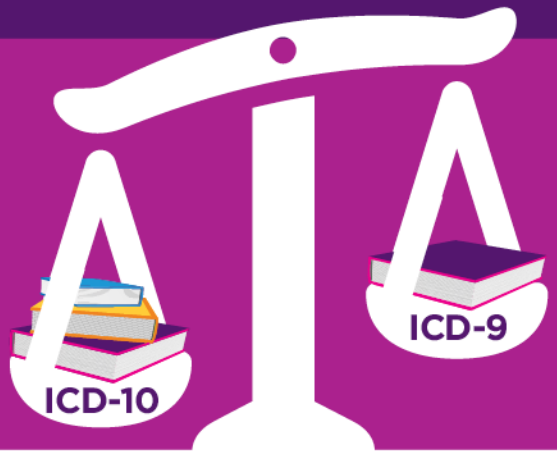
READY, SET, SWITCH

Know your ICD-10 codes



ICD-10 test evidence review
April 2015

Cigna's Information Protection policy prohibits the use of client, customer, and health care professional production data for testing.

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ICD-10 TEST EVIDENCE REVIEW

Introduction

The purpose of this presentation is to give health care professionals detailed information about the episodes of care testing that was done by Cigna.

Episodes of care testing methodology

We have created multi-claim scenarios that can be easily understood and interpreted by both internal and external stakeholders. These episodes of care represent the most common claim situations, as well as the areas of most interest to Cigna and our trading partners, vendors, and major clearinghouses.

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EPISODE OF CARE 3: POLLY PREVENTIVE

Testing purpose: Validate claims will be processed the same in ICD-9 and ICD-10

ICD-10 test compliance date: 09/01/2014

Test script 1: Over 50 colonoscopy – preoperative office visit

Test script 2: Over 50 colonoscopy at a clinic

Test script 3: Over 50 colonoscopy surgery

Test script 4: Mammogram

Test script 5: Mammogram interpretation

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Testing purpose: Validate claims will be processed the same in ICD-9 and ICD-10

ICD-10 test compliance date: 09/01/2014

Patient/benefit plan	
Gender:	Female
Date of birth:	12/18/1963
Relationship:	Spouse
Deductible:	$200 per year in network
Out-of-pocket maximum:	$1,000 per year in network
Coinsurance:	90%
Preventive care:	100%

Claim	Test script IDs	Description	Business processes tested
1	P10582_ICD10_EoC_3.0.1a (ICD-9 claim) P10582_ICD10_EoC_3.0.1b (ICD-10 claim)	Over 50 colonoscopy – preoperative office visit	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation
2	P10582_ICD10_EoC_3.0.2a (ICD-9 claim) P10582_ICD10_EoC_3.0.2b (ICD-10 claim)	Over 50 colonoscopy at clinic	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB/EOP generation
3	P10582_ICD10_EoC_3.0.3a (ICD-9 claim) P10582_ICD10_EoC_3.0.3b (ICD-10 claim)	Over 50 colonoscopy surgery claim	Claim intake Benefit plan and copay DRG pricing (same for 9 and 10) EOB and EOP Generation
4	P10582_ICD10_EoC_3.0.4a (ICD-9 claim) P10582_ICD10_EoC_3.0.4b (ICD-10 claim)	Mammogram claim	Claim Intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation
5	P10582_ICD10_EoC_3.0.5a (ICD-9 claim) P10582_ICD10_EoC_3.0.5b (ICD-10 claim)	Mammogram interpretation claim	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Test script 1: Over 50 colonoscopy – preoperative office visit

Claim type	
Description:	Outpatient professional claim for preoperative office visit for colonoscopy
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim shows field expansion to support ICD-10
	Claim processes cleanly and all relevant codes are present on the claim
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$0 patient liability for this preventive service
	$173.37 is paid to the health care professional

Health care professional and contract	
Provider type:	Practitioner-gastroenterologist
Contract type:	Fee for service
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
99396	$173.37

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Office (11)
Non-ICD codes:	99396 (CPT) – 40-64 years
Billed charges:	$269.00
Allowable charges:	$173.37

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_3.0.1a	P10582_ICD10_EoC_3.0.1b
ICD diagnosis code	V708	Z008
Date of service	08/20/2014	09/10/2014

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 1:

Over 50 colonoscopy – preoperative office visit

ICD-9 claim

Claim received for POLLY P INA-PREVENTIVE
Reference # 7681501390002
ID 201412123 0011

Claim detail

CIGNA received this claim on January 13, 2015 and processed it on January 13, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
GARY ICD-GASTROENTE MBBS, Reference # 7681501390002										
08/20/14	PHYSICIAN	269.00	0.00	95.63	173.37	0.00	173.37	100	0.00	A0
Total		**$269.00**	**$0.00**	**$95.63**	**$173.37**	**$0.00**	**$173.37**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

ICD-10 claim

Claim received for POLLY P ITA-PREVENTIVE
Reference # 7681501390001
ID 201412123 0011

Claim detail

CIGNA received this claim on January 13, 2015 and processed it on January 13, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
GARY ICD-GASTROENTE MBBS, Reference # 7681501390001										
09/10/14	PHYSICIAN	269.00	0.00	95.63	173.37	0.00	173.37	100	0.00	A0
Total		**$269.00**	**$0.00**	**$95.63**	**$173.37**	**$0.00**	**$173.37**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of payment

Test script 1:

Over 50 colonoscopy – preoperative office visit

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412123 0011	GARY ICD-GASTROENTE MBBS	01/13/2015	THIS IS NOT A BILL- Retain for Your Records	1

Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount Billed	DRG/ Per Diem Benefit Amount	Plan Benefit	See Note
	Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.														
	PATIENT NAME: POLLY P INA-PREVENTIVE PATIENT#: CYC1_ICD_3A_P0113 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13														
	MEMBER NAME: PHILIP P INA-PREVENTIVE SUBSCRIBER#: U93031569 REF#: 7681501390002 CHECK#: 00400010223														
1	08202014	99396		269.00		173.37	95.63					0.00	0.00	173.37	A0
	TOTAL			269.00		173.37	95.63							173.37	
	BALANCE..... $0.00														
	PAYMENT OF $173.37 TO GARY ICD-GASTROENTE MBBS														
	PPS RRE														
	PATIENT NAME: POLLY P ITA-PREVENTIVE PATIENT#: CYC1_ICD_3B_P0113 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13														
	MEMBER NAME: PHILIP P ITA-PREVENTIVE SUBSCRIBER#: U93031570 REF#: 7681501390001 CHECK#: 00400010224														
2	09102014	99396		269.00		173.37	95.63					0.00	0.00	173.37	A0
	TOTAL			269.00		173.37	95.63							173.37	
	BALANCE..... $0.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $173.37 TO GARY ICD-GASTROENTE MBBS														
	PPS RRE														

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 1:

Over 50 colonoscopy – preoperative office visit

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD-GASTROENTE MBBS GARY*****XX*1003009150~ N3*1003 BILLINGS AVENUE~ N4*NEW YORK*NY*000010003~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY****MI*U93031569~ N3*1009 PROTECTION PLACE~ N4*NEW YORK*NY*000010003~ DMG*D8*19630819*F~ REF*SY*915021936~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_3A_P0113*269***11:B:1*Y*C*Y*Y~ REF*D9*CYC1_ICD_3A_P0113~ HI*BK:V708~ LX*1~ SV1*HC:99396*269*UN*11***1~ DTP*472*D8*20140820~ SE*25*0005~ GE*6*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD-GASTROENTE MBBS GARY*****XX*1003009150~ N3*1003 BILLINGS AVENUE~ N4*NEW YORK*NY*000010003~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITA-PREVENTIVE*POLLY****MI*U93031570~ N3*1010 PROTECTION PLACE~ N4*NEW YORK*NY*000010003~ DMG*D8*19631218*F~ REF*SY*915021937~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_3B_P0113*269***11:B:1*Y*C*Y*Y~ REF*D9*CYC1_ICD_3B_P0113~ HI*ABK:Z008~ LX*1~ SV1*HC:99396*269*UN*11***1~ DTP*472*D8*20140910~ SE*25*0006~ GE*6*1~ IEA*1*000000001~

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Test script 2: Over 50 colonoscopy at a clinic

Claim type	
Description:	Outpatient institutional claim for colonoscopy at a clinic
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim shows field expansion to support ICD-10
	Claim processes cleanly and all relevant codes are present on the claim
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$0 patient liability for this preventive service
	$4,000.78 is paid to the health care professional

Health care professional and contract	
Provider type:	Facility-clinic
Contract type:	Fee for service
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
45378	$4,000.78

Claim data (both claims)	
Claim type:	Outpatient institutional
Type of bill:	131 – Hospital, outpatient, admit through discharge
Non-ICD codes:	45378 (CPT) – Colonoscopy, flexible, proximal to splenic flexure; diagnostic *SG – Ambulatory surgical center (ASC)*
Billed charges:	$4,500.00
Allowable charges:	$4,000.78

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_3.0.2a	P10582_ICD10_EoC_3.0.2b
ICD diagnosis code	V7651	Z1211
Date of service	08/22/2014	09/12/2014

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 2:

Over 50 colonoscopy at a clinic

ICD-9 claim

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Claim received for POLLY P INA-PREVENTIVE
Reference # 7681501390004
ID 201412123 0002

Claim detail

CIGNA received this claim on January 14, 2015 and processed it on January 14, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
ICD ASC CLINIC, Reference # 7681501390004										
08/22/14	FACILITY CHARGES	4,500.00	0.00	499.22	4,000.78	0.00	4,000.78	100	0.00	A0
Total		**$4,500.00**	**$0.00**	**$499.22**	**$4,000.78**	**$0.00**	**$4,000.78**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

ICD-10 claim

Cigna.

Claim received for POLLY P ITA-PREVENTIVE
Reference # 7681501390003
ID 201412123 0002

Claim detail

CIGNA received this claim on January 14, 2015 and processed it on January 14, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
ICD ASC CLINIC, Reference # 7681501390003										
09/12/14	FACILITY CHARGES	4,500.00	0.00	499.22	4,000.78	0.00	4,000.78	100	0.00	A0
Total		**$4,500.00**	**$0.00**	**$499.22**	**$4,000.78**	**$0.00**	**$4,000.78**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of payment

Test script 2:

Over 50 colonoscopy at a clinic

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412123 0002	ICD ASC CLINIC	01/14/2015	THIS IS NOT A BILL- Retain for Your Records	1

Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount Billed	DRG/ Per Diem Benefit Amount	Plan Benefit	See Note
	Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.														
	PATIENT NAME: POLLY P INA-PREVENTIVE PATIENT#: CYC1_ICD_3.0.2A_IO114 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/14/2015 PROCESS DATE: 01/14														
	MEMBER NAME: PHILIP P INA-PREVENTIVE SUBSCRIBER#: U93031569 REF#: 7681501390004 CHECK#: 00400010229														
1	08222014	00490		4500.00		4000.78	499.22					0.00	0.00	4000.78	A0
	TOTAL			4500.00		4000.78	499.22							4000.78	
	BALANCE..... $0.00														
	PAYMENT OF $4,000.78 TO ICD ASC CLINIC														
	PPS RRE														
	PATIENT NAME: POLLY P ITA-PREVENTIVE PATIENT#: CYC1_ICD_3.0.2B_IO114 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/14/2015 PROCESS DATE: 01/14														
	MEMBER NAME: PHILIP P ITA-PREVENTIVE SUBSCRIBER#: U93031570 REF#: 7681501390003 CHECK#: 00400010230														
2	09122014	00490		4500.00		4000.78	499.22					0.00	0.00	4000.78	A0
	TOTAL			4500.00		4000.78	499.22							4000.78	
	BALANCE..... $0.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $4,000.78 TO ICD ASC CLINIC														

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 2:

Over 50 colonoscopy at a clinic

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD ASC CLINIC*****XX*1003086273~ N3*8003 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY*P***MI*U93031569~ N3*1009 PROTECTION PLACE~ N4*New York*NY*100030000~ DMG*D8*19630819*F~ REF*SY*915021936~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_3.0.2A_I0114*4500***13:A:1**C*Y*Y~ DTP*434*RD8*20140822-20140822~ CL1*1*7*30~ REF*D9*CYC1ICD3.0.2A_I0114~ HI*BK:V7651~ LX*1~ SV2*0490*HC:45378:SG*4500*UN*1~ DTP*472*D8*20140822~ SE*27*0003~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD ASC CLINIC*****XX*1003086273~ N3*8003 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY*P***MI*U93031570~ N3*1010 PROTECTION PLACE~ N4*New York*NY*100030000~ DMG*D8*19631218*F~ REF*SY*915021937~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_3.0.2B_I0114*4500***13:A:1**C*Y*Y~ DTP*434*RD8*20140912-20140912~ CL1*1*7*30~ REF*D9*CYC1ICD3.0.2B_I0114~ HI*ABK:Z1211~ LX*1~ SV2*0490*HC:45378:SG*4500*UN*1~ DTP*472*D8*20140912~ SE*27*0004~ GE*4*1~ IEA*1*000000001~

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Test script 3: Over 50 colonoscopy surgery

Claim type	
Description:	Outpatient professional claim for surgeon charges for colonoscopy
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim shows field expansion to support ICD-10
	Claim processes cleanly and all relevant codes are present on the claim
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$0 patient liability for this preventive service
	$354.40 is paid to the health care professional

Health care professional and contract	
Provider type:	Practitioner-gastroenterologist
Contract type:	Fee for service
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
45378	$354.40

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	24 – Ambulatory surgical center (ASC)
Non-ICD codes:	45378 (CPT) – Colonoscopy, flexible, proximal to splenic flexure; diagnostic *SG – Ambulatory surgical center (ASC)*
Billed charges:	$1,105.00
Allowable charges:	$ 354.40

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_3.0.3a	P10582_ICD10_EoC_3.0.3b
ICD diagnosis code	V7651	Z1211
Date of service	08/22/2014	09/12/2014

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 3:

Over 50 colonoscopy surgery

ICD-9 claim

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Claim received for POLLY P INA-PREVENTIVE
Reference # 7681501590002
ID 201412123 0011

Claim detail

CIGNA received this claim on January 15, 2015 and processed it on January 15, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
GARY ICD-GASTROENTE MBBS, Reference # 7681501590002										
08/22/14	FACILITY CHARGES	1,105.00	0.00	750.60	354.40	0.00	354.40	100	0.00	A0
Total		**$1,105.00**	**$0.00**	**$750.60**	**$354.40**	**$0.00**	**$354.40**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

ICD-10 claim

Cigna.

Claim received for POLLY P ITA-PREVENTIVE
Reference # 7681501590001
ID 201412123 0011

Claim detail

CIGNA received this claim on January 15, 2015 and processed it on January 15, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
GARY ICD-GASTROENTE MBBS, Reference # 7681501590001										
09/12/14	FACILITY CHARGES	1,105.00	0.00	750.60	354.40	0.00	354.40	100	0.00	A0
Total		**$1,105.00**	**$0.00**	**$750.60**	**$354.40**	**$0.00**	**$354.40**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

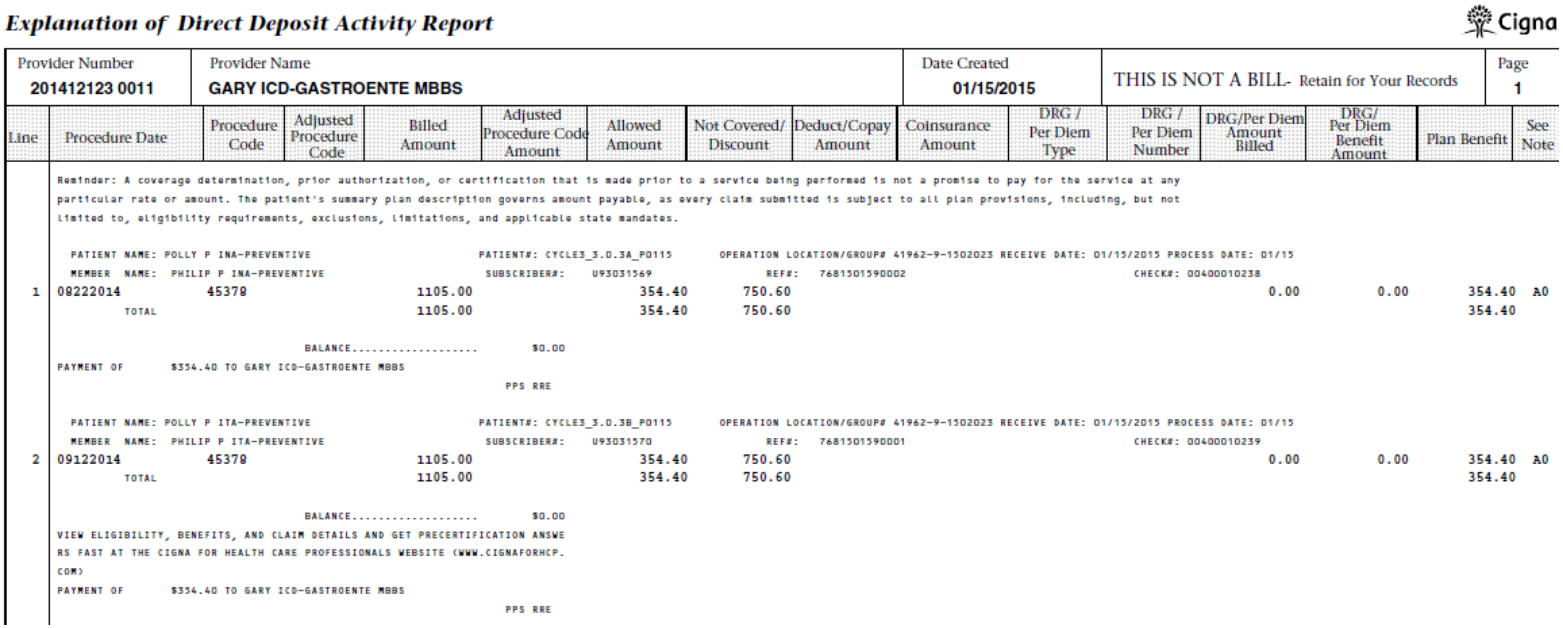
Explanation of payment

Test script 3:

Over 50 colonoscopy surgery

ICD-9 claim

ICD-10 claim



Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412123 0011	GARY ICD-GASTROENTE MBBS	01/15/2015	THIS IS NOT A BILL- Retain for Your Records	1

Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount Billed	DRG/ Per Diem Benefit Amount	Plan Benefit	See Note
	Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.														
	PATIENT NAME: POLLY P INA-PREVENTIVE PATIENT#: CYCLE3_3.0.3A_P0115 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/15/2015 PROCESS DATE: 01/15														
	MEMBER NAME: PHILIP P INA-PREVENTIVE SUBSCRIBER#: U93031569 REF#: 768150159000Z CHECK#: 00400010238														
1	08222014	45378		1105.00		354.40	750.60					0.00	0.00	354.40	A0
	TOTAL			1105.00		354.40	750.60							354.40	
	BALANCE..... $0.00														
	PAYMENT OF $354.40 TO GARY ICD-GASTROENTE MBBS														
	PPS RRE														
	PATIENT NAME: POLLY P ITA-PREVENTIVE PATIENT#: CYCLE3_3.0.3B_P0115 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/15/2015 PROCESS DATE: 01/15														
	MEMBER NAME: PHILIP P ITA-PREVENTIVE SUBSCRIBER#: U93031570 REF#: 768150159000I CHECK#: 00400010239														
2	09122014	45378		1105.00		354.40	750.60					0.00	0.00	354.40	A0
	TOTAL			1105.00		354.40	750.60							354.40	
	BALANCE..... $0.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $354.40 TO GARY ICD-GASTROENTE MBBS														
	PPS RRE														

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 3:

Over 50 colonoscopy surgery

ICD-9	ICD-10
HL*1**20*1~ NM1*85*1*ICD-GASTROENTE MBBS*GARY****XX*1003009150~ N3*1003 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY*P***MI*U93031569~ N3*1009 PROTECTION PLACE~ N4*New York*NY*100030000~ DMG*D8*19630819*F~ REF*SY*915021936~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE3_3.0.3A_P0115*1105***24:B:1*Y*C*Y*Y~ REF*D9*CYCLE3_3.0.3A_P0115~ HI*BK:V7651~ LX*1~ SV1*HC:45378:SG*1105*UN*1***1~ DTP*472*D8*20140822~ SE*25*0001~ GE*8*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*1*ICD-GASTROENTE MBBS*GARY****XX*1003009150~ N3*1003 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITA-PREVENTIVE*POLLY*P***MI*U93031570~ N3*1010 PROTECTION PLACE~ N4*New York*NY*100030000~ DMG*D8*19631218*F~ REF*SY*915021937~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE3_3.0.3B_P0115*1105***24:B:1*Y*C*Y*Y~ REF*D9*CYCLE3_3.0.3B_P0115~ HI*ABK:Z1211~ LX*1~ SV1*HC:45378:SG*1105*UN*1***1~ DTP*472*D8*20140912~ SE*25*0002~ GE*8*1~ IEA*1*000000001~

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Test script 4: Mammogram

Claim type	
Description:	Outpatient institutional claim for mammogram screening
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim shows field expansion to support ICD-10
	Claim processes cleanly and all relevant codes are present on the claim
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$0 patient liability for this preventive service
	$212.50 is paid to the health care professional

Health care professional and contract	
Provider type:	Facility-hospital
Contract type:	Percent of charges
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
77057	$212.50

Claim data (both claims)	
Claim type:	Outpatient institutional
Type of Bill:	131 – Hospital, outpatient, admit through discharge
Non-ICD codes:	77057 – Screening mammography, bilateral technical component (TC)
Billed charges:	$250.00
Allowable charges:	$212.50

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_3.0.4a	P10582_ICD10_EoC_3.0.4b
ICD diagnosis code	V7612	Z1231
Date of service	08/26/2014	09/16/2014

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 4:

Mammogram

ICD-9 claim

Claim received for POLLY P INA-PREVENTIVE
Reference # 7681501590004
ID 201412123 0004

Claim detail

CIGNA received this claim on January 16, 2015 and processed it on January 16, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
ICD POC HSP, Reference # 7681501590004										
08/26/14	X-RAY	250.00	0.00	37.50	212.50	0.00	212.50	100	0.00	A0
Total		**$250.00**	**$0.00**	**$37.50**	**$212.50**	**$0.00**	**$212.50**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

ICD-10 claim

Claim received for POLLY P ITA-PREVENTIVE
Reference # 7681501590003
ID 201412123 0004

Claim detail

CIGNA received this claim on January 16, 2015 and processed it on January 16, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
ICD POC HSP, Reference # 7681501590003										
09/16/14	X-RAY	250.00	0.00	37.50	212.50	0.00	212.50	100	0.00	A0
Total		**$250.00**	**$0.00**	**$37.50**	**$212.50**	**$0.00**	**$212.50**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of payment

Test script 4:

Mammogram

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412123 0004	ICD POC HSP	01/16/2015	THIS IS NOT A BILL- Retain for Your Records	1

Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount Billed	DRG/ Per Diem Benefit Amount	Plan Benefit	See Note
	Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.														
	PATIENT NAME: POLLY P INA-PREVENTIVE PATIENT#: CYCLE4_3.0.4A_ID116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/16														
	MEMBER NAME: PHILIP P INA-PREVENTIVE SUBSCRIBER#: U93031569 REF#: 7681501590004 CHECK#: 00400010248														
1	08262014	00403		250.00		212.50	37.50					0.00	0.00	212.50	A0
	TOTAL			250.00		212.50	37.50							212.50	
	BALANCE..... $0.00														
	PAYMENT OF $212.50 TO ICD POC HSP														
	PPS RRE														
	PATIENT NAME: POLLY P ITA-PREVENTIVE PATIENT#: CYCLE4_3.0.4B_ID116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/16														
	MEMBER NAME: PHILIP P ITA-PREVENTIVE SUBSCRIBER#: U93031570 REF#: 7681501590003 CHECK#: 00400010249														
2	09162014	00403		250.00		212.50	37.50					0.00	0.00	212.50	A0
	TOTAL			250.00		212.50	37.50							212.50	
	BALANCE..... $0.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $212.50 TO ICD POC HSP														
	PPS RRE														

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 4:

Mammogram

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD POC HSP*****XX*1003086596~ N3*8007 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY*P***MI*U93031569~ N3*1009 PROTECTION PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19630819*F~ REF*SY*915021936~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE4_3.0.4A_I0116*250***13:A:1**C*Y*Y~ DTP*434*RD8*20140826-20140826~ CL1*1*7*30~ REF*D9*CYCLE4_3.0.4A_I0116~ HI*BK:V7612~ LX*1~ SV2*0403*HC:77057:TC*250*UN*1~ DTP*472*D8*20140826~ SE*27*0001~ GE*2*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD POC HSP*****XX*1003086596~ N3*8007 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITA-PREVENTIVE*POLLY*P***MI*U93031570~ N3*1010 PROTECTION PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19631218*F~ REF*SY*915021937~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE4_3.0.4B_I0116*250***13:A:1**C*Y*Y~ DTP*434*RD8*20140916-20140916~ CL1*1*7*30~ REF*D9*CYCLE4_3.0.4B_I0116~ HI*ABK:Z1231~ LX*1~ SV2*0403*HC:77057:TC*250*UN*1~ DTP*472*D8*20140916~ SE*27*0002~ GE*2*1~ IEA*1*000000001~

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Test script 5: Mammogram interpretation

Claim type	
Description:	Outpatient professional claim for mammogram interpretation by radiologist
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim shows field expansion to support ICD-10
	Claim processes cleanly and all relevant codes are present on the claim
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$0 patient liability for this preventive service
	$24.25 is paid to the health care professional

Health care professional and contract	
Provider type:	Practitioner -radiology
Contract type:	Fee for service
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
77057	$24.25

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Facility (22)
Non-ICD codes:	77057 (CPT) – Screening mammography, bilateral *26 – Professional (physician) component*
Billed charges:	$425.00
Allowable charges:	$ 24.25

	ICD-9 Claim Details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_3.0.5a	P10582_ICD10_EoC_3.0.5b
ICD diagnosis code	V7612	Z1231
Date of service	08/26/2014	09/16/2014

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EPISODE OF CARE 3: POLLY PREVENTIV (CONT.)

Explanation of benefits

Test script 5:

Mammogram interpretation

ICD-9 claim

Claim received for POLLY P INA-PREVENTIVE
Reference # 7681501890002
ID 201412123 0009

Claim detail

CIGNA received this claim on January 19, 2015 and processed it on January 20, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
RANDY ICD-RADIOLOGY MD, Reference # 7681501890002										
08/26/14	RADIOLOGIST	425.00	0.00	400.75	24.25	0.00	24.25	100	0.00	A0
Total		**$425.00**	**$0.00**	**$400.75**	**$24.25**	**$0.00**	**$24.25**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

ICD-10 claim

Claim received for POLLY P ITA-PREVENTIVE
Reference # 7681501890001
ID 201412123 0009

Claim detail

CIGNA received this claim on January 19, 2015 and processed it on January 20, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
RANDY ICD-RADIOLOGY MD, Reference # 7681501890001										
09/16/14	RADIOLOGIST	425.00	0.00	400.75	24.25	0.00	24.25	100	0.00	A0
Total		**$425.00**	**$0.00**	**$400.75**	**$24.25**	**$0.00**	**$24.25**		**$0.00**	

** After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of payment

Test script 5:

Mammogram interpretation

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412123 0009	RANDY ICD-RADIOLOGY MD	01/20/2015	THIS IS NOT A BILL- Retain for Your Records	1

Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	DRG/Per Diem Amount Billed	DRG/ Per Diem Benefit Amount	Plan Benefit	See Note
	Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.														
	PATIENT NAME: POLLY P INA-PREVENTIVE PATIENT#: CYCLE2R_3.0.5A_P0119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/20														
	MEMBER NAME: PHILIP P INA-PREVENTIVE SUBSCRIBER#: U93031569 REF#: 768150189O002 CHECK#: 00400010271														
1	08262014	77057		425.00		24.25	400.75					0.00	0.00	24.25	A0
	TOTAL			425.00		24.25	400.75							24.25	
	BALANCE..... $0.00														
	PAYMENT OF $24.25 TO RANDY ICD-RADIOLOGY MD														
	PPS RRE														
	PATIENT NAME: POLLY P ITA-PREVENTIVE PATIENT#: CYCLE2R_3.0.5B_P0119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/20														
	MEMBER NAME: PHILIP P ITA-PREVENTIVE SUBSCRIBER#: U93031570 REF#: 768150189O001 CHECK#: 00400010272														
2	09162014	77057		425.00		24.25	400.75					0.00	0.00	24.25	A0
	TOTAL			425.00		24.25	400.75							24.25	
	BALANCE..... $0.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $24.25 TO RANDY ICD-RADIOLOGY MD														
	PPS RRE														

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EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 5:

Mammogram interpretation

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD-RADIOLOGY MD RANDY*****XX*1003009168~ N3*8017 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INA-PREVENTIVE*POLLY*P***MI*U93031569~ N3*1009 PROTECTION PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19630819*F~ REF*SY*915021936~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE2R_3.0.5A_P0119*425***22:B:1*Y*C*Y*Y~ REF*D9*CYCLE2R_3.0.5A_P0119~ HI*BK:V7612~ LX*1~ SV1*HC:77057:26*425*UN*1***1~ DTP*472*D8*20140826~ SE*25*0003~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD-RADIOLOGY MD RANDY*****XX*1003009168~ N3*8017 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412123~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITA-PREVENTIVE*POLLY*P***MI*U93031570~ N3*1010 PROTECTION PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19631218*F~ REF*SY*915021937~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE2R_3.0.5B_P0119*425***22:B:1*Y*C*Y*Y~ REF*D9*CYCLE2R_3.0.5B_P0119~ HI*ABK:Z1231~ LX*1~ SV1*HC:77057:26*425*UN*1***1~ DTP*472*D8*20140916~ SE*25*0004~ GE*4*1~ IEA*1*000000001~

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