed, work with your implementation team and/or software vendor(s) to schedule implementation of ICD-10 upgrade(s)/installation(s) and review software and system(s) to ensure readiness.
- ❑ If your practice/organization and/or your Trading Partner(s) will not be ready to implement ICD-10 by the Regulation date, work with each to:
  - ❑ Document reasons why you/they will not be ready.
  - ❑ Document plans to be taken to get ready and an estimated date to be ready.
  - ❑ Implement your back-up plan for submitting and receiving transactions.
- ❑ Complete upgrade/installation tasks and move into production environment.
- ❑ Once upgrade(s)/installation(s) have been completed, verify the software was installed successfully and your system(s) operates as expected.
- ❑ Confirm any new workflows, business processes, and office flow changes have been implemented. Make adjustments as necessary.
- ❑ Implement Post Production Monitoring Plan to ensure compliance and the impact on your practice/organization.


Process Flow
Provider
• Submits transaction through **Practice Managment Service (PMS), Clearinghouse,** or **Payer**
• Submits a request for patient's eligilibity for the date of service through the ASC X12 **270** transaction
• Submits patient claim encounter ASC X12 **837**
• Submits a request for the claims status through an ASC X12 **276** transaction
Vendor
• Receives claim encounter from **PMS, Provider,** or **Clearinghouse**
• Edits the patient claim encounter file
• Transfers the patient claim encounter to an ASC X12 **837** claim submission file or stores it until **Payer** picks up the claim file
Payer
• Receives transactions from **PMS, Provider,** or **Clearinghouse**
• Receives inquiry on patient's eligibility for date of service on an ASC X12 **270** transaction
• Receives and accepts the ASC X12 **837** file and transfers file into the claims processing system for adjudication
• Receives an inquiry for claim status through an ASC X12 **276** transaction
Payer
• Sends response to transaction to **PMS, Provider,** or **Clearinghouse**
• Sends response for patient's eligiblity through ASC X12 **271** transaction
• Sends acknowledgement **(TA1, 999, 277CA)** that the file has been accepted
• Sends a claim status response through an ASC X12 **277** transaction
• Sends a claim payment/advice through an ASC X12 **835** transaction
Vendor
• Sends response to **PMS, Provider,** or **Clearinghouse** that the file has been accepted
• Receives acknowledgement **(TA1, 999. 277CA)** from the **Payer**
• Receives the ASC X12 **835** transaction
• Stores, transfers, and sends an ASC X12 **835** to **Provider**
Provider
• Receives transaction from **PMS, Clearinghouse,** or **Payer**
• Receives response for patient's eligibility through an ASC X12 **271** transaction
• Receives acknowledgement **(TA1, 999, 277CA)**
• Receives claim status response through an ASC X12 **277** transaction
• Receives the ASC X12 **835** transaction