Frequently Asked Questions for ICD-10 End-to-End Testing

1. **What type of testing will be conducted by DHMH Medicaid for ICD-10 implementation?**
   Answer: *DHMH will conduct end-to-end testing to process test claims from adjudication through the payment cycle.*

2. **What are the dates that DHMH will accept claims for ICD-10 testing?**
   Answer: 3/1/2015 onwards. DHMH currently accepting the test claims for ICD-10 testing.

3. **Is DHMH accepting claims from all types of providers, trading partners, and billing agents or is testing only allowed for specific invited providers?**
   Answer: DHMH will accept electronic claims from registered electronic claim submitters.

4. **Is DHMH accepting paper claims for ICD-10 end-to-end testing?**
   Answer: No.

5. **What is the mandate date in the DHMH test environment to do the ICD-10 testing?**
   Answer: To facilitate testing, 10/01/2015 is the mandate (implementation) date in DHMH test environment.

6. **How does DHMH determine if the submitted claim is an ICD-9 or ICD-10 claim?**
   Answer: For the ICD-10 end-to-end testing period, claims with a date of service or first date of service **before** *01/01/2015 are considered ICD-9 claims and should contain ICD-9 diagnosis and procedure codes. Claims with a date of service or first date of service* **on or after** *01/01/2015 are considered ICD-10 claims and should contain ICD-10 diagnosis and procedure codes.*
   Please note: For acute inpatient hospital claims the discharge date is used.

7. **What type of acknowledgments and reports will be received by submitters from DHMH after submitted claims are processed?**
   Answer: 997/999 acknowledgments are returned for all 837 files that pass the initial upload edits with an M001 response. For any failed edits, an Exxx error message is returned and the file is marked "BF". For all 997/999 accepted claims, DHMH will post 835 Remittance Advice back to the submitters download folder.

8. **How will the web portal recognize the submitted 837 claim file as a production claim or a test claim? How should ICD-10 test claims be submitted to DHMH?**
   Answer: Test or production file submission has not changed for ICD-10 testing. Please refer to the user documentation (option 10) on the web portal for details on submitting a test versus production 837 EDI file. Refer to the DHMH Companion Guides for the correct test values for the ISA segment. DHMH Companion Guides can be found at
   http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx .

9. **Will DHMH accept an 837 de-identified test file direct from the provider? This 837 would be created by the trading partner (Relay Health) and returned to the provider to submit to DHMH directly.**
   Answer: DHMH will accept any valid 837 file and will adjudicate the claim based on current production data. The 837 must contain valid Medicaid data including beneficiary identification numbers.

10. **Is DHMH publishing ICD-10 edit requirements? If yes, where are they?**
    Answer: No

11. **Do test claims require a real subscriber ID?**
    Answer: Yes, any submitted test files will require the submitter to use a valid Medicaid beneficiary ID.

12. **Are providers or trading partners required to be certified with DHMH to send the ICD-10 claims?**
    Answer: The submitter will need a registered submitter ID with DHMH.

13. **Is ICD-10 end-to-end testing required per provider or per submitter?**
    Answer: The provider is responsible for working with their submitter to ensure that their claims are tested properly with DHMH.

14. **How many test claims are required for testing?**
    Answer: There is not specific number of claims required for testing but submitters should not submit more than 100 claims. DHMH strongly encourages a good sampling of different claims and asks that the provider work with their submitter to ensure that all claim types are covered in testing.

15. **What are the scenarios required for ICD-10 end-to-end testing?**
    Answer: Test files should include positive test cases for both ICD-9 and ICD-10 claims with correct date of service (based on 01/01/2015 mandate date) and diagnosis code combinations and a few negative test cases to test the mandate date requirement.

16. **When will DHMH be ready for production claims with ICD-10 codes?**
    Answer: The mandate date of 10/1/2015. The testing will occur using production programs and files.

17. **Will DHMH support dual mode? (i.e., Before the ICD-10 mandate date, would DHMH support both ICD-9 and ICD-10 codes if approved?)**
    Answer: No

18. **Are providers allowed to submit both ICD-9 and ICD-10 codes on the same claim?**
Answer: No, claims cannot contain both ICD-9 and ICD-10 codes. In addition, claims cannot span the mandate date (note: acute inpatient hospital claims use the discharge date, not from and through dates). Separate claims are to be submitted for services provided prior to the mandate date and services on or after the mandate date.

19. **If a service or hospital stay requires a preauthorization or 3808, will that be tested as part of the ICD-10 end-to-end testing process?**
Answer: Yes, Pre-authorizations will be part of End to End testing. Use the Production preauthorization (3808) number on the test claim. ICD-10 test process is going to prepare the authorization record in test environment according to the test claim for adjudication.

20. **Will DHMH accept overlap of ICD-9 and ICD-10 codes on a 3808?**
Answer: No, on inpatient admissions prior to 10/01/15 that results in a discharge 10/01/15 and later providers must use ICD-10 coding on both the invoice and 3808. The entire stay is billed as one. For LTC, Chronic facilities, Chronic Rehab facilities the services are billed month to month. Where the stay extends into 10/01/15, months of service prior to 10/01/15 would require ICD-9 coding. Effective 10/01/15 months of service billed will require billing using ICD-10 coding regardless of admit date into the facility.

21. **Will there be training for ICD-10 billing methods?**
Answer: There will be no separate DHMH training for ICD-10 billing methods. Billers should follow CMS guidelines for billing ICD-10 diagnosis and procedure codes.

22. **What State policy and procedures are changing with ICD-10 conversion?**
Answer: DHMH will only accept ICD-10 diagnosis codes that are coded to the highest level of specificity. Claims with diagnosis codes that are not coded to the highest level of specificity will be denied.

23. **Will there be any change in reimbursement amounts with ICD-10 conversion?**
Answer: No, there will be no change in reimbursement amounts with ICD-10. DHMH does not set reimbursement amounts based on diagnosis codes.

24. **What will happen to kick payments with ICD-10 conversion?**
Answer: The process for kick payments is unchanged with ICD-10 conversion.

25. **What is the contact email for any ICD-10 EDI testing issues?**
Answer: For any issues not addressed in this FAQ, please send an email to dhmh.hipaaeditest@maryland.gov *. Please do not send emails directly to DHMH staff*. Sending to this email addresses allows DHMH to address and/or route the issue to the proper DHMH team.