

ICD-10 Provider Testing Frequently Asked Questions

This FAQ provides answers to questions about Vermont Medicaid's ICD-10 provider testing program. For general information on ICD-10, please refer to the following resources.

- Vermont Medicaid's ICD-10 website: dvha.vermont.gov/for-providers/icd-10/
- CMS's Road to ICD-10 website: www.roadto10.org/icd-10-basics/

Provider Testing Questions

- What is provider testing?
- Who should test?
- Why should I test?
- Do I have to test?
- What happens if I don't test?
- When should I start testing?
- Do I have to inform Vermont Medicaid before I start testing?
- What does a test claim consist of?
- What dates should I use for a test claim?
- How do I submit test claims?
- How do I log on to the test environment on the Provider Portal?
- Can I use Provider Electronic Solution (PES) software for testing?
- How will I know if my test submission was accepted?
- How will I know if my test claim was successful?
- Is it safe to submit test claims with Protected Health Information (PHI)?
- How can I get help with testing?

ICD-10 Testing FAQ

Vermont Medicaid is Ready! Are You?



ICD-10 Provider Testing Questions

Q: What is provider testing?

All active trading partners have the opportunity to submit electronic test claims to the Vermont Medicaid test system to confirm their readiness for the October 1, 2015 cutover to ICD-10.

The Vermont Medicaid testing environment will accept ICD-10 test claims from May 1, 2015 through August 27, 2015

Provider testing has two goals.

1. To confirm a provider's ability to transmit ICD-10 claims into the test system for processing.

Acknowledgement Status: Confirms successful acceptance of the test claim transmission by the test system.

2. To verify provider readiness to submit ICD-10 claims for adjudication.

Remittance Advice (RA): Confirms processing of the provider's test claim. The RA 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.

A successful test does not require the claim to pay.

Provider testing is the key to successful transition to ICD-10. It is the provider community's opportunity to identify and correct any ICD-10 claim submission issues before the transition deadline of October 1, 2015 and avoid reimbursement delays.

See the detailed information in the ICD-10 Provider Testing Instructions on the DVHA ICD-10 website at dvha.vermont.gov/for-providers/4302015-vermont-medicaid-icd-10-testing-instructions.pdf

Q: 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 active trading partner identification numbers who submit claims electronically.

Providers who submit paper claims cannot participate in testing. However, they are encouraged to use Provider Electronic Solution (PES) software as an alternative to paper. Contact HPES EDI Support at 802-879-4450 Option 3 or send email to vtedicoordinator@hp.com.

Q: Why should I test?

You should test to verify your ability to submit valid ICD-10 claims by testing prior to October 1, 2015. Because each payer has their own procedures and technology, you should test with Vermont Medicaid even if you have tested with other payers.

It is the provider's opportunity to identify and correct any ICD-10 claim submission issues before the transition deadline and, thereby, avoid reimbursement delays.

ICD-10 Testing FAQ

Vermont Medicaid is Ready! Are You?



Q: Do I have to test?

No, you are under no obligation to test. You can make all the necessary preparation, research ICD-10 diagnosis codes, and start submitting ICD-10 claims on October 1. See the ICD-10 Frequently Asked Questions on the DVHA ICD-10 website (dvha.vermont.gov/for-providers/icd-10-faq.pdf) for more information.

Q: What happens if I don't test?

There is no penalty for not testing but you run the risk of lost productivity and delayed reimbursement after October 1, 2015. For health-related services provided on or after October 1, 2015, Vermont Medicaid will only accept claims with valid ICD-10 diagnosis codes. Federal regulations require compliance. All non-compliant claims will be denied.

Q: When should I start testing?

Testing started on May 1, 2015. You can submit test claims up to August 27, 2015 at noon. The test environment is available 24x7 during this period.

Q: Do I have to inform Vermont Medicaid before I start testing?

No. Testing is self-service. You can submit test claims whenever it's convenient for you.

Q: What does a test claim consist of?

For best results, Vermont Medicaid recommends that testers use recently paid claims. 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.

You must use actual provider and trading partner data, and test claims may only use actual beneficiary data for eligible members.

Your test claim must include the following.

1. Dates of service between April 1, 2015 and the date of submission
2. The correct ICD version
3. Valid ICD-10 diagnosis codes.

You can submit one claim or multiple claims in the same batch submission but you must use separate claims for ICD-9 and ICD-10.

See Section 4 of the ICD-10 Provider Testing Instructions (dvha.vermont.gov/for-providers/4302015-vermont-medicaid-icd-10-testing-instructions.pdf).

Q: What dates should I use for my test claim?

The test environment uses 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 June 1, 2015, the provider must set the date of service between April 1 and May 31, 2015.

ICD-10 Testing FAQ

Vermont Medicaid is Ready! Are You?



Q: How do I submit test claims?

If you are a PES user, first make sure you can log on to the UAT environment because you will need the same password in PES Options. Then, in PES, set the indicators so that your test claims are submitted to the test environment.

- Under *Tools/Options/Web*, set the “Environment Indicator” to “A”
- Under *Tools/Options/Carrier*, set the “X12 Production/Test Indicator” to “T”
- Under *Tools/Options/Batch*, set the password field to match your Web UAT logon password

Submit your test claim(s) under *Communication/Submission*. Then select the type(s) of file to submit under *Files to Send* by clicking on each transaction needed. Then click *Submit*.

For more details, see Submitting and Receiving transactions in Section 7 of the PES User Guide (www.vtmedicaid.com/Downloads/software/HP_PES_User_Guide_0914.pdf).

If you have practice management or billing software, contact your vendor to arrange for a test submission. If you use a billing service, it is important that you coordinate testing with your service provider.

Providers, who normally submit paper claims, should download PES to take advantage of ICD-10 provider testing. Contact HPES EDI Support at 802-879-4450 Option 3 or send email to vtedicoordinator@hp.com.

Q: How do I log on to the test environment on the Provider Portal?

Start on the www.vtmedicaid.com homepage. Click *Transaction Services* on the top menu. This will take you to the Transaction Services login page.

Click on *User Acceptance Login*. The testing system’s login page will appear. In the green box on the left-side of the screen you will see “You are in the Acceptance environment” which refers to the user acceptance testing (UAT) system. You will know you are in the test environment from the pink letters “UAT” in the screen background.

Log on using your test environment password (which should be different from your production password). If you can’t remember your password, click *Forgot Password*. After entering your user ID and answering your security question, you will be redirected to the change password screen.

Q: Can I use Provider Electronic Solution (PES) software for testing?

Yes. But you must use PES version 2.27 or higher in order to submit ICD-10 test claims. If you are using an older version of PES, please follow the instructions in *Procedures for Upgrading PES User Software* www.vtmedicaid.com/Downloads/software/PES_Upgrade_user_directions_02.05.14.pdf. Earlier versions of PES do not support ICD-10.

Q: How will I know if my test submission was accepted?

Download the acknowledgement status files (999, ACK or SUB reports). This will confirm acceptance of the claim submission.

Officially, these files are available 24 hours after your submission. In practice, you may get them within a few minutes.

ICD-10 Testing FAQ

Vermont Medicaid is Ready! Are You?



Q: How will I know if my test claim was successful?

View the Remittance Advice (RA) on the Transaction Services page on the Vermont Medicaid Provider Portal under *View RA Files*.

The financial cycle is from Thursday to Thursday. RAs are posted on Tuesday morning for the preceding financial cycle. Claims submitted after noon on Thursday will be processed in the next financial cycle for which RAs are posted on the subsequent Tuesday. For example, if you submit a claim on Monday, you will have to wait a week to see the RA.

A successful test is one that was accepted in the test environment for processing and adjudication. The claims system will check for ICD-10 validity. Testers should review the Remittance Advice for successful processing via the Transaction Service page on the Vermont Medicaid Provider Portal (www.vtmedicaid.com/Interactive/login2.html).

RA notices for each submission will indicate if the test environment successfully processed and adjudicated the claim and, if not, the reason for the denial.

RAs are only available on the Vermont Medicaid Portal (www.vtmedicaid-uat.com/test/secure/logon.do). Paper RAs will not be mailed.

Q: Is it safe to submit test claims with Protected Health Information (PHI)?

Yes. The test claims you submit are accepted into the system using the same secure method used on a daily basis for production claims. The same MACs who process production claims will process them, and all the same security protocols will be followed. Therefore, using real data for this test does not cause any additional risk of release of PHI.

Q: How can I get help with testing?

Vermont Medicaid and HPES are here to assist! Please contact us or visit DVHA's ICD-10 website (dvha.vermont.gov/for-providers/icd-10) for details about ICD-10 testing. You may contact HP's Provider Services Help Desk by phone: 800-925-1706 (Toll-free in Vermont) or 802-878-7871 (Local and Out-of-State), or send your questions by email to VT-ICD-10@hp.com.

ICD-10 Testing FAQ

Vermont Medicaid is Ready! Are You?



Didn't find the answer here?

Send your questions to the ICD-10 Project Team at VT-ICD-10@hp.com

Go Electronic!

Download *PES*, the free claims submission software.

- Get quicker payments
- Check eligibility
- Confirm claim status next day
- Resubmit corrected claims immediately

Paper claims typically pay in 18 days. With PES, get paid in 9 days!

Contact *PES*Support

802-879-4450 Option 3
vtedicoordinator@hp.com

ICD-10 Resources

Department of Vermont Health Access (DVHA)

dvha.vermont.gov/providers/icd-10/

Provider Portal

www.vtmedicaid.com

Get ICD-10 Updates!

Send email address to:
VT-ICD-10@hp.com

Contacts

ICD-10 Questions?

Provider Services Help Desk

800-925-1706 in-state

802-879-4450 Option 1

VT-ICD-10@hp.com

Get Banners & Advisories

Send email address to:
vtpubs-comm@hp.com

Disclaimer This publication has been prepared as a service to Vermont Medicaid providers. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.