

## **UHIN STANDARDS COMMITTEE ICD-10 Testing Specification v1.1**

**Purpose:** The purpose of this Specification is to outline the testing and transition of the International Classification of Diseases 10<sup>th</sup> Revision (ICD-10) within the administrative transactions for payers and providers.

**Applicability:** This Specification applies to all UHIN member payers and providers leading up to the ICD-10 implementation date, no sooner than October 1, 2015.

**Basic Concepts:** To implement the ICD-10.CM (Diagnosis codes) / ICD-10.PCS (Procedure codes) standard code sets, used in the administrative transactions. ICD-10 has more than 68,000 diagnostic codes, compared to ICD-9's 13,000 codes. The transition to ICD-10 is required by everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

### **Codes:**

The basic structure for the ICD-10.CM codes are as follows:

ICD-10.CM codes may use 3 to 7 digits.

- Characters 1-3 (the category of disease);
- 4 (etiology of disease);
- 5 (body part affected);
- 6 (severity of illness) and
- 7 (placeholder for extension of the code to increase specificity).

The basic structure for the ICD-10.PCS codes are as follows:

Codes have seven alphanumeric characters and group together services into approximately 30 procedures identified by a leading alpha character. There are 16 sections of tables that determine code selection, with each character having a specific meaning.

### **Code Qualifier:**

In the electronic Health Care Claim transaction (837) the ICD version indicator is in the "HI – Health Care Diagnosis Code segment" (837P, 837D), and the "HI – Principal Diagnosis segment" (837I), / loop 2300, where BK=ICD-9, and ABK=ICD-10. This qualifier must be used in claims that are created for testing.

### **Definitions:**

**HIPAA Covered Entities** - As defined in the HIPAA regulation

**ICD** - International Statistical Classification of Diseases and Related Health Problems.

**ICD-10.CM** - For diagnosis coding

**ICD-10.PCS** - For inpatient procedure coding

**Receivers** - Entities that receive HIPAA transactions

**Senders** - Entities that send HIPAA transactions

**World Health Organization (WHO)** - Publishes the International Classification of Diseases (ICD) code set, which defines diseases, signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease.

**End-to-End Testing** – the process of sending and receiving test data between trading partners through the entire business exchange cycle start to finish to ensure all integrated components function as expected. End-to-end testing measures operational predictability and readiness.

**Successful Testing:**

The ability to test all business processes affected by the code set changes. Successful testing will use a comprehensive approach including testing of historical claims, as well as using a built set of test claims coded from medical records to perform end-to-end testing.

**Testing Criteria**

1. Test the structure and format
2. Test ICD-9 and ICD-10 codes for failure on dates
3. Look at specific use cases/scenarios
  - a. Split claim
  - b. Interim billings
  - c. Date range
  - d. Testing on a spreadsheet (contingency)
4. Test cases for DRG shifts
5. TPL claims
6. Test transactions to include 837, 278, 270 (ICD-10 codes are not reported in the 999, 835, 277 transactions) An appropriate response will be expected from the receiver
7. Clinical trials

**Testing with national Use Case scenarios:** The Workgroup for Electronic Data Interchange (WEDI) has developed use cases, which are recommended by the UHIN ICD10 subcommittee, to use during the testing period. These uses cases are by no means an exhaustive list, but help to start the process. For further details see [ICD-10 National Pilot Program Outcomes Report](#)

**Testing Measures of Success:**

The acceptable pass rate for testing is 95 percent accuracy on expected outcomes.

Trading partners should understand the types of testing; testing for accuracy and successful transmission.

Providers want to understand what changes will occur after the implementation date. Trading partners should understand that although there may be agreement to be ICD-10 ready by the implementation date, some organizations will have additional changes after the implementation date.

**Receiver Testing Requirements:**

1. Receivers must provide their readiness testing dates and transactions for publication
2. Receivers must be able to process parallel testing (same transactions with ICD-9 and ICD-10 data) data from senders.
3. Receivers may not be able to test with all senders.
4. The receiver must follow the UHIN Standards for exchanging data.

**Sender Testing Requirements:**

1. Sender must provide their readiness testing dates and transactions for publication
2. Senders must be able to send parallel testing data
3. Senders will use “Production-like data” corresponding to the receiver
4. Non-billable codes are those that do not meet the appropriate level of specificity according to the conventions and guidelines presented by National Center for Health Statistics (NCHS). These codes may often be referred to as Header or Title codes and SHOULD NOT be sent in HIPAA transactions and are not recommended for testing. Senders must be as specific as possible when coding their claims. The importance of consistent, complete documentation in the medical record cannot be overemphasized.

ICD-10 provides significant improvements through greater detailed information and the ability to expand in order to capture additional advancements in clinical medicine. Billing to the appropriate level of specificity may result in decreased need to include supporting documentation with claims and provides better data for measuring care, tracking public health, research, and designing payment systems.

Example:

Z34 – Encounter for supervision of normal pregnancy

Z340 – Encounter for supervision of normal first pregnancy

Z3400 – Encounter for supervision of normal 1<sup>st</sup> pregnancy, unsp trimester

Z3401 – Encounter for supervision of normal 1<sup>st</sup> pregnancy, 1<sup>st</sup> trimester

Z3402 – Encounter for supervision of normal 1<sup>st</sup> pregnancy, 2<sup>nd</sup> trimester

Z3403 – Encounter for supervision of normal 1<sup>st</sup> pregnancy, 3<sup>rd</sup> trimester

The underlined diagnosis codes are not billable as they require more

specificity.

### Implementation Issues

1. It is suggested that Senders include a significant case mix for testing.
2. Manufactured data may be used for internal testing but it is recommended that “Production-like data” corresponding to the receiver be used for the external testing phase. During testing this allows testing partners to see DRG Shifts and understand how they work.
3. Senders should send files via a secure network.
4. The provider’s ability to interpret ICD-9 to ICD-10 may have an impact on payment due to differences in interpretation. In order to minimize the differences members may choose to reference National maps or General Equivalence Mappings (GEMs) to review changes and supporting documentation as testing occurs.
5. Cash flow disruption may be minimized through advanced trading partner testing. If provider systems are not available to test a minimum of six months before the implementation date, alternate testing methods may be considered.
  - a. Spreadsheet testing, see appendix B for template
  - b. Previously paid altered files
6. For the purposes of testing the ICD-10, the agreed upon effective date for testing purposes will be 10/01/2014. This is in accordance with CMS guidelines for testing.
7. Payer and provider ICD-10 testing readiness and availability can be found on the Standards page of the UHIN website, also see appendix A.
8. UHIN payers will decline processing for future dates of service during testing.
9. UHIN testing connection methods include SFTP, web-services via UTRANSEND and UHINet II, and hard disk hand delivery.
10. Payers will not accept Diagnostic and Statistical Manual of Mental Disorders (DSM) Codes as they are not accepted in the HIPAA transactions. Clinicians that use DSM codes must crosswalk those codes to the appropriate ICD-9 diagnosis codes and, as of the implementation date crosswalk them to the appropriate ICD-10 diagnosis codes.
11. Options for payers interested in identifying ICD-10 test claims from other test claims include the following:
  - Request providers put their Trading Partner Number (TPN) in the ISA01-03 (Additional Data Identification), and ISA02 – ICD-10.
  - Use claim notes or REF K3.

### History: (MM/DD/CCYY)

|                         | Original v1.0 | A* 1     | V3 | A* 3 | A* 4 |
|-------------------------|---------------|----------|----|------|------|
| <b>ORIGINATION DATE</b> | 7/2/2013      | 1/1/2015 |    |      |      |
| <b>APPROVAL DATE</b>    | 3/12/2014     | 5/6/2015 |    |      |      |
| <b>EFFECTIVE DATE</b>   | 5/28/2014     | 6/6/2015 |    |      |      |

**Appendix A**

**Payer and Provider ICD-10 Testing Readiness**

## ICD-10 Testing Readiness

\*\*The information below was voluntarily provided by Payers and Providers

| Payers         |                    |                       |  |                                       |                          |  |           |
|----------------|--------------------|-----------------------|--|---------------------------------------|--------------------------|--|-----------|
| Organization   | Expected Readiness | Connection            | Testing Status                         | Transactions Returned to Provider     | Contact                  | Email  | Resources |
| Cambia/Regence | March, 2014        | UHIN Test Environment | Limited testing with select providers  | TBD                                   | Laxmi Pochincherla       | <a href="mailto:Laxmi.Pochincherla@cambiahealth.com">Laxmi.Pochincherla@cambiahealth.com</a>   |           |
| DMBA           | 1-May-15           | UHIN Test Environment | Will resume testing May, 2015          | 999, 277CA, 835 (by request only)     | Rich Okey                | <a href="mailto:rokey@dmba.com">rokey@dmba.com</a>   |           |
| Molina         | March, 2014        | UHIN Test Environment | Testing is on-going                    | Spreadsheet results, 835 upon request | Joanne Kwast             | <a href="mailto:Joanne.Kwast@MolinaHealthCare.Com">Joanne.Kwast@MolinaHealthCare.Com</a>   |           |
| PEHP           | 1-Apr-15           | UHIN Test Environment |  | 999, 277CA, 835                       | EDI Help Desk            | <a href="mailto:edi.helpdesk@pehp.org">edi.helpdesk@pehp.org</a>   |           |
| SelectHealth   | Feb-15             | UHIN Test Environment | Limited testing                        | 999, 277CA, 835                       | Carla Hughes             | <a href="mailto:Carla.Hughes@selecthealth.org">Carla.Hughes@selecthealth.org</a>   |           |
| State Farm     | August, 2013       | UHIN Test Environment | Testing is on-going and open to anyone | 999, 277CA                            | Kate Copes<br>Deb Redman | <a href="mailto:kate.copes.lghf@statefarm.com">kate.copes.lghf@statefarm.com</a><br><a href="mailto:deb.redman.cbxx@statefarm.com">deb.redman.cbxx@statefarm.com</a> |           |
| Utah Medicaid  | May, 2015          | UHIN Test Environment | Doing internal testing                 | 999, 277CA, 835                       | Matthew Ash              | <a href="mailto:mash@utah.gov">mash@utah.gov</a>   |           |

|                                 |          |                       |  |                 |               |  |   |
|---------------------------------|----------|-----------------------|--|-----------------|---------------|--|---|
| United Healthcare               |          | UHIN Test Environment | Have already selected key facilities, vendors and providers to test with |                 |               |  | <a href="#">ICD-10 Education and Code lookup tool</a> |
| University of Utah Health Plans | 1-May-15 | UHIN Test Environment | Ready but offline until May 1st, 2015                                    | 999, 277CA, 835 | EDI Help Desk | <a href="mailto:ediuuhp@hsc.utah.edu">ediuuhp@hsc.utah.edu</a> |   |

| Providers                    |                    |                       |  |  |                    |  |           |
|------------------------------|--------------------|-----------------------|--|--|--------------------|--|-----------|
| Organization                 | Expected Readiness | Connection            | Testing Status                         |  | Contact            | Email  | Resources |
| Intermountain                | 2nd Quarter        | UHIN Test Environment | Testing on hold                        |  | Greg O'Neil        | <a href="mailto:gregory.oneil@imail.org">gregory.oneil@imail.org</a>                 |           |
| Med USA                      | 1st Quarter 2015   | UHIN Test Environment | Testing is on-going and open to anyone |  | Tiffany Roush      | <a href="mailto:edi@medusabil.com">edi@medusabil.com</a>                             |           |
| University Hospital          | 1-May-15           | UHIN Test Environment | Testing on hold                        |  | Kiffini Lund       | <a href="mailto:Kiffini.Lund@hsc.utah.edu">Kiffini.Lund@hsc.utah.edu</a>             |           |
| University Physicians (UUMG) | 1-May-15           | UHIN Test Environment | Testing on hold                        |  | Richard Hutchinson | <a href="mailto:Richard.Hutchinson@hsc.utah.edu">Richard.Hutchinson@hsc.utah.edu</a> |           |
| Valley Mental Health         | 3rd Quarter 2015   | UHIN Test Environment |  |  | Jan Barnes         | <a href="mailto:janb@vmh.com">janb@vmh.com</a>                                       |           |

**For details on ICD-10 see the following:**

[UHIN ICD-10 Standard v1.0](#)

[UHIN ICD-10 Testing Specification v1.0](#)

[UHIN ICD-10 Home Page](#)

## **Appendix B**

### **ICD-10 Spreadsheet Testing Template**



|             |             |             |             |             |             |            |            |            |
|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|------------|
| 2           |             |             |             |             |             |            |            |            |
| 3           |             |             |             |             |             |            |            |            |
| <b>AT</b>   | <b>AU</b>   | <b>AV</b>   | <b>AW</b>   | <b>AX</b>   | <b>AY</b>   | <b>AZ</b>  | <b>BA</b>  | <b>BB</b>  |
| ICD10DIAG10 | ICD10DIAG11 | ICD10DIAG12 | ICD10DIAG13 | ICD10DIAG14 | ICD10DIAG15 | ICD10PROC1 | ICD10PROC2 | ICD10PROC3 |
| 1           |             |             |             |             |             |            |            |            |
| 2           |             |             |             |             |             |            |            |            |
| 3           |             |             |             |             |             |            |            |            |
| <b>BC</b>   | <b>BD</b>   | <b>BE</b>   |             |             |             |            |            |            |
| ICD10PROC4  | ICD10PROC5  | ICD10PROC6  |             |             |             |            |            |            |
| 1           |             |             |             |             |             |            |            |            |
| 2           |             |             |             |             |             |            |            |            |
| 3           |             |             |             |             |             |            |            |            |