

The Hawthorn CONNECTION

NEWS FLASH

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Update on ICD-10 Testing

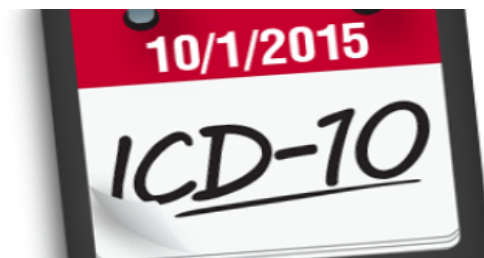
The Centers for Medicare and Medicaid (CMS) recently reported results for ICD-10 acknowledgement testing. These claims were tested for acknowledgement only—making sure they reached the system—and not for adjudication. CMS accepted over 163,000 claims from over 41,000 providers and clearinghouses. Over 90% of these claims were accepted, and the unaccepted claims failed mainly due to set up errors within the testing files.

During the week of July 20 Hawthorn will be sending files via the Navicare clearinghouse to CMS for end to end testing. Hawthorn has already sent test claim files to Blue Cross Blue Shield of Kansas City and Centerpoint. These test files were accepted and Hawthorn's processes are right on track. Testing with several additional payers is already scheduled:

- Arkansas Medicaid via Navicare clearinghouse
- Mississippi Medicaid
- North Carolina Medicaid
- South Dakota Medicaid

CMS announced in July they will deny claims not coded with ICD-10 on or after October 1. Additionally, CMS announced they will not deny claims due to lack of specificity if the ICD-10 claims are in the correct family of codes. The reference to a family of codes is ambiguous, because

it is not a standard coding term. Hawthorn and others in the medical billing community are waiting for more guidance from CMS. It is also unclear how the CMS announcement will affect claims and denials from commercial payers.



HPS will be communicating with our clients during this transition to keep all lines of communication open for a smooth transition to ICD-10. We are committed to facilitating this industry mandate successfully for all our clients and staff.



Addressing Complexity with Certainty