CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1451	<b>Date: January 20, 2015</b>
	Change Request 8867

Transmittal 1426, dated September 12, 2014, is being rescinded and replaced by Transmittal 1451 to incorporate technical direction since the Change Request's original issuance, add three Excel spreadsheet attachments, update deliverable dates, and include touch base calls during the testing weeks. Additionally, this CR is no longer Sensitive/Controversial and may be posted to the Internet. All other information remains the same.

SUBJECT: International Classification of Diseases, Tenth Revision (ICD-10) Limited End-to-end Testing with Submitters for 2015

**I. SUMMARY OF CHANGES:** This Change Request will allow for MACs to test with a limited number of providers and clearing houses to ensure claims with ICD-10 codes can be processed from submission to remittance. This additional testing effort will further ensure a successful transition to ICD-10.

CMS defines successful end-to-end testing as being able to demonstrate that:

- Testing entities are able to successfully submit ICD-10 claims to the shared systems,
- Software changes made to support ICD-10 result in appropriately adjudicated claims based on the pricing data employed for testing purposes; and
- Remittance advices are produced.

EFFECTIVE DATE: September 12, 2014 - for MACs and CEDI (non-systems change requirements) (Note: This is the due date of the first MAC and CEDI requirement); January 26, 2015 - for FISS and CEDI coding for January Testing Week; April 27, 2015 - for FISS and CEDI coding for April Testing Week; July 20, 2015 - for FISS and CEDI coding for July Testing Week

\*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: January 5, 2015 - for FISS and CEDI coding for January Testing Week; February 16, 2015 - for MAC requirements for the January 15 testing. This is the due date of the last MAC deliverable; April 6, 2015 - for FISS and CEDI coding for April Testing Week; May 18, 2015 - for MAC requirements for the April 15 testing. This is the due date of the last MAC deliverable.; July 6, 2015 - for FISS and CEDI coding for July Testing Week; August 10, 2015 - for MAC requirements for the July 15 testing. This is the due date of the last MAC deliverable.

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

#### II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

#### III. FUNDING:

#### For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**One Time Notification** 

### **Attachment - One-Time Notification**

Pub. 100-20 Transmittal: 1451 Date: January 20, 2015 Change Request: 8867

Transmittal 1426, dated September 12, 2014, is being rescinded and replaced by Transmittal 1451 to incorporate technical direction since the Change Request's original issuance, add three Excel spreadsheet attachments, update deliverable dates, and include touch base calls during the testing weeks. Additionally, this CR is no longer Sensitive/Controversial and may be posted to the Internet. All other information remains the same.

SUBJECT: International Classification of Diseases, Tenth Revision (ICD-10) Limited End-to-end Testing with Submitters for 2015

EFFECTIVE DATE: September 12, 2014 - for MACs and CEDI (non-systems change requirements) (Note: This is the due date of the first MAC and CEDI requirement); January 26, 2015 - for FISS and CEDI coding for January Testing Week; April 27, 2015 - for FISS and CEDI coding for April Testing Week; July 20, 2015 - for FISS and CEDI coding for July Testing Week

IMPLEMENTATION DATE: January 5, 2015 - for FISS and CEDI coding for January Testing Week; February 16, 2015 - for MAC requirements for the January 15 testing. This is the due date of the last MAC deliverable; April 6, 2015 - for FISS and CEDI coding for April Testing Week; May 18, 2015 - for MAC requirements for the April 15 testing. This is the due date of the last MAC deliverable.; July 6, 2015 - for FISS and CEDI coding for July Testing Week; August 10, 2015 - for MAC requirements for the July 15 testing. This is the due date of the last MAC deliverable.

#### I. GENERAL INFORMATION

**A. Background:** The International Classification of Disease, Tenth Revision, (ICD-10) must be implemented by October 1, 2015. While system changes to implement this project have been completed and tested in previous releases, the industry has requested the opportunity to test with CMS. This change request will allow a small subset of submitters to test with MACs and CEDI in three testing periods to demonstrate to the industry that CMS systems are ready for the ICD-10 implementation.

A Project Plan time line has been attached for additional information. **NOTE:** Dates in the time line are approximate, and the Business Requirements take precedence over the Project Plan time line document.

**B. Policy:** MACs and CEDI shall conduct three limited End-to-end testing weeks with a small subset of submitters.

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.

### II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Re	spo							
			A/B /IA(		D M E	M System Maintainer			System	
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
8867.1	MACs and CEDI shall conduct a limited end-to-end testing with submitters in January 2015. Test claims shall be submitted January 26 through January 30, 2015.	X	X	X	X					CEDI
8867.1.1	Each MAC (and CEDI with assistance from the DME MACs) shall select 50 submitters, for each Jurisdiction supported, to participate in the end-to-end testing. The RRB contractor shall also select 50 submitters. Testers shall be selected randomly from a list of volunteers. At least five, but not more than fifteen of the testers shall be a clearinghouse, and submitters shall be a mix of provider types. If not enough direct submitter volunteers are available to fill the remaining testing slots, clearinghouses shall be added to ensure all 50 testing slots are filled.	X	X	X	X					CEDI, RRB- SMAC
8867.1.1.1	<ul> <li>MACs and CEDI shall post a volunteer form to their website to collect volunteer information with which to select volunteers. MACs and CEDI shall use the form created for CR8602, from the previously scheduled July 2014 testing, modified with the dates and specific details of this testing.</li> <li>The volunteer form verifies testers are ready to test, meet the requirements to test, and collect data about the tester. (How they submit claims, what types of claims they will submit, etc.).</li> <li>MACs and CEDI shall submit the form to CMS for approval via the ICD-10 Mailbox, ICD-10 ImplementationPlanning@cms.hhs.gov by September 12, 2014.</li> <li>MACs and CEDI will receive approval from CMS no later than September 15, 2014.</li> <li>MACs and CEDI will post the form to their website by September 17, 2014.</li> </ul>	X	X	X	X					CEDI, CMS

Number	Requirement	Re	spoi	nsib	ility	7				
			A/B		D		Sha			Other
		N	1AC	C	M E		Sys aint			
		Α	В	Н		F	M			
		1	ם	Н	M		C	M		
				Н	A	S	S	S	F	
					С	S				
	<ul> <li>MACs and CEDI shall send a listsery to announce registration is open to volunteers by September 17, 2014.</li> </ul>									
	<ul> <li>CEDI shall send a copy of the listserv to the DME MACs by September 17, 2014, and DME MACs shall distribute this listserv within one business day.</li> </ul>									
	<ul> <li>MACs and CEDI shall email the link to the website posting to the ICD-10 Mailbox, <u>ICD-10ImplementationPlanning@cms.hhs.gov</u> by September 17, 2014.</li> </ul>									
	<ul> <li>Volunteers must submit completed forms to the MACs and CEDI by October 3, 2014.</li> </ul>									
8867.1.1.2	<ul> <li>MACs and CEDI (with the DME MACs) shall select volunteers from the forms submitted, and provide the list to CMS via the ICD-10 Mailbox, ICD-10ImplementationPlanning@cms.hhs.gov by October 13, 2014. MACs and CEDI shall provide all information about the tester (received on the form) to CMS.</li> <li>CMS will work with MACs and CEDI to resolve conflicts, and approve the volunteers by October 17, 2014.</li> <li>CMS will work with the MACs and CEDI to create and approve final testing instructions, which will be sent to testers by October 17,</li> </ul>	X	X	X	X					CEDI, CMS
	2014.									
8867.1.1.3	By October 24, 2014, MACs and CEDI (for the DME MACs) shall notify the volunteers they have been selected to test, and provide them with information for the testing, including a testing information sheet provided by CMS, which will include information such as:	X	X	X						CEDI, CMS

Number	Requirement	Re	spoi	nsib						
			A/B /IAC		D M E		Sha Sys aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S		
	<ul> <li>How to submit test claims (ex. what test indicators should be set).</li> <li>What dates of service may be used for testing.</li> <li>How many claims may be submitted for testing (Test claims volume is limited to a total of 50 claims for the entire testing week, submitted in no more than 3 files.)</li> <li>Request for Submitter IDs, NPIs, PTANs and HICNs that will be used for testing. (no more than 2 submitter IDs, 5 NPIs, 5 PTANs and 10 HICNs per testing slot).</li> <li>Notice that if more than 50 claims are submitted, they may not be processed.</li> <li>Notice that claims submitted with NPIs or HICNs not previously submitted for testing, will likely not be completed.</li> <li>Notice of potential PHI on test remits not submitted (and instructions to report PHI found to the MAC).</li> </ul>									
8867.1.1.4	By October 24, 2014, MACs and CEDI shall notify volunteers that were not selected for the testing. This notice shall encourage them to apply to volunteer in a later round of testing. CMS-suggested language has been provided in the Attachment Section of this CR in two forms. One is for testers not accepted due to limit of 50 testers, and the other is for testers not accepted because they do not meet the minimum testing requirements. MACs may modify either form to suit their needs.	X	X	X						CEDI
8867.1.1.5	MACs and CEDI (for the DME MACs) shall collect information from the testers after they have been notified of their selection. MACs shall create this form to request the Submitter IDs, HICNs, PTANs, and NPIs the tester will use during testing. Testers shall submit these forms back to the MAC/CEDI by	X	X	X						CEDI, CMS

Number	Requirement	Re	spo	nsib	ility	y				
			A/B MA(		D M E		Sys	red- stem tain	L	Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
	December 12, 2014. Notification will warn testers that if forms are not received timely, they may lose their opportunity to test.									
8867.1.1.6	MACs and CEDI shall submit the final list of testers and the Submitter IDs and NPIs to CMS by December 17, 2014.	X	X	X	X					CEDI
8867.2	MACs and CEDI shall conduct a limited end-to-end testing with submitters in April 2015. Test claims shall be submitted April 27 through May 1, 2015.	X	X	X	X					CEDI
8867.2.1	Each MAC and CEDI (with assistance from the DME MACs) shall select 50 submitters, for each Jurisdiction supported, to participate in the end-to-end testing. The RRB contractor shall also select 50 submitters. Testers shall be selected randomly from a list of volunteers. At least five, but not more than fifteen of the testers shall be a clearinghouse, and submitters shall be a mix of provider types. If not enough direct submitter volunteers are available to fill the remaining testing slots, clearinghouses shall be added to ensure all 50 testing slots are filled.	X	X	X	X					CEDI
8867.2.1.1	MACs and CEDI shall modify the volunteer form used for the January 2015 Testing Week (under BR 8867.1.1.1) with the dates and specific details of the April 2015 testing week and post the form to their websites.	X	X	X	X					CEDI, CMS
	• The volunteer form verifies testers are ready to test, meet the requirements to test, and collect data about the tester. (How they submit claims, what types of claims they will submit, etc.)									
	• MACs and CEDI will post the form to their website by December 12, 2014.									
	MACs and CEDI shall email the link to the website posting to the ICD-10 mailbox (ICD10ImplementationPlanning@cms.hhs.gov) by December 15, 2014.									
	MACs and CEDI shall send a listsery to									

Number	Requirement	Re	spo							
		,	A/B /IAC		D M E		Sha Sys aint	tem		Other
		A	В	H H H	M A C	F I S	M C S	V M S	C W F	
	announce registration is open to volunteers by December 12, 2014.									
	<ul> <li>CEDI shall send a copy of the listserv to the DME MACs by December 12, 2014, and DME MACs shall distribute this listserv within one business day.</li> </ul>									
	<ul> <li>Volunteers must submit completed forms to the MACs and CEDI by January 21, 2015.</li> </ul>									
8867.2.1.2	<ul> <li>MACs and CEDI (with the DME MACs) shall select volunteers from the forms submitted, and provide the list to CMS via the ICD-10 Mailbox, ICD-10ImplementationPlanning@cms.hhs.gov by February 4, 2015. MACs shall use the attached template to submit the tester information to CMS. CEDI shall use their own form.</li> <li>CMS will work with MACs and CEDI to resolve conflicts, and approve the volunteers by February 9, 2015.</li> <li>MACs shall modify final January testing instructions with April information, and send to the volunteers by February 13, 2015.</li> </ul>	X	X	X	X					CEDI, CMS
8867.2.1.3	By February 13, 2015, MACs and CEDI (for the DME MACs) shall notify the volunteers they have been selected to test, and provide them with information for the testing, including a testing information sheet provided by CMS, which will include information such as:	X	X	X						CEDI, CMS
	<ul> <li>A Frequently Asked Questions document (provided by CMS.)</li> </ul>									
	<ul> <li>Notice of a CMS-sponsored Volunteer Call (details of the call will be provided via technical direction.)</li> </ul>									
	How many claims may be submitted for testing									

Number	Requirement	Re	spo	nsib						
			A/B /IAC		D M E		Sha Sys (aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S		
	<ul> <li>(Test claims volume is limited to a total of 50 claims for the entire testing week, submitted in no more than 3 files.)</li> <li>Request for Submitter IDs, NPIs, PTANs and HICNs that will be used for testing. (no more than 2 submitter IDs, 5 NPIs, 5 PTANs and 10 HICNs per testing slot).</li> <li>Notice that if more than 50 claims are submitted, they may not be processed.</li> <li>Notice that claims submitted with NPIs or HICNs not previously submitted for testing, will likely not be completed.</li> <li>Notice of potential PHI on test remits not submitted (and instructions to report PHI found to the MAC.)</li> </ul>									
8867.2.1.4	By February 13, 2015, MACs and CEDI shall notify volunteers that were not selected for the testing. This notice shall encourage them to apply to volunteer in a later round of testing. CMS suggested language has been provided in the Attachment Section of this CR in two forms. One is for testers not accepted due to limit of 50 testers, and the other is for testers not accepted because they do not meet the minimum testing requirements. MACs may modify either form to suit their needs.	X	X	X						CEDI
8867.2.1.5	MACs and CEDI (for the DME MACs) shall collect information from the testers after they have been notified of their selection. MACs shall create this form to request the Submitter IDs, HICNs, PTANs, and NPIs the tester will use during testing. Testers shall submit these forms back to the MAC/CEDI by March 11, 2015. Notification will warn testers that if forms are not received timely, they may lose their opportunity to test.	X	X	X						CEDI, CMS
8867.2.1.6	MACs and CEDI shall submit the final list of testers and the Submitter IDs and NPIs to CMS by March 16,	X	X	X						CEDI

Number	Requirement	Re	spo	nsib	ility	y				
			A/B /IA(		D M E		Sha Sys (aint	tem	ì	Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
8867.2.1.7	2015 on the provided template.  MACs shall submit list of HICNs to the CWF Host using the attached CWF Host template by March 18, 2015.	X	X	X	X					CWF Host
8867.2.1.8	CWF Host shall load the HICNs received by March 18, 2015 to the UAT environments by April 10, 2015.									CWF Host
8867.2.2	Testers selected in the January 2015 Testing may participate in the April 2015 testing, and may submit 50 test claims. This is in addition to the 50 new testers selected for round two of testing, for the potential of 100 testers. January testers may submit a new data collection form with up to 2 Submitter IDs, 5 NPIs, and 10 HICNs, as well as reuse the data they submitted in January. MACs and CEDI shall send a reminder to the January 2015 testers of this option by February 13, 2015, including the data collection form. This language will stress testers must use different dates of service on test claims to prevent claim denials for duplicates.	X	X							CEDI, CMS
8867.2.2.1	Testers will be instructed if they do not use the submitted Submitter IDs, HICNs, NPIs, and PTANs, there is no guarantee their test claims will be processed. However, MACs and CEDI are not required to prevent submitters systematically from submitting claims with other information.	X	X	X						CEDI
8867.3	MACs and CEDI shall conduct a limited end-to-end testing with submitters in July 2015. Test claims shall be submitted July 20 through July 24, 2015.	X	X	X	X					CEDI
8867.3.1	Each MAC and CEDI (with assistance from the DME MACs) shall select 50 submitters, for each Jurisdiction supported, to participate in the end-to-end testing. The RRB contractor shall also select 50 submitters. Testers shall be selected randomly from a list of volunteers. At least five, but not more than fifteen of the testers shall be a clearinghouse, and submitters shall be a mix of provider types. If not enough direct submitter volunteers are available to fill the remaining testing slots, clearinghouses shall be added to ensure all 50 testing slots are filled.	X	X	X	X					CEDI

Number	Requirement	Re	spo							
		,	A/B /IAC		D M E		Sys	red- tem		Other
		A	В	H H H	M A C	F	M C S		С	
8867.3.1.1	MACs and CEDI shall modify the volunteer form used for the January 2015 Testing Week (under BR 8867.1.1.1) with the dates and specific details of the July 2015 testing week and post the form to their websites.	X	X	X	X					CEDI, CMS
	• The volunteer form verifies testers are ready to test, meet the requirements to test, and collect data about the tester. (How they submit claims, what types of claims they will submit, etc.)									
	<ul> <li>MACs and CEDI will post the form to their website by March 13, 2015.</li> </ul>									
	<ul> <li>MACs and CEDI shall send a listserv announcing registration is open for volunteers by March 13, 2015.</li> </ul>									
	<ul> <li>CEDI shall send a copy of the listserv to the DME MACs by March 13, 2015, and DME MACs shall distribute this listserv within one business day.</li> </ul>									
	MACs and CEDI shall email the link to the website posting to the ICD-10 Mailbox (ICD10ImplementationPlanning@cms.hhs.gov) by March 16, 2015.									
	<ul> <li>Volunteers must submit completed forms to the MACs and CEDI by April 17, 2015.</li> </ul>									
8867.3.1.2	MACs and CEDI (with the DME MACs) shall select volunteers from the forms submitted, and provide the list to CMS via the ICD-10 Mailbox,      ICD-10ImplementationPlanning@cms.hhs.gov by April 22, 2015. MACs and CEDI shall submit all of the information about the tester (received on the form) to CMS.	X	X	X	X					CEDI, CMS
	• CMS will work with MACs and CEDI to resolve conflicts, and approve the volunteers by May 3, 2015.									

Number	Requirement	Re	spo	nsib						
			A/B		D		Sha			Other
		N	ЛА(	<i>.</i> )	M E		Sys aint[	tem		
		A	A B			F	M		C	
				H H	M	Ι	C	M	W	
				Н	A C	S	S	S	F	
8867.3.1.3	MACs shall modify final April testing instructions with July information, and send to the volunteers by May 8, 2015.  By May 8, 2015, MACs and CEDI (for the DME)	X	X	X						CEDI,
0007.3.1.3	MACs) shall notify the volunteers they have been selected to test, and provide them with information for the testing, including a testing information sheet provided by CMS, which will include information such as:	71	71	1						CMS
	A Frequently Asked Questions document (provided by CMS.)									
	<ul> <li>Notice of a CMS-sponsored Volunteer Call (details of the call will be provided via technical direction.)</li> </ul>									
	• How many claims may be submitted for testing (Test claims volume is limited to a total of 50 claims for the entire testing week, submitted in no more than 3 files.)									
	<ul> <li>Request for Submitter IDs, NPIs, PTANs and HICNs that will be used for testing. (no more than 2 submitter IDs, 5 NPIs, 5 PTANs and 10 HICNs per testing slot).</li> </ul>									
	<ul> <li>Notice that if more than 50 claims are submitted, they may not be processed.</li> </ul>									
	<ul> <li>Notice that claims submitted with NPIs or HICNs not previously submitted for testing, will likely not be completed.</li> </ul>									
	Notice of potential PHI on test remits not submitted (and instructions to report PHI found to the MAC.)									
8867.3.1.4	By April 30, 2015, MACs and CEDI shall notify volunteers that were not selected for the testing. CMS suggested language has been provided in the	X	X	X						CEDI

Number	Requirement	Re	spo	nsib	ility	y				
			A/B MA(		D M E			red- tem	l	Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
	Attachment Section of this CR in two forms. One is for testers not accepted due to limit of 50 testers, and the other is for testers not accepted because they do not meet the minimum testing requirements. MACs may modify either form to suit their needs.									
8867.3.1.5	MACs and CEDI (for the DME MACs) shall collect information from the testers after they have been notified of their selection. MACs shall create this form to request the Submitter IDs, HICNs, PTANs, and NPIs the tester will use during testing. Testers shall submit these forms back to the MAC/CEDI by May 29, 2015. Notification will warn testers that if forms are not received timely, they may lose their opportunity to test.	X	X	X						CEDI, CMS
8867.2.1.6	MACs and CEDI shall submit the final list of testers and the Submitter IDs and NPIs to CMS by June 5, 2015 on the provided template.	X	X	X						CEDI
8867.3.1.7	MACs shall submit list of HICNs to the CWF Host using the attached CWF Host template by June 5, 2015.	X	X	X	X					CWF Host
8867.3.1.8	CWF Host shall load the HICNs received by June 5, 2015 to the UAT environments by July 3, 2015.									CWF Host
8867.3.2.1	Testers will be instructed if they do not use the submitted Submitter IDs, HICNs, NPIs, and PTANs, there is no guarantee their test claims will be processed. However, MACs and CEDI are not required to prevent submitters systematically from submitting claims with other information.	X	X	X						CEDI
8867.4	MACs and CEDI shall work with the testers selected to ensure they are prepared to test, and understand the requirements for testing.	X	X	X						CEDI
8867.4.1	MACs and CEDI shall instruct the testers to submit up to a total of 50 test claims during the testing period. This may be submitted in 1-3 files, but the total number of test claims cannot exceed 50.	X	X	X						CEDI
8867.4.2	CEDI shall instruct suppliers to submit claims with ICD-10 codes with dates of service 10/1/2015 through 10/15/2015. They may also submit claims with ICD-9 codes with Dates of Service before 10/1/2015.									CEDI

	4	spoi A/B				~-			l
	MAC N			D M E			red- tem		Other
	A	В	H H H	M A C	F I S S	M C S		C W F	
MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.	X	X	X						
Requirement moved to 8867.2.1.7 and 8867.3.1.7.	X	X	X	X					CEDI, CWF Host
Requirement moved to 8867.2.1.8 and 8867.3.1.8.	X	X	X	X					CWF Host
MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.	X	X	X	X					CEDI
MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.	X	X	X	X					
DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.				X					HP VDC
<ul> <li>Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.</li> <li>• 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.</li> <li>• 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.</li> <li>• 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.</li> <li>• 31080 - CLAIM RECEIPT DATE: THE</li> </ul>	X		X						
	ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS	ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7. X X X Requirement moved to 8867.2.1.8 and 8867.3.1.8. X X X MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.	MACs shall instruct testers to submit test claims with ICD-10 codes with dates of service on or after 10/1/2015 through 12/31/2015. They may not use dates of service after 12/31/2015. They may also submit test claims with ICD-9 codes with Dates of Service before 10/1/2015.  Requirement moved to 8867.2.1.7 and 8867.3.1.7.  Requirement moved to 8867.2.1.8 and 8867.3.1.8.  MACs shall verify NPIs, PTANs, and HICNs from submitters are available in their UAT regions before the start of testing. CEDI shall verify NPIs and PTANs.  MACs shall take steps to avoid potential testing conflicts by reviewing the HICNs, PTANs, and NPIs submitted by the testers, and ensure that those PTANs, NPIs or HICNs are used exclusively for ICD-10 submitter testing during the testing period.  DME MACs shall work with the HP VDC to future date the UAT region to October 15, 2015, before the beginning of end-to-end testing.  Part A MACs shall turn off the following Reason Codes in the UAT environment during testing to allow claims with future dates of service to process in FISS.  • 31082 -THE CLAIMS RECEIPT DATE IS GREATER THAN THE CURRENT SYSTEM RUN DATE.  • 31254 - STANDARD NARRATIVE: THE DATE PORTION OF THE DCN IS BEFORE BOTH THE STATEMENT COVERED FROM DATE AND THE ADMIT DATE.  • 31081 - THE CLAIMS RECEIPT DATE IS LESS THAN THE STATEMENT COVERS TO DATE.

Number	Requirement	Res	spoi	nsib	ility	y		Responsibility			
		1	A/B		D		Sha			Other	
		N	/IAC		M E		Sys				
		Α	В	Н	E	F	aint M				
		A	В	Н	M		C				
				Н	A	S	S	S	F		
					С	S					
	CLAIM RECEIPT DATE IS LESS THAN (PRIOR TO) THE STATEMENT COVERS										
	FROM DATE ON THE CLAIM.										
	• 31000 - STANDARD										
	NARRATIVE:STATEMENT COVERS THRU										
	DATE IS GREATER THAN THE SYSTEM RUN DATE										
	• 37069 – IRF CLAIMS AND PROVIDER-										
	SUBMITTED ADJUSTMENTS ARE										
	SUSPENDED FOR VALIDATION OF PATIENT ASSESSMENT DATA										
	PATIENT ASSESSMENT DATA										
	• 37096 - NO ASSESSMENT RECORD ON										
	FILE FOR THIS IRF CLAIM. (RTP)										
	• 37070 - SNF/SB CLAIMS AND PROVIDER										
	SUBMITTED ADJUSTMENTS ARE										
	SUSPENDED FOR VALIDATION OF										
0067.10.1	PATIENT ASSESSMENT DATA			7.7							
8867.10.1	HHH MACs shall suspend Hospice claims so they can enter NOEs, since submitters will not be able to submit			X							
	them through DDE during testing. Once they are										
	posted to CWF, the claims can be released.										
8867.11	Part B MACs shall turn off the following edits in the		X								
	UAT environment during testing to allow claims with										
	future dates of service to process in MCS.										
	021D - Detail From Date of Service										
	• 023D - Detail To Date of Service										
8867.12	MACs shall set the payment floor to no more than one	X	X	X	X						
	day during this testing.										
8867.13	CEDI shall be modified to allow submission of test									CEDI	
	claims to the production front end environment with										
	future dates of service. This process shall remain in										
	place until the third round of testing is complete. This										
	process shall be disabled following the third round of testing.										
	comg.										

Number	Requirement	Re	spoi	nsib	ility	y					
			A/B /IAC		D M E		Sha Sys aint	tem	L	Other	
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F		
8867.14	CEDI shall create processes which will allow test claims from the EDI production environment to ultimately be fed into the DME MAC UAT environments during the testing period. These processes shall be disabled following the end-to-end testing period.									CEDI	
8867.15	MAC shall move 837 files from the CEM PRODSIM folder to the MAC UAT outgoing 837 folder during the scheduled testing weeks.	X	X	X							
8867.15.1	MACs and CEDI (for the DME MACs) may choose to verify the size of files, and not move files with more than 50 claims (if it should occur.) In this case, the MAC must contact the tester who submitted the file, and instruct them to submit a file with less than 50 claims. If the MAC or CEDI (for the DME MAC) does not process a file received after the 50 claim limit has been reached, no notification is necessary since the initial 50 claims submitted will be processed.	X	X	X						CEDI	
8867.16	MACs shall move translated 835 files for all testers submitter IDs from the MAC UAT environment to the CEM Production environment for mailboxing to testers.	X	X	X							
8867.17	CEDI shall create a job or script to copy and move the Submitter Reports generated out of the DME batch cycles and translated 835 files for all testers submitter IDs from the CEDI DME MAC testing environment to the CEDI Production environment for mailboxing to testers. This process shall be disabled following the end-to-end testing period.									CEDI	
8867.18	CEDI shall change the DME MAC ERA setups to "T" on MGTP so that when the ERA is received by the submitter, it is not run through their regular production auto posting process.									CEDI	
8867.19	MACs shall ensure the appropriate set up is completed to generate 835 files for this testing with 'T' in the ISA15.	X	X	X							

Requirement	Re	Responsibility							
				D M E		Sys	stem	l	Other
	A	В	H H H	M A C	F I S S	M C S		C W F	
<ul> <li>MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.</li> <li>CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.</li> <li>Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.</li> <li>Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.</li> <li>If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.</li> </ul>	X	X	X	X					
Test claims shall interface with CWF.	X	X	X	X					
Test claims shall not interface with HIGLAS.	X	X	X						
MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.	X	X	X	X					CEDI
MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.	X	X	X	X					CEDI
Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	X	X	X						CEDI
	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  • CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  • Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  • Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  • If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  X  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for tCD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  X X  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  • CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  • Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  • Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  • If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  • CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  • Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  • Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  • If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  • CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  • Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  • Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  • If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing week, and two weeks following the testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	MACs shall work suspended test claims to finalization, up to the 50 claims per submitter limit.  • CMS defines "finalization" for this testing to mean the claim is rejected, denied, Returned to Provider (RTP'd), or paid.  • Claims rejected by CEDI or CEM do not count toward the 50 claim total, and may be resubmitted.  • Claims rejected within the Shared Systems do count toward the submitter's 50 claim count.  • If a claim suspends for Additional Documentation Request (ADR), the MAC shall assume the documentation was received to support payment, and continue to process the claim.  Test claims shall interface with CWF.  Test claims shall not interface with HIGLAS.  MACs and CEDI shall be prepared to support increased call volume from testers during the testing window, and up to 2 weeks following the receipt of the ERAs from testing.  MACs and CEDI shall provide information to the testers on who to contact for testing questions. This may be separate contacts for front end questions and remittance questions.  Reporting for this Change Request (CR) will follow the reporting for ICD-10 created in a previous CR. MACs shall submit the reports to the Website during each testing, until the next Monday. For each testing period, MACs shall submit reports (weekdays only) through the following dates:	AB   MAC   B   H   M   H   A   S   S   S	A/B   MAC   Maintainers

Number	Requirement	Responsibility								
			A/B /IA(		D M E		Sha Sys laint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
	• April 2015: 4/28/15 to 5/18/15									
	• July 2015: 7/21/15 to 8/10/15									
8867.24.1	MACs and CEDI shall be instructed how to submit the ICD-10 Reports to the Website at least one month prior to the start of testing on the EDIFWG workgroup calls.	X	X	X						CEDI
8867.25	FISS shall make changes to install the Beta versions of the Pricers and Groupers after the implementation of the January 2015 Release, so they may be used in the MAC UAT environments for testing.					X				
8867.25.1	FISS shall BETA test the new version of the MCE before the January Testing. CMS will provide the file to FISS in late October.					X				
8867.26	FISS shall make changes to install the Beta versions of the Pricers and Groupers after the implementation of the April 2015 Release, so they may be used in the MAC UAT environments for testing.					X				
8867.27	FISS shall make changes to install the Beta versions of the Pricers and Groupers after the implementation of the July 2015 Release, so they may be used in the MAC UAT environments for testing.					X				
8867.28	FISS and the VDCs shall remove the Beta versions of the Pricers and Groupers from the MAC UAT environments following each round of testing. BETA versions shall not be promoted to the production environment.					X				VDC
8867.29	MACs and CEDI shall post an announcement about the testing to their websites.	X	X	X	X					CEDI
8867.30	CMS will conduct a monthly, (October 2014 through November 2015), one hour conference call with MACs, SSMs, CEDI, VDC, STC, and CWF Host to monitor preparations for testing and resolve any issues. Call details will be released via Technical Direction Letter at least ten (10) days prior to the call.	X	X	X	X	X	X			CEDI, CEM, CWF Host, STC, VDC

Number	Requirement	Responsibility								
		A/B MAC		D M E	M System			-	Other	
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
8867.30.1	CMS will conduct six 30-minute touch base calls during each testing period. CMS will provide the dialin information before the start of the calls.	X	X	X	X	X	X	X	X	CEDI, CEM, CWF Host, STC, VDC
8867.31	CMS understands the potential risk that PHI may be released to providers who did not submit it during testing. If this occurs, MACs and CEDI shall report the incidents brought to their attention by testers to CMS following normal reporting procedures, within one week of the completion of testing. Multiple instances may be filed on one report, and the requirement for the report to be filed within one hour of notification will be waived.  NOTE: Testing instructions will explain this potential PHI risk to testers, and tell them to report this to the MACs if found.	X	X	X	X					CEDI
8867.32	The VDC shall ensure the production jobs that create the daily CERT extract file are run in the UAT environments during testing, and that the CERT contractor can access that extract file for testing.									VDC
8867.33	This requirement has been deleted.	X	X	X	X					CEDI

#### III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsib	ility	
			A/B MA(		D M E	C E D
		A	В	H H H	M A C	Ι
8867.34	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X

#### IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

Pre-Implementation Contact(s): Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative COR)

#### VI. FUNDING

#### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and

immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 6** 

#### **Volunteers Not Selected Language**

Thank you for volunteering to participate in the limited ICD-10 End-to-End Testing for Fee-For-Service Medicare in (insert testing month, ex. January). CMS could only accept a limited number of volunteer testers due to the demands of our ongoing claims processing and payment activities. A robust sample of testers was selected by CMS and our contractors to best represent the universe of provider and submitter types. Unfortunately, you were not selected by (insert contractor name, MAC Jurisdiction). You are invited to reapply to test in a later round of End-to-end Testing. See the MAC's website for additional information. (Delete these last two sentences if this is for the July 2015, final round of testing.)

After the end-to-end testing week, additional educational materials will be developed for providers and submitters based on the testing results. Although you have not been selected for End-to-End Testing, you may continue to submit claims to your MAC for acknowledgement testing through October 1, 2015. This testing will allow you to determine whether CMS will be able to accept your claims with ICD-10 codes. While test claims will not be adjudicated, the MACs will return an acknowledgment that confirms whether the submitted test claims were accepted or rejected.

For more information about acknowledgement testing, refer to the information on your <u>MAC's</u> website and MLN Matters® Article MM8858, "International Classification of Diseases, 10th Revision (ICD-10) Testing - Acknowledgement Testing with Providers"

#### **Alternate Volunteers Not Selected Language**

Thank you for volunteering to participate in the limited ICD-10 end-to-end testing for Fee-For-Service Medicare in (insert testing month, ex. January). Unfortunately, you were not selected by (insert contractor name, MAC Jurisdiction) because your application indicates that you do not meet one of the following minimum testing requirements:

- 1. Testers must be established electronic submitters with active Medicare submitter IDs and be capable of receiving electronic remittance advices (ERAs) to be eligible for this testing. Electronic submitters are defined as clearinghouses, billing agencies, or a professional or institutional provider that submits claims directly to Medicare.
- 2. Providers who submit through a clearinghouse will have to test with their clearinghouse if the clearinghouse is chosen.
- 3. Vendors cannot volunteer to test directly because they do not have a submitter ID. Vendors must work with a chosen submitter to test.

If your situation changes, or you submitted incorrect information on your application, you may be eligible to reapply to test in a later round of end-to-end testing. See your <u>MAC's</u> website for additional information. (Delete these last two sentences if this is for the July 2015, final round of testing.)

After the end-to-end testing week, additional educational materials will be developed for providers and submitters based on the testing results. Although you have not been selected for end-to-end testing, you may continue to submit claims to your MAC for acknowledgement testing through your clearinghouse through October 1, 2015. This testing will allow you to determine whether CMS will be able to accept your claims with ICD-10 codes. While test claims will not be adjudicated, the MACs will return an electronic acknowledgment that confirms whether the submitted test claims were accepted or rejected. You may contact your clearinghouse for more information on acknowledgement testing.

## FAQs - ICD-10 End-to-End Testing

### What to Know Prior to Testing

#### 1. How is ICD-10 end-to-end testing different from acknowledgement testing?

The goal of acknowledgement testing is for testers to submit claims with ICD-10 codes to the Medicare Fee-For-Service (FFS) claims systems and receive acknowledgements to confirm that their claims were accepted or rejected. End-to-end testing takes that a step further, processing the claim through all Medicare system edits to produce and return an accurate Electronic Remittance Advice (ERA). While acknowledgement testing is open to all electronic submitters, end-to-end testing is limited to a smaller sample of submitters who volunteer and are selected for testing.

#### 2. What constitutes a testing slot for this testing?

A testing slot is the ability to submit 50 claims to a particular Medicare Administrative Contractor (MAC) who selected you for testing.

#### 3. What data must I provide to the MAC before testing?

For each testing slot, you must provide the Medicare Administrative Contractor (MAC): up to 2 submitter IDs, up to 5 National Provider Identifiers (NPIs)/Provider Transaction Access Numbers (PTANs), and up to 10 Health Insurance Claim Numbers (HICNs). You may use these in any combination on the 50 claims. You will need to use the same HICN on multiple claims. Therefore, you will need to consider this when designing a test plan, since claims will be subject to standard utilization edits.

If you were selected to test with only one submitter ID but would like to choose a second one, you must contact the MAC to add the second submitter ID. If the MAC is not aware of your preference to use a second submitter ID, claims submitted with that ID may not be processed.

#### 4. What should I consider when choosing HICNs for testing?

The Medicare Administrative Contractor (MAC) will copy production information into the test region for the Health Insurance Claim Numbers (HICNs) that you provide. This includes eligibility information, claims history, and other forms such as Certificates of Medical Necessity (CMNs). The HICNs you provide must be real beneficiaries and may not have a Date of Death on file. If you previously submitted HICNs for beneficiaries who are deceased, contact the MAC as soon as possible with replacement HICNs.

#### 5. If I was selected for the January 2015 end-to-end testing, do I need to reapply for later testing rounds?

No, once you are selected for testing, you are automatically registered for the later rounds of testing.

#### 6. Can I submit additional NPIs, PTANs, and HICNs for the later rounds of testing?

Yes, while you do not need to re-apply for the later rounds of testing, you may choose to submit up to 2 additional Submitter IDs, up to 5 additional National Provider Identifiers (NPIs)/Provider Transaction Access Numbers (PTANs), and up to 10 additional Health Insurance Claim Numbers (HICNs). You may also still use the information you submitted for the previous testing round. The Medicare

Administrative Contractor (MAC) will provide the form you must use to submit this new information, and the information must be received by the due date on the form to be considered for the next round of testing.

## **What to Know During Testing**

#### 1. Is it safe to submit test claims with PHI?

The test claims you submit are accepted into the system using the same secure method used for production claims on a daily basis. They will be processed by the same Medicare Administrative Contractors (MACs) who process production claims, 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 Protected Health Information (PHI).

#### 2. What Dates of Service can be used on test claims?

Professional claims with an ICD-10 code must have a date of service on or after 10/1/2015. Inpatient claims with an ICD-10 code must have a discharge date on or after 10/1/2015. Supplier claims with an ICD-10 code must have a date of service between 10/1/2015 and 10/15/2015.

For professional and institutional claims, you may use dates up to 12/31/2015. You cannot use dates in 2016 or beyond.

#### 3. Can both ICD-9 and ICD-10 codes be submitted on the same claim?

ICD-9 and ICD-10 codes cannot be submitted on the same claim. For additional information on how to submit dates on ICD-10 claims, please refer to MLN Matters® Article SE1325, "Institutional Services Split Claims Billing Instructions for Medicare Fee-For-Service (FFS) Claims that span the ICD-10 Implementation Date" located at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf</a> on the Centers for Medicare & Medicaid Services website.

# 4. Do Returned to Provider (RTP) claims count toward the 50 claims submitted? Can RTP'd claims be resubmitted for testing?

Institutional claims that fail Return to Provider (RTP) editing count toward the 50 claim submission limit. Claims that are RTP'd will not appear on the electronic remittance advice, and will not be available through DDE. If claims accepted by the front end edits do not appear on the remittance advice, please contact the Medicare Administrative Contractor (MAC) for further information.

Claims that are rejected by front end editing do not count toward the 50 claim submission limit; therefore, they should be corrected and resubmitted.

#### 5. If a CMN or DIF is required for a DME claim, do I need to submit a CMN or DIF during testing?

If the beneficiary has a valid Certificate of Medical Necessity (CMN) or DME Information Form (DIF) on file for that equipment/supply covered by the dates of service on your test claim (after 10/1/2015), you do not need to submit a new CMN/DIF.

If the beneficiary's CMN/DIF has expired for the dates of service on your test claim (after 10/1/2015), you must submit a revised CMN/DIF to extend the end date for that CMN/DIF.

If the beneficiary does not have a CMN or DIF for that equipment/supply, you must submit a new CMN/DIF.

#### 6. For Home Health claims, how should I submit the RAP and final claim for testing?

Submit the Request for Anticipated Payment (RAP) and final claim in the same file and the system will allow them to process. The final claim will be held and recycle (as in normal processing) until the RAP finalizes. It will then be released to the Common Working File (CWF). The RAP processing time will be short, since the test beneficiaries are set up in advance.

To get your results more quickly, you may also want to consider billing Low Utilization Payment Adjustment claims with 4 visits or less that do not require a RAP.

#### 7. For Hospice claims, should I submit the NOE prior to testing?

You will not need to provide Notice of Elections (NOEs) to the Medicare Administrative Contractor (MAC) prior to the start of testing. The MACs will set up NOEs for any hospice claims received during testing.

# 8. For an IRF or SNF stay, can the CMG or RUG code be submitted on the claim even though the date of service is in the future?

Yes, you can send the Inpatient Rehabilitation Facility (IRF) claim with a valid Case-mix Group (CMG) code on the claim and a Skilled Nursing Facility (SNF) claim with a valid Resource Utilization Group (RUG) code on the claim, even though the date is in the future. For testing purposes, only a claim with a valid Health Insurance Prospective Payment System (HIPPS) code will be required. You do not need to submit the supporting data sheets.

Testing Round	Task Name	Duration	Start	Finish	Req#	Resource Names
01-Jan-15	MACs and CEDI submit draft volunteer form to CMS via mailbox	1 day	Fri 09/12/14	Fri 09/12/14	1.1.1	A/B MACs,CEDI,CMS
01-Jan-15	CMS approves final volunteer forms	1 days	Mon 09/15/14	Mon 09/15/14	1.1.1	CMS
01-Jan-15	MACs/CEDI post volunteer form to website	2 days	Tue 09/16/14	Wed 09/17/14	1.1.1	CEDI,A/B MACs
01-Jan-15	MACs/CEDI send listserve to announce registration is open to volunteers	1 day	Wed 09/17/14	Wed 09/17/14	1.1.1	CEDI,A/B MACs
01-Jan-15	CEDI shall send listserve to DME MACs, and DME MACs shall distribute within one business day	2 days	Tue 09/16/14	Wed 09/17/14	1.1.1	CEDI,DME MACs
01-Jan-15	MACs and CEDI shall email the link to the Website posting to the ICD-10 Mailbox	2 days	Tue 09/16/14	Wed 09/17/14	1.1.1	CEDI,A/B MACs
01-Jan-15	Testers submit volunteer forms to MACs/CEDI	13 days	Wed 09/17/14	Fri 10/03/14	1.1.1	Testers
01-Jan-15	MACs/CEDI collect volunteer forms	13 days	Wed 09/17/14	Fri 10/03/14	1.1.1	A/B MACs,CEDI
01-Jan-15	MACs and CEDI (with DME MACs) select volunteers, and send volunteers selected to CMS	8 days	Fri 10/03/14	Mon 10/13/14	1.1.2	A/B MACs,CEDI,DME MACs
01-Jan-15	CMS approves volunteer list	5 days	Mon 10/13/14	Fri 10/17/14	1.1.2	CMS
01-Jan-15	CMS approves final testing instructions with MACs/CEDI, which will be sent to testers	28 days	Mon 09/12/14	Fri 10/17/14	1.1.2	CMS,A/B MACs,CEDI,DME MACs
01-Jan-15	MACs/CEDI notify volunteers they have been selected, and provide testing instructions	6 days	Fri 10/17/14	Fri 10/24/14	1.1.3	A/B MACs,CEDI
01-Jan-15	MACs/CEDI notify volunteers who were not selected, using language provided by CMS.	6 days	Fri 10/17/14	Fri 10/24/14	1.1.4	A/B MACs,CEDI
01-Jan-15	Testers submit NPIs/PTANs and HICNs to MAC/CEDI	20 days	Fri 10/24/14	Mon 11/24/14	1.1.5	Testers
01-Jan-15	A/B MACs and CEDI email CMS the testers NPIs (and PTANs)	4 days	Mon 11/24/14	Mon 12/01/14	TDL 150049	A/B MACs, CEDI
01-Jan-15	A/B MACs and DME MACs analyze testers HICN list and prepare updates for CWF Host	19 days	Fri 10/24/14	Wed 12/03/14	6	A/B MACs,DME MACs

Testing Round	Task Name	Duration	Start	Finish	Req#	Resource Names
01-Jan-15	CMS creates BETA pricer/grouper files for testing	31 days	Fri 10/17/14	Mon 12/01/14		CMS
01-Jan-15	CWF host updates UAT with HICNs	30 days	Mon 10/27/14	Fri 12/19/14	6	CWF Host
01-Jan-15	FISS receives BETA pricer/groupers	5 days	Mon 12/01/14	Fri 12/05/14	25	FISS
01-Jan-15	FISS codes BETA pricer/groupers	10 days	Fri 12/05/14	Thu 12/18/14	25	FISS
01-Jan-15	FISS installs and ALPHA tests BETA pricer/groupers in FISS environment	12 days	Thu 12/18/14	Fri 01/02/15	25	FISS
01-Jan-15	A/B MACs and DME MACs test changes, (except FISS Pricer/Grouper changes) - January UAT (dates approximate)	20 days	Mon 12/08/14	Fri 01/02/15		A/B MACs,DME MACs
01-Jan-15	FISS sends BETA code and pricer/groupers to VDC	1 day	Mon 01/05/15	Mon 01/05/15	25	FISS
01-Jan-15	VDC installs BETA pricer/groupers in MAC UAT	2 days	Mon 01/05/15	Tue 01/06/15		VDC
01-Jan-15	A/B MACs and DME MACs verify HICN, NPI, PTAN set up in UAT regions, CEDI verify NPIs/PTANs in front end environment	35 days	Fri 12/19/14	Fri 01/23/15	7	A/B MACs,DME MACs
01-Jan-15	A MACs test pricer/grouper changes	13 days	Wed 01/07/15	Fri 01/23/15		A/B MACs
01-Jan-15	January 2015 End to End Testing Week	5 days	Mon 01/26/15	Fri 01/30/15		
01-Jan-15	Testers submit test claims	5 days	Mon 01/26/15	Fri 01/30/15	1	Testers
01-Jan-15	MACs adjudicate test claims	15 days	Mon 01/26/15	Fri 02/13/15	20	A/B MACs,DME MACs
01-Jan-15	A/B MACs and DME MACs support testers, questions related to adjudication of test claims	15 days	Mon 01/26/15	Fri 02/13/15	23	A/B MACs,DME MACs
01-Jan-15	MACs and CEDI submit CR8589 Reports to Website	16 days	Mon 01/26/15	Mon 02/16/15	24	A/B MACs,DME MACs, CEDI
01-Jan-15	VDC removes BETA pricer/groupers in MAC UAT	2 days	Mon 02/16/15	Tue 02/17/15	28	VDC
02-Apr-15	MACs and CEDI update volunteer forms with dates for the April 2015 testing.	5 days	Mon 12/01/14	Fri 12/05/14	2.1.1	A/B MACs,CEDI,CMS

Testing Round	Task Name	Duration	Start	Finish	Req #	Resource Names
02-Apr-15	MACs/CEDI post volunteer form to website	6 days	Fri 12/05/14	Fri 12/12/14	2.1.1	CEDI,A/B MACs
02-Apr-15	MACs/CEDI send listserve to announce registration is open to volunteers	1 day	Fri 12/12/14	Fri 12/12/14	2.1.1	CEDI,A/B MACs
02-Apr-15	CEDI shall send listserve to DME MACs, and DME MACs shall distribute within one business day	2 days	Fri 12/12/14	Mon 12/15/14	2.1.1	CEDI,DME MACs
02-Apr-15	MACs and CEDI shall email the link to the Website posting to the ICD-10 Mailbox	2 days	Fri 12/12/14	Mon 12/15/14	2.1.1	CEDI,A/B MACs
02-Apr-15	Testers submit volunteer forms to MACs/CEDI	21 days	Fri 12/12/14	Wed 01/21/15	2.1.1	Testers
02-Apr-15	MACs/CEDI collect volunteer forms	21 days	Fri 12/12/14	Wed 01/21/15	2.1.1	A/B MACs,CEDI
02-Apr-15	MACs and CEDI (with DME MACs) select volunteers, and send volunteers selected to CMS	9 days	Fri 01/09/15	Wed 02/04/15	2.1.2	A/B MACs,CEDI,DME MACs
02-Apr-15	CMS approves volunteer list	4 days	Wed 02/04/15	Mon 02/09/15	2.1.2	CMS
02-Apr-15	MACs modify final January testing instructions with April information	16 days	Mon 01/05/15	Mon 02/09/15	2.1.2	CMS,A/B MACs,CEDI,DME MACs
02-Apr-15	MACs remind testers from January 2015 Testing they may test in April 2015, and provide instructions.	5 days	Mon 2/09/15	Fri 02/13/15	2.2	A/B MACs,CEDI
02-Apr-15	MACs/CEDI notify volunteers that were selected, and provide testing instructions.	5 days	Mon 2/09/15	Fri 02/13/15	2.1.4	A/B MACs,CEDI
02-Apr-15	MACs/CEDI notify volunteers that were not selected, using language provided by CMS.	5 days	Mon 2/09/15	Fri 02/13/15	2.1.4	A/B MACs,CEDI
02-Apr-15	MACs, CEDI collect NPIs, PTANs, HICNs from testers.	20 days	Fri 02/13/15	Wed 03/11/15		A/B MACs,CEDI
02-Apr-15	MACs provide CMS with list of NPIs from testers on template provided.	3 days	Wed 03/11/15	Mon 03/16/15		A/B MACs

Testing Round	Task Name	Duration	Start	Finish	Req #	Resource Names
02-Apr-15	A/B MACs and DME MACs analyze testers HICN list and prepare updates for CWF Host on CWF Host Template		Wed 3/11/15	Wed 03/18/15	5	A/B MACs,DME MACs
02-Apr-15	CWF host updates UAT with HICNs	21 days	Mon 03/18/15	Fri 04/10/15	6	CWF Host
02-Apr-15	VDC installs BETA pricer/groupers in UAT	1 day	Mon 04/13/14	Mon 04/13/15	26	VDC
02-Apr-15	A/B MACs and DME MACs verify HICN, NPI, PTAN set up in UAT regions, CEDI verify NPIs/PTANs in front end environment	19 days	Mon 03/18/15	Fri 04/24/15	7	A/B MACs,DME MACs
02-Apr-15	A MACs test pricer/grouper changes	8 days	Mon 04/13/15	Fri 04/24/15		A/B MACs
02-Apr-15	April 2015 End to End Testing Week	5 days	Mon 04/27/15	Fri 05/01/15		
02-Apr-15	Testers submit test claims	5 days	Mon 04/27/15	Fri 05/01/15		Testers
02-Apr-15	MACs adjudicate test claims	15 days	Mon 04/27/15	Fri 05/15/15	20	A/B MACs,DME MACs
02-Apr-15	A/B MACs and DME MACs support testers, questions related to adjudication of test claims	15 days	Mon 04/27/15	Fri 05/15/15	23	A/B MACs,DME MACs
02-Apr-15	MACs and CEDI submit CR8589 Reports to Website	16 days	Mon 04/27/15	Mon 05/18/15	24	A/B MACs,DME MACs, CEDI
02-Apr-15	VDC removes BETA pricer/groupers in MAC UAT	2 days	Mon 05/18/15	Tue 05/19/15	28	VDC
03-Jul-15	MACs and CEDI update volunteer form with July Testing dates.	5 days	Mon 03/02/15	Fri 03/06/15	3.1.1	A/B MACs,CEDI,CMS
03-Jul-15	MACs/CEDI post volunteer form to website	5 days	Mon 03/09/15	Fri 03/13/15	3.1.1	CEDI,A/B MACs
03-Jul-15	MACs/CEDI send listserve to announce registration is open to volunteers	1 day	Fri 3/13/15	Fri 3/16/15	3.1.1	CEDI,A/B MACs
03-Jul-15	CEDI shall send listserve to DME MACs, and DME MACs shall distribute within one business day	2 days	Fri 3/13/15	Mon 3/16/15	3.1.1	CEDI,DME MACs
03-Jul-15	MACs and CEDI shall email the link to the Website posting to the ICD-10 Mailbox	2 days	Fri 3/13/15	Mon 3/16/15	3.1.1	CEDI,A/B MACs

Testing Round	Task Name	Duration	Start	Finish	Req#	Resource Names
03-Jul-15	Testers submit volunteer forms to MACs/CEDI	15 days	Fri 03/13/15	Fri 04/17/15	3.1.1	Testers
03-Jul-15	MACs/CEDI collect volunteer forms	15 days	Fri 03/13/15	Fri 04/17/15	3.1.1	A/B MACs,CEDI
03-Jul-15	MACs and CEDI (with DME MACs) select volunteers, and send volunteers selected to CMS	5 days	Fri 04/17/15 Wed 04/22/15		3.1.2	A/B MACs,CEDI,DME MACs
03-Jul-15	CMS approves volunteer list	3 days	Wed 04/22/15	Mon 05/04/15	3.1.2	CMS
03-Jul-15	MACs modify final April testing instructions with July information	13 days	Wed 04/01/15	Mon 05/04/15	3.1.2	CMS,A/B MACs,CEDI,DME MACs
03-Jul-15	MACs/CEDI notify volunteers they have been selected, and provide testing instructions	5 days	Mon 05/04/15	Fri 05/08/15	3.1.3	A/B MACs,CEDI
03-Jul-15	MACs/CEDI notify volunteers who were not selected, using language provided by CMS.	4 days	Mon 05/04/15	Fri 05/08/15	3.1.4	A/B MACs,CEDI
03-Jul-15	MACs/CEDI remind volunteers from the January and April Testing that they may test in July, and provide instructions.	12 days	Mon 04/22/15	Thu 05/08/15	3.2	A/B MACs,CEDI
03-Jul-15	Testers submit NPIs/PTANs and HICNs to MAC/CEDI	15 days	Thu 05/08/15	Fri 05/29/15	3.1.5	Testers
03-Jul-15	MACs, CEDI collect NPIs, PTANs, HICNs from testers.		Thu 05/08/15	Fri 05/29/15		A/B MACs, CEDI
03-Jul-15	MACs provide CMS with list of NPIs from testers on template provided		Fri 05/29/15	Wed 06/05/15		
03-Jul-15	A/B MACs and DME MACs analyze testers HICN list and prepare updates for CWF Host on CWF Host Template		Thu 05/29/15	Wed 06/05/15	5	A/B MACs,DME MACs
03-Jul-15	CMS creates BETA pricer/grouper files for testing (if needed as the result of testing)	1 day	Mon 06/01/15	Mon 06/01/15		CMS
03-Jul-15	CWF host updates UAT with HICNs	20 days	Fri 06/05/15	Fri 07/03/15	6	CWF Host

Testing Round	Task Name	Duration	Start	Finish	Req#	Resource Names
03-Jul-15	FISS receives BETA pricer/groupers	5 days	Mon 06/01/15	Fri 06/05/15	27	FISS
03-Jul-15	FISS codes BETA pricer/groupers	10 days	Mon 06/08/15	Fri 06/19/15	27	FISS
03-Jul-15	FISS installs and ALPHA tests BETA pricer/groupers in FISS environment	10 days	Mon 06/22/15	Fri 07/03/15	27	FISS
03-Jul-15	FISS sends BETA code and pricer/groupers to VDC	1 day	Mon 07/06/15	Mon 07/06/15	27	FISS
03-Jul-15	VDC installs BETA pricer/groupers in MAC UAT	2 days	Mon 07/13/15	Tue 07/14/15		VDC
03-Jul-15	A/B MACs and DME MACs test changes, (except FISS Pricer/Grouper changes) - July UAT (dates approximate)	30 days	Mon 06/08/15 Fri 07/17/15			A/B MACs,DME MACs
03-Jul-15	A/B MACs and DME MACs verify HICN, NPI, PTAN set up in UAT regions, CEDI verify NPIs/PTANs in front end environment	30 days	30 days Mon 06/08/15		7	A/B MACs,DME MACs
03-Jul-15	A MACs test pricer/grouper changes	8 days	Wed 07/08/15	Fri 07/17/15		A/B MACs
03-Jul-15	July 2015 End to End Testing Week	5 days	Mon 07/20/15	Fri 07/24/15		
03-Jul-15	Testers submit test claims	5 days	Mon 07/20/15	Fri 07/24/15		Testers
03-Jul-15	MACs adjudicate test claims	15 days	Mon 07/20/15 Fri 08/07/15		20	A/B MACs,DME MACs
03-Jul-15	A/B MACs and DME MACs support testers, questions related to adjudication of test claims	15 days	Mon 07/20/15	Fri 08/07/15	23	A/B MACs,DME MACs
03-Jul-15	MACs and CEDI submit CR8589 Reports to Website	16 days	Mon 07/20/15	Mon 08/10/15	24	A/B MACs,DME MACs, CEDI
03-Jul-15	VDC removes BETA pricer/groupers in MAC UAT	2 days	Mon 08/10/15	Tue 08/11/15	28	VDC
	November Acknowledgement Testing Week	5 days	Mon 11/17/14	Fri 11/21/14		
	January 2015 Release	0 days	Mon 01/05/15	Mon 01/05/15		
	March Acknowledgement Testing Week April 2015 Release	5 days 0 days	Mon 03/02/15 Mon 04/06/15	Fri 03/06/15 Mon 04/06/15		

Testing Round	Task Name	Duration	Start	Finish	Req#	Resource Names
	June Acknowledgement Testing Week	5 days	Mon 06/01/15	Fri 06/05/15		
	July 2015 Release	0 days	Mon 07/06/15	Mon 07/06/15		
	ICD-10 Effective Date	0 days	Thu 10/01/15	Thu 10/01/15		
	October Release	0 days	Mon 10/05/15	Mon 10/05/15		
			Fri 02/13/15	Wed 03/11/15		

Business	Name of Company	Submitter ID	NPI #1	NPI #2	NPI #3	NPI #4	NPI #5	Type of Submitter	Participated in prior E2E testing?	Participated in prior Acknowledgement testing?
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A Direct Submitter Yes
B Clearinghouse No
HHH Billing Service

RRB PC-ACE Pro32 User

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