



ICD-10 Provider Testing Instructions

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1 Overview

As part of its preparations for the October 1, 2015 cutover to ICD-10, Vermont Medicaid will provide all active trading partners the opportunity to submit electronic test claims to verify successful processing.

Note: The scope and complexity of the transition to ICD-10 should not be underestimated. Testing is a critical component of a successful transition to full implementation of ICD-10 by the compliance date!

The testing period will begin on May 1, 2015 and continue through August 27, 2015 at noon. The test environment will be open for testing, during this period, without prior registration or scheduling.

The goals of testing are:

1. To confirm provider ability to successfully submit ICD-10 claims into the test system for processing.
2. To validate claim(s) submission readiness for ICD-10. Providers will receive from VT Medicaid a **Remittance Advice (RA)** that will confirm that the test was successful.

This document describes how test claims should be prepared; the use of dates of service in the test environment; and the results to expect after test claim submission.

The document content describes who should conduct ICD-10 testing. It also addresses the special requirements for dates of service in a test claim to simulate the actual cutover date. The next section describes the details of how a test claim needs to be prepared. It describes which test results will be provided and where to find them. The document also includes information about testing support and contacts.

2 Who Should Test?

All Vermont Medicaid providers should verify their ability to submit valid ICD-10 claims to the Medicaid claims processing system in advance of the October 1, 2015 compliance date.

Testing is open to all Vermont Medicaid enrolled providers with an active trading partner identification number. Providers who use third-party practice management and billing systems should work with their vendors to test their ICD-10 claims. Please note that testing is only open for electronic claims!

Providers who use a clearinghouse, or billing service, and submit their claims electronically, should discuss testing with their service providers to ensure that they are prepared for ICD-10.

Those providers who use **Provider Electronic Solutions (PES)**, should use the software to submit their test claims.

DVHA strongly encourages such providers to use the free **Provider Electronic Solutions (PES)** software for claims processing. Obtaining an account and setting up the software is simple and straightforward. Contact the EDI Coordinator (802-879-4450 option 3) for details, or send email to vtedicoordinator@hp.com.

For information on getting a PES account, see the *PES Quick Reference* (www.vtmedicaid.com/Downloads/software/PES_quick_Ref.pdf).

3 Initial Steps

To participate in provider electronic claims testing, providers must have a trading partner account. An Acknowledgement Status will be posted in the Vermont Medicaid Portal within 24 hours of the test claim(s) submission. Provided that the claim was submitted before noon on Thursday.; the test results will be stated on the Remittance Advice (RA), which will be available on the Vermont Medicaid Portal (www.vtmedicaid.com) on the following Tuesday.

Please call the EDI Coordinator (802-879-4450 option 3) if access to Transaction Services on the Provider Portal is not available.

4 Test Claims Data Requirements

For technical reasons, the test environment cannot accept the official cutover date of October 1, 2015.

The test environment will use April 1, 2015 as the simulated ICD-10 cutover date in place of the actual cutover date of October 1, 2015. All test claims should have a date of service on or after April 1, 2015 and not later than the date of submission.

For example, if a provider submits a test claim on May 1, 2015 (the first day of testing), the provider must set the date of service on the claim to a date between April 1 2015 through April 30, 2015.

In the case of claims for services that span the April 1, 2015 (simulated) cutover date, please use the *Vermont Medicaid Submission Spanned-Claim Guidelines* on the DVHA ICD-10 website (dvha.vermont.gov/for-providers/icd-10-end-to-end-testing-resources) that provides a detailed explanation of how to handle these cases.

5 Test Submission Preparation

For best results, Vermont Medicaid recommends that testers use previously paid claims that have already processed through the production system. Modifying these claims with the required dates of service and ICD-10 diagnosis codes will make it more likely that the test will be successful. Member eligibility and provider status in the test environment are identical to the production environment.

All test claims must meet the following requirements:

1. Set the relevant message segment to "T" for the test environment.
 - For direct uploads, set *ISA15* to "T".
 - For PES users, set the "Environment Indicator" to "A" (under *Tools/Options/Web*), AND set the "X12 Production/Test Indicator" to "T" (under *Tools/Options/Carrier*).
2. Only claims with actual provider and trading partner data will be accepted.

3. Test claims may only use actual beneficiary data of eligible members.
4. For the test environment, claims must use dates of service between April 1st and the date of submission, as described above for ICD-10.
5. Specify the relevant ICD version of the test claim.
6. Include valid ICD-10 diagnosis codes.

Providers may submit one or multiple claims within the same submission. Vermont Medicaid cannot accept claims that have both ICD-9 and ICD-10 codes on the same claim. Please use only ICD-10 codes in any given batch.

Note for PES Users:

Instructions on how to submit tests claim using PES can be found on the Vermont Medicaid Provider Portal in Section 7 of the *PES User Guide* (www.vtmedicaid.com/Downloads/software/HP_PES_User_Guide_0914.pdf).

Provider using software other than PES, should follow the same instructions for claim submission testing provided by Vermont Medicaid following their initial enrollment. See *HIPAA Transaction Standard Companion Guide*; section 3 “Testing with the Payer” on the Vermont Medicaid Portal. (www.vtmedicaid.com/Downloads/tools/HP_VT_Medicaid_CompGuid-v5010%204-15-15.pdf).

6 Test Results

A successful test is one that was accepted in the test environment for processing. The test system will generate an initial result within 24 hours through the Acknowledge Status on the Vermont Medicaid Portal (www.vtmedicaid.com). The status will indicate whether the claim was accepted.

Please see Remittance Advice (RA) on the Vermont Medicaid Portal to confirm if the test claim was successful and free of ICD-10 errors.

A successful test does not require the claim to pay. To facilitate testing, the claims system will only check for ICD-10 validity, not for adjudication based on other criteria.

Claim Confirmation:

1. Acknowledgement Status: Confirms successful test claim transmission by downloading three output files (999, ACK and SUB) from the claims processing system. This will confirm acceptance of the claim(s).
Note: that there is no claim status option in the test environment.
2. Remittance Advice: Confirms successful processing of the provider test claim via the Transaction Services page under *View RA Files* on the Vermont Medicaid Provider Portal on the Tuesday following submission. Remittance Advice notices for each submission will indicate if the test environment successfully processed and adjudicated the claim and, if not, the reason for the denial.

The RA will list ICD-10 errors, such as “invalid diagnosis code,” at the bottom of the RA.

7 Support

HPES support will be available to address ICD-10 testing questions through the entire test period. See below for contact information and how to sign up for our ICD-10 mailing list.

8 Contacts

Go Electronic!	ICD-10 Resources	Contacts
<p>Download PES, the free claims submission software.</p> <ul style="list-style-type: none"> • Get quicker payments • Check eligibility • Confirm claim status next day • Resubmit corrected claims immediately <p><i>Paper claims typically pay in 18 days. With PES, get paid in 9 days!</i></p>	<p>Department of Vermont Health Access (DVHA)</p> <p>dvha.vermont.gov/for-providers/icd-10/</p> <p>Provider Portal</p> <p>www.vtmedicaid.com</p>	<p>Questions?</p> <p>Provider Services Help Desk</p> <p>800-925-1706 in-state</p> <p>802-879-4450 Option 1</p> <p>VT-ICD-10@hp.com</p>
<p>Contact HPES EDI Support</p> <p>802-879-4450 Option 3</p> <p>Or, send email to:</p> <p>vtedicoordinator@hp.com</p>	<p>Get ICD-10 Updates!</p> <p>Send email addresses to:</p> <p>VT-ICD-10@hp.com</p>	<p>Get Banners & Advisories</p> <p>Send email addresses to:</p> <p>vtpubs-comm@hp.com</p>