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 1: MARY MATERNITY

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: Initial OB visit with lab services conducted in the physician's office

Test script 2: Maternity lab panel

Test script 3: Inpatient hospital claim for delivery of baby

Test script 4: OB delivery charges

EPISODE OF CARE 1: MARY MATERNITY (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:	06/21/1969
Relationship:	Employee
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_1.0.1a (ICD-9 claim) P10582_ICD10_EoC_1.0.1b (ICD-10 claim)	Outpatient professional claim for the initial OB visit with lab services conducted in the physician's office.	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP* generation
2	P10582_ICD10_EoC_1.0.2a (ICD-9 claim) P10582_ICD10_EoC_1.0.2b (ICD-10 claim)	Outpatient professional claim for the maternity lab panel.	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP* generation
3	P10582_ICD10_EoC_1.0.3a (ICD-9 claim) P10582_ICD10_EoC_1.0.3b (ICD-10 claim)	Inpatient hospital claim for delivery of baby.	Claim Intake Benefit plan and copay MS DRG** pricing (same for 9 and 10) EOB and EOP* generation
4	P10582_ICD10_EoC_1.0.4a (ICD-9 claim) P10582_ICD10_EoC_1.0.4b (ICD-10 claim)	Inpatient professional claim for the OB delivery charges.	Claim Intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP* generation

* Explanation of benefit and explanation of payment
** Medicare severity diagnosis-related groups

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Test script 1: Initial OB visit with lab services conducted in the physician's office

Claim type	
Description:	Outpatient professional claim with bundled lab services
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
	$41.37 finalized claim is charged against customer's $200 deductible
	$0 is paid to the health care professional

Health care professional and contract	
Provider type:	Practitioner – obstetrician-gynecologist (ob-gyn)
Contract type:	Fee for service
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
81025	$ 5.36
99212	$36.01

Claim data (both claims)	
Claim:	Outpatient professional
Point of service:	Office (11)
Non-ICD codes:	81025 (CPT) – Urine pregnancy test 99212 (CPT) – Office visit
Billed charges:	$125.00
Allowable charges:	$ 41.37

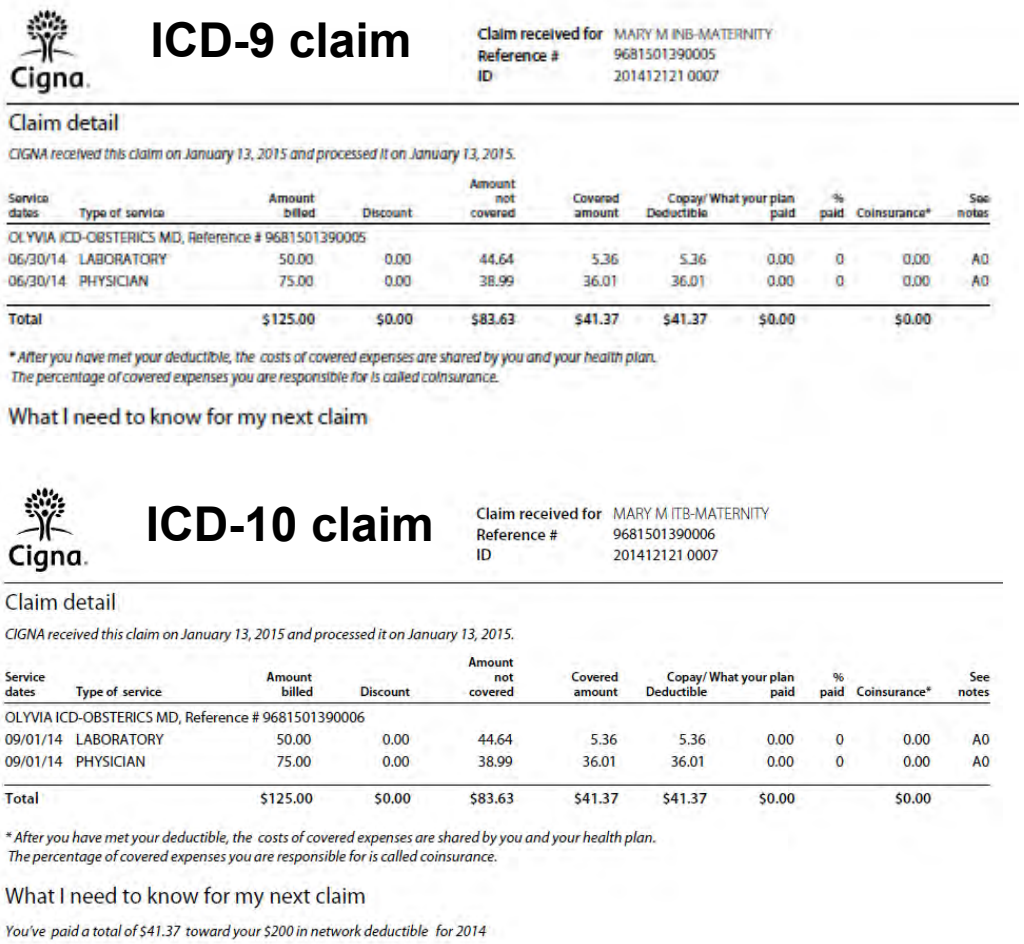
	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_1.0.1a	P10582_ICD10_EoC_1.0.1b
ICD diagnosis code	65960	O09529
Date of service	06/30/2014	09/01/2014

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of benefits

Test script 1:

Initial OB visit with lab services conducted in the physician's office



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ICD-9 claim

Claim received for MARY M INB-MATERNITY
Reference # 9681501390005
ID 201412121 0007

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 your plan paid	% paid	Coinsurance*	See notes
OLYVIA ICD-OBSTERICS MD, Reference # 9681501390005										
06/30/14	LABORATORY	50.00	0.00	44.64	5.36	5.36	0.00	0	0.00	A0
06/30/14	PHYSICIAN	75.00	0.00	38.99	36.01	36.01	0.00	0	0.00	A0
Total		**$125.00**	**$0.00**	**$83.63**	**$41.37**	**$41.37**	**$0.00**		**$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.*

What I need to know for my next claim

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ICD-10 claim

Claim received for MARY M ITB-MATERNITY
Reference # 9681501390006
ID 201412121 0007

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 your plan paid	% paid	Coinsurance*	See notes
OLYVIA ICD-OBSTERICS MD, Reference # 9681501390006										
09/01/14	LABORATORY	50.00	0.00	44.64	5.36	5.36	0.00	0	0.00	A0
09/01/14	PHYSICIAN	75.00	0.00	38.99	36.01	36.01	0.00	0	0.00	A0
Total		**$125.00**	**$0.00**	**$83.63**	**$41.37**	**$41.37**	**$0.00**		**$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.*

What I need to know for my next claim

You've paid a total of $41.37 toward your $200 in network deductible for 2014

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EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of payment

Test script 1:

Initial OB visit with lab services conducted in the physician's office

ICD-9 claim

Provider Explanation of Medical Benefits Report

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Provider Number	Provider Name	Date through which claims were processed	THIS IS NOT A BILL	Page
201412121 0007	OLYVIA ICD-OBSTERICS MD	01/13/2015	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	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: MARY M INB-MATERNITY MEMBER NAME: MARY M INB-MATERNITY				PATIENT#: CYC1_ICD_1A_P0113 SUBSCRIBER#: U93031634				OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13 REF#: 9681501390005						
1	06302014	81025		50.00		5.36	44.64	5.36				0.00	0.00	0.00	A0
2	06302014	99212		75.00		36.01	38.99	36.01				0.00	0.00	0.00	A0
	TOTAL			125.00		41.37	83.63	41.37						0.00	
	$41.37 HAS BEEN APPLIED TOWARDS THE $200 IN NETWORK DEDUCTIBLE FOR 2014														
	BALANCE..... $41.37														
	** NOTES ON BENEFIT DETERMINATION:														
	**** THIS EXPENSE HAS BEEN APPLIED TO PLAN DEDUCTIBLE OR COPAY														

ICD-10 claim

Provider Explanation of Medical Benefits Report

Cigna

Provider Number	Provider Name	Date through which claims were processed	THIS IS NOT A BILL	Page
201412121 0007	OLYVIA ICD-OBSTERICS MD	01/13/2015	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	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: MARY M INB-MATERNITY MEMBER NAME: MARY M INB-MATERNITY				PATIENT#: CYC1_ICD_1A_P0113 SUBSCRIBER#: U93031634				OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13 REF#: 9681501390005						
1	06302014	81025		50.00		5.36	44.64	5.36				0.00	0.00	0.00	A0
2	06302014	99212		75.00		36.01	38.99	36.01				0.00	0.00	0.00	A0
	TOTAL			125.00		41.37	83.63	41.37						0.00	
	$41.37 HAS BEEN APPLIED TOWARDS THE $200 IN NETWORK DEDUCTIBLE FOR 2014														

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EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Inbound 837 x 12 record

Test script 1:

Initial OB visit with lab services conducted in the physician's office

ICD-9	ICD-10
HL*1**20*1~NM1*85*2*ICD-OBSTERICS MD OLYVIA*****XX*1003007089~N3*8013 BILLINGS AVENUE~N4*NEW YORK*NY*000010003~REF*EI*201412121~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*INB-MATERNITY*MARY****MI*U93031634~N3*76 GROVE STREET~N4*NEW YORK*NY*000010003~DMG*D8*19691013*F~REF*SY*915021914~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYC1_ICD_1A_P0113*125***11:B:1*Y*C*Y*Y~REF*D9*CYC1_ICD_1A_P0113~HI*BK:65960~LX*1~SV1*HC:81025*50*UN*11***1~DTP*472*D8*20140630~LX*2~SV1*HC:99212*75*UN*11***1~DTP*472*D8*20140630~SE*28*0001~GE*6*1~IEA*1*000000001~	HL*1**20*1~NM1*85*2*ICD-OBSTERICS MD OLYVIA*****XX*1003007089~N3*8013 BILLINGS AVENUE~N4*NEW YORK*NY*000010003~REF*EI*201412121~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*ITB-MATERNITY*MARY****MI*U93031635~N3*03 LAURAS LANE~N4*NEW YORK*NY*000010003~DMG*D8*19690621*F~REF*SY*915021915~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYC1_ICD_1B_P0113*125***11:B:1*Y*C*Y*Y~REF*D9*CYC1_ICD_1B_P0113~HI*ABK:O09529~LX*1~SV1*HC:81025*50*UN*11***1~DTP*472*D8*20140901~LX*2~SV1*HC:99212*75*UN*11***1~DTP*472*D8*20140901~SE*28*0002~GE*6*1~IEA*1*000000001~

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Test script 2: Maternity lab panel

Claim type	
Description:	Outpatient professional claim for maternity lab panel
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
	$46.34 finalized claim is charged against customer's $200 deductible
	$0 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
82950	$ 3.22
86703	$ 9.29
87110	$13.26
87340	$ 6.99
87590	$13.58

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service	Independent lab (81)
Non-ICD codes:	82950 (CPT) – Glucose; quantitative, blood, post glucose dose 86703 (CPT) – HIV-1 and HIV-2, single result 87110 (CPT) – Culture, chlamydia, any source 87340 (CPT) – Hepatitis B surface antigen 87590 (CPT) – Neisseria gonorrhoeae, direct probe technique
Billed charges:	$586.00
Allowable charges:	$ 46.34

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_1.0.2a	P10582_ICD10_EoC_1.0.2b
ICD diagnosis code	65960	O09529
Date of service	06/30/2014	09/01/2014

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of benefits

Test script 2:

Maternity lab panel

ICD-9 claim

Claim received for MARY M INB-MATERNITY
Reference # 9681501390010
ID 201400513 0001

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 your plan paid	% paid	Coinsurance*	See notes
[redacted]	Reference # 9681501390010									
06/30/14	LABORATORY	75.00	0.00	71.78	3.22	3.22	0.00	0	0.00	A0
06/30/14	LABORATORY	153.00	0.00	143.71	9.29	9.29	0.00	0	0.00	A0
06/30/14	LABORATORY	145.00	0.00	131.74	13.26	13.26	0.00	0	0.00	A0
06/30/14	LABORATORY	120.00	0.00	113.01	6.99	6.99	0.00	0	0.00	A0
06/30/14	LABORATORY	93.00	0.00	79.42	13.58	13.58	0.00	0	0.00	A0
Total		$586.00	$0.00	$539.66	$46.34	$46.34	$0.00		$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.*

What I need to know for my next claim

You've paid a total of $87.71 toward your $200 in network deductible for 2014

ICD-10 claim

Claim received for MARY M ITB-MATERNITY
Reference # 9681501390009
ID 201400513 0001

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 your plan paid	% paid	Coinsurance*	See notes
[redacted]	Reference # 9681501390009									
09/01/14	LABORATORY	75.00	0.00	71.78	3.22	3.22	0.00	0	0.00	A0
09/01/14	LABORATORY	153.00	0.00	143.71	9.29	9.29	0.00	0	0.00	A0
09/01/14	LABORATORY	145.00	0.00	131.74	13.26	13.26	0.00	0	0.00	A0
09/01/14	LABORATORY	120.00	0.00	113.01	6.99	6.99	0.00	0	0.00	A0
09/01/14	LABORATORY	93.00	0.00	79.42	13.58	13.58	0.00	0	0.00	A0
Total		$586.00	$0.00	$539.66	$46.34	$46.34	$0.00		$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.*

What I need to know for my next claim

You've paid a total of $87.71 toward your $200 in network deductible for 2014

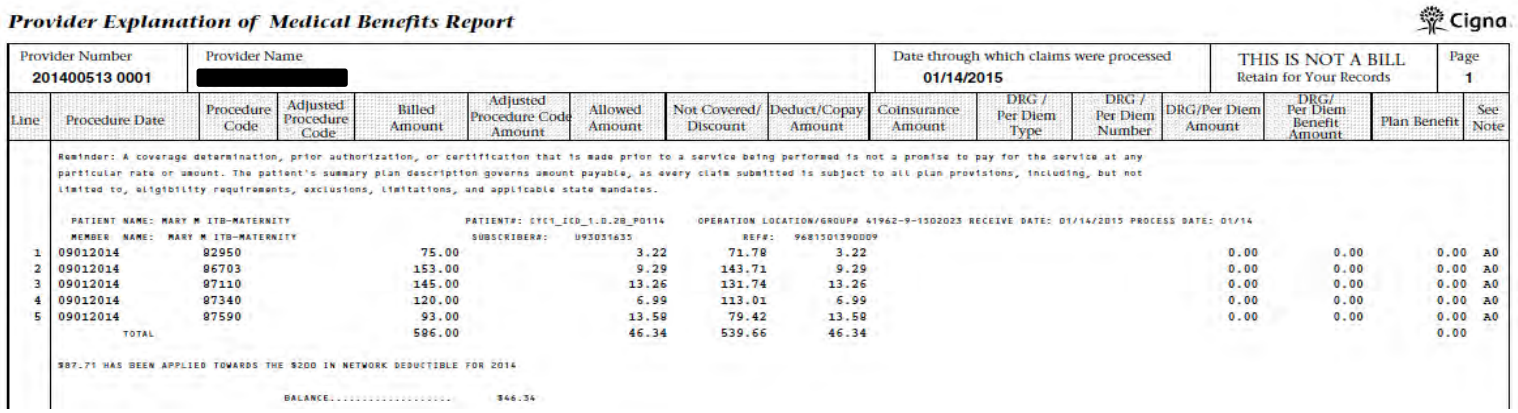
EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of payment

Test script 2:

Maternity lab panel

ICD-9 claim



Provider Explanation of Medical Benefits Report

Cigna

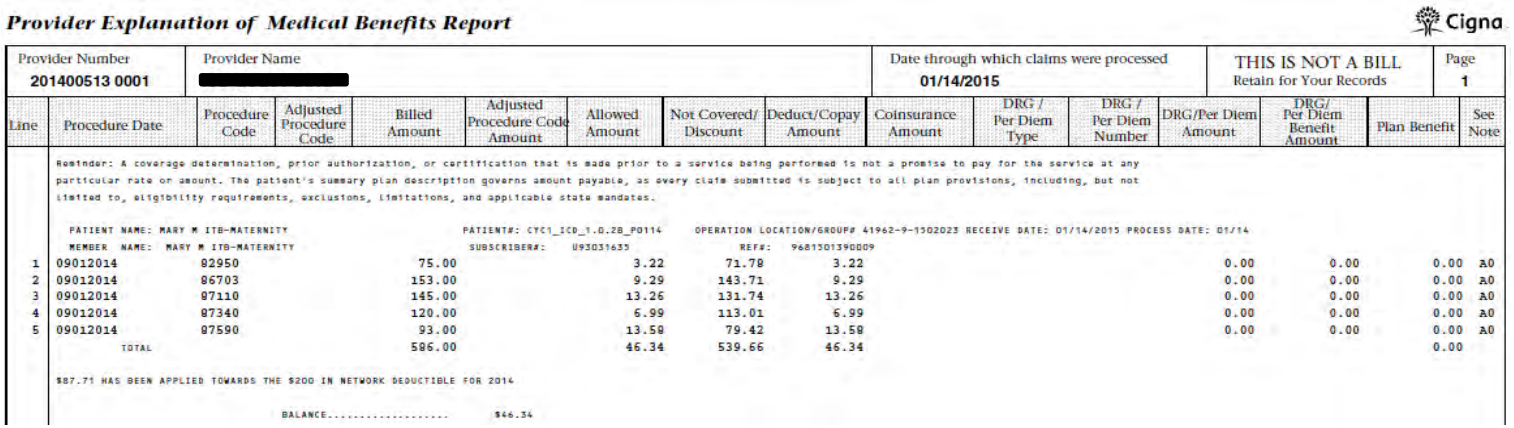
Provider Number	Provider Name	Date through which claims were processed	THIS IS NOT A BILL	Page
201400513 0001	[redacted]	01/14/2015	Retain for Your Records	1

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	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: MARY M ITB-MATERNITY				PATIENT#: CYC1_ICD_1.0.28_P0114		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/14/2015 PROCESS DATE: 01/14								
	MEMBER NAME: MARY M ITB-MATERNITY				SUBSCRIBER#: U93031635		REF#: 968150139000								
1	09012014	82950		75.00	3.22	71.78	3.22					0.00	0.00	0.00	A0
2	09012014	86703		153.00	9.29	143.71	9.29					0.00	0.00	0.00	A0
3	09012014	87110		145.00	13.26	131.74	13.26					0.00	0.00	0.00	A0
4	09012014	87340		120.00	6.99	113.01	6.99					0.00	0.00	0.00	A0
5	09012014	87590		93.00	13.58	79.42	13.58					0.00	0.00	0.00	A0
	TOTAL			586.00	46.34	539.66	46.34							0.00	

$87.71 HAS BEEN APPLIED TOWARDS THE $200 IN NETWORK DEDUCTIBLE FOR 2014

BALANCE..... $46.34

ICD-10 claim



Provider Explanation of Medical Benefits Report

Cigna

Provider Number	Provider Name	Date through which claims were processed	THIS IS NOT A BILL	Page
201400513 0001	[redacted]	01/14/2015	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	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: MARY M ITB-MATERNITY				PATIENT#: CYC1_ICD_1.0.28_P0114		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/14/2015 PROCESS DATE: 01/14								
	MEMBER NAME: MARY M ITB-MATERNITY				SUBSCRIBER#: U93031635		REF#: 968150139000								
1	09012014	82950		75.00	3.22	71.78	3.22					0.00	0.00	0.00	A0
2	09012014	86703		153.00	9.29	143.71	9.29					0.00	0.00	0.00	A0
3	09012014	87110		145.00	13.26	131.74	13.26					0.00	0.00	0.00	A0
4	09012014	87340		120.00	6.99	113.01	6.99					0.00	0.00	0.00	A0
5	09012014	87590		93.00	13.58	79.42	13.58					0.00	0.00	0.00	A0
	TOTAL			586.00	46.34	539.66	46.34							0.00	

$87.71 HAS BEEN APPLIED TOWARDS THE $200 IN NETWORK DEDUCTIBLE FOR 2014

BALANCE..... $46.34

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Inbound 837 x 12 record

Test script 2:

Maternity lab panel

ICD-9 claim	ICD-10 claim
HL*1**20*1~NM1*85*2*◆◆◆◆◆◆◆◆◆◆◆◆*****XX*1003084112~N3*8009 BILLINGS AVENUE~N4*ANCHORAGE*AK*995010000~REF*EI*201400513~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*INB-MATERNITY*MARY*M***MI*U93031634~N3*76 GROVE STREET~N4*New York*NY*100030000~DMG*D8*19691013*F~REF*SY*915021914~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYC1_ICD_1.0.2A_P0114*586***81:B:1*Y*C*Y*Y~REF*D9*CYC1ICD1.0.2A_P0114~HI*BK:65960~LX*1~SV1*HC:82950*75*UN*1***1~DTP*472*D8*20140630~LX*2~SV1*HC:86703*153*UN*1***1~DTP*472*D8*20140630~LX*3~SV1*HC:87110*145*UN*1***1~DTP*472*D8*20140630~LX*4~SV1*HC:87340*120*UN*1***1~DTP*472*D8*20140630~LX*5~SV1*HC:87590*93*UN*1***1~DTP*472*D8*20140630~SE*37*0003~GE*4*1~IEA*1*000000001~	HL*1**20*1~NM1*85*2*◆◆◆◆◆◆◆◆◆◆◆◆*****XX*1003084112~N3*8009 BILLINGS AVENUE~N4*ANCHORAGE*AK*995010000~REF*EI*201400513~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*ITB-MATERNITY*MARY*M***MI*U93031635~N3*03 LAURAS LANE~N4*New York*NY*100030000~DMG*D8*19690621*F~REF*SY*915021915~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYC1_ICD_1.0.2B_P0114*586***81:B:1*Y*C*Y*Y~REF*D9*CYC1ICD1.0.2B_P0114~HI*ABK:O09529~LX*1~SV1*HC:82950*75*UN*1***1~DTP*472*D8*20140901~LX*2~SV1*HC:86703*153*UN*1***1~DTP*472*D8*20140901~LX*3~SV1*HC:87110*145*UN*1***1~DTP*472*D8*20140901~LX*4~SV1*HC:87340*120*UN*1***1~DTP*472*D8*20140901~LX*5~SV1*HC:87590*93*UN*1***1~DTP*472*D8*20140901~

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Test script 3: Inpatient hospital claim for delivery of baby

Claim type	
Description:	Inpatient hospital claim for delivery of baby
Expected result:	Gateway/claim engine accepts the claim based on date of service compared against the ICD compliance date
	Claim processes cleanly and all relevant codes are present on the claim
	Claim is priced using MS DRG 766
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$112.29 of finalized claim is charged against customer's $200 deductible
	$1,000 of finalized claim is charged against customer's $1,000 annual out-of-pocket maximum (coinsurance)
	$11,607.72 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
DRG 766	$12,720.00

Claim data (both claims)	
Claim type:	Inpatient institutional
Type of bill:	111 – Hospital, inpatient, admit through discharge
Non-ICD codes:	0122 – Room and board semi-private (OB/2 Bed), 0250 – Pharmacy, 0258 – Pharmacy (IV solution), 0262 - IV therapy (supply delivery IV), 0272 – Supplies (sterile supplies), 0301 – Labs (chemistry), 0305 – Labs (hematology), 0306 - Labs (bacteriology), 0307 – Labs (urology), 0320 – X-ray (diagnostic), 0360 – Delivery room – OR, 0402 – Ultrasound, 0722 – Labor room and delivery (delivery room)
Billed charges:	$19,055.00
Allowable charges:	$12,720.00

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_1.0.3a	P10582_ICD10_EoC_1.0.3b
ICD diagnosis code	65251, 65961, 65441, V270	O324XX0, O09529, O34599, Z370
ICD procedure codes	734, 741	3E043VJ, 10D00Z1
Dates of service	07/01-02/2014	10/01-02/2014

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of benefits

Test script 3:

Inpatient hospital claim for delivery of baby

Cigna.

ICD-9 claim

Claim received for MARY M INB-MATERNITY
Reference # 9681501890002
ID U93031634

Claim detail

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

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD MSDRG HSP, Reference # 9681501890002										
07/01/14 - 07/02/14	SEMI-PRIV./ WARD	6,000.00	1,994.75	0.00	4,005.25	112.29	3,503.66	90	389.30	A0
07/01/14	DRUGS	450.00	149.61	0.00	300.39	0.00	270.35	90	30.04	A0
07/01/14	DRUGS	400.00	132.98	0.00	267.02	0.00	240.32	90	26.70	A0
07/01/14	IV(S)	80.00	26.60	0.00	53.40	0.00	48.06	90	5.34	A0
07/01/14	SUPPLIES	75.00	24.93	0.00	50.07	0.00	45.06	90	5.01	A0
07/01/14	LABORATORY	125.00	41.56	0.00	83.44	0.00	75.10	90	8.34	A0
07/01/14	LABORATORY	175.00	58.18	0.00	116.82	0.00	105.14	90	11.68	A0
07/01/14	LABORATORY	150.00	49.87	0.00	100.13	0.00	90.12	90	10.01	A0
07/01/14	LABORATORY	100.00	33.25	0.00	66.75	0.00	60.08	90	6.67	A0
07/01/14	X-RAY	500.00	166.23	0.00	333.77	0.00	300.39	90	33.38	A0
07/01/14	OPERATING ROOM	5,000.00	1,662.29	0.00	3,337.71	0.00	3,003.94	90	333.77	A0
07/01/14	ULTRASOUND	1,000.00	332.46	0.00	667.54	0.00	600.79	90	66.75	A0
07/01/14	OPERATING ROOM	5,000.00	1,662.29	0.00	730.10	0.00	657.09	90	73.01	A0
07/01/14		0.00	0.00	0.00	2,607.61	0.00	2,607.61	100	0.00	
Total		**$19,055.00**	**$6,335.00**	**$0.00**	**$12,720.00**	**$112.29**	**$11,607.71**		**$1,000.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

Cigna.

ICD-10 claim

Claim received for MARY M ITB-MATERNITY
Reference # 9681501890001
ID U93031635

Claim detail

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

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD MSDRG HSP, Reference # 9681501890001										
10/01/14 - 10/02/14	SEMI-PRIV./ WARD	6,000.00	1,994.75	0.00	4,005.25	112.29	3,503.66	90	389.30	A0
10/01/14	DRUGS	450.00	149.61	0.00	300.39	0.00	270.35	90	30.04	A0
10/01/14	DRUGS	400.00	132.98	0.00	267.02	0.00	240.32	90	26.70	A0
10/01/14	IV(S)	80.00	26.60	0.00	53.40	0.00	48.06	90	5.34	A0
10/01/14	SUPPLIES	75.00	24.93	0.00	50.07	0.00	45.06	90	5.01	A0
10/01/14	LABORATORY	125.00	41.56	0.00	83.44	0.00	75.10	90	8.34	A0
10/01/14	LABORATORY	175.00	58.18	0.00	116.82	0.00	105.14	90	11.68	A0
10/01/14	LABORATORY	150.00	49.87	0.00	100.13	0.00	90.12	90	10.01	A0
10/01/14	LABORATORY	100.00	33.25	0.00	66.75	0.00	60.08	90	6.67	A0
10/01/14	X-RAY	500.00	166.23	0.00	333.77	0.00	300.39	90	33.38	A0
10/01/14	OPERATING ROOM	5,000.00	1,662.29	0.00	3,337.71	0.00	3,003.94	90	333.77	A0
10/01/14	ULTRASOUND	1,000.00	332.46	0.00	667.54	0.00	600.79	90	66.75	A0
10/01/14	OPERATING ROOM	5,000.00	1,662.29	0.00	730.10	0.00	657.09	90	73.01	A0
10/01/14		0.00	0.00	0.00	2,607.61	0.00	2,607.61	100	0.00	
Total		**$19,055.00**	**$6,335.00**	**$0.00**	**$12,720.00**	**$112.29**	**$11,607.71**		**$1,000.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

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EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of payment

Test script 3:

Inpatient hospital claim for delivery of baby

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0002	ICD MSDRG HSP	01/19/2015	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
1	07012014						0.00				99999	0.00	0.00	0.00	
	TOTAL													11607.71	

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: MARY M IND-MATERNITY PATIENT#: CYCLE3R_1.0.3R_10119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/19
MEMBER NAME: MARY M IND-MATERNITY SUBSCRIBER#: U93031634 REF#: 9681501890002 CHECK#: 00400010262

TOTAL BILLED..... $19,055.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $1,112.29

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.

PAYMENT OF $11,607.71 TO ICD MSDRG HSP

PPS RRE

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
2	10012014						0.00				99999	0.00	0.00	0.00	
	TOTAL													11607.71	

PATIENT NAME: MARY M ITR-MATERNITY PATIENT#: CYCLE3R_1.0.3R_10119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/19
MEMBER NAME: MARY M ITR-MATERNITY SUBSCRIBER#: U93031635 REF#: 9681501890001 CHECK#: 00400010263

TOTAL BILLED..... $19,055.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $1,112.29

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.

VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)

PAYMENT OF $11,607.71 TO ICD MSDRG HSP

PPS RRE

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Inbound 837 x 12 record

Test script 3:

Inpatient hospital claim for delivery of baby

ICD-9	ICD-10
HL*1**20*1 ~NM1*85*2*ICD MSDRG HSP*****XX*1003086752 ~N3*8006 BILLINGS AVENUE ~N4*New York*NY*100030000 ~REF*EI*201412121 ~HL*2*1*22*0 ~SBR*P*18*1502023******15 ~NM1*IL*1*INB-MATERNITY*MARY*M***MI*U93031634 ~N3*76 GROVE STREET ~N4*New York*NY*100030000 ~DMG*D8*19691013*F ~REF*SY*915021914 ~NM1*PR*2*CIGNA*****PI*029053964 ~CLM*CYCLE3R_1.0.3A_I0119*19055***11:A:1**C*Y*Y ~DTP*096*TM*1820 ~DTP*434*RD8*20140701-20140702 ~DTP*435*DT*201407011330 ~CL1*1*7*30 ~REF*D9*CYCLE3R_1.0.3A_I0119 ~HI*BK:65251:::::::Y ~HI*BJ:99762 ~HI*BF:65961:::::::Y*BF:65441:::::::Y*BF:V270:::::::Y ~HI*BR:734:D8:20140701 ~HI*BQ:741:D8:20140701 ~LX*1 ~SV2*0122**6000*UN*2 ~DTP*472*RD8*20140701-20140702 ~LX*2 ~SV2*0250**450*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*3 ~SV2*0258**400*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*4 ~SV2*0262**80*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*5 ~SV2*0272**75*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*6 ~SV2*0301**125*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*7 ~SV2*0305**175*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*8 ~SV2*0306**150*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*9 ~SV2*0307**100*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*10 ~SV2*0320**500*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*11 ~SV2*0360**5000*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*12 ~SV2*0402**1000*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*13 ~SV2*0722**5000*UN*1 ~DTP*472*RD8*20140701-20140702 ~SE*69*0001 ~GE*2*1 ~IEA*1*000000001~	HL*1**20*1 ~NM1*85*2*ICD MSDRG HSP*****XX*1003086752 ~N3*8006 BILLINGS AVENUE ~N4*New York*NY*100030000 ~REF*EI*201412121 ~HL*2*1*22*0 ~SBR*P*18*1502023******15 ~NM1*IL*1*ITB-MATERNITY*MARY*M***MI*U93031635 ~N3*03 LAURAS LANE ~N4*New York*NY*100030000 ~DMG*D8*19690621*F ~REF*SY*915021915 ~NM1*PR*2*CIGNA*****PI*029053964 ~CLM*CYCLE3R_1.0.3B_I0119*19055***11:A:1**C*Y*Y ~DTP*096*TM*1820 ~DTP*434*RD8*20141001-20141002 ~DTP*435*DT*201410011330 ~CL1*1*7*30 ~REF*D9*CYCLE3R_1.0.3B_I0119 ~HI*ABK:O324XX0:::::::Y ~HI*ABJ:T8741 ~HI*ABF:O09529:::::::Y*ABF:O34599:::::::Y*ABF:Z370:::::::Y ~HI*BBR:3E043VJ:D8:20141001 ~HI*BBQ:10D00Z1:D8:20141001 ~LX*1 ~SV2*0122**6000*UN*2 ~DTP*472*RD8*20141001-20141002 ~LX*2 ~SV2*0250**450*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*3 ~SV2*0258**400*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*4 ~SV2*0262**80*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*5 ~SV2*0272**75*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*6 ~SV2*0301**125*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*7 ~SV2*0305**175*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*8 ~SV2*0306**150*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*9 ~SV2*0307**100*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*10 ~SV2*0320**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*11 ~SV2*0360**5000*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*12 ~SV2*0402**1000*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*13 ~SV2*0722**5000*UN*1 ~DTP*472*RD8*20141001-20141002 ~SE*69*0002 ~GE*2*1 ~IEA*1*000000001~

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Test script 4: OB delivery charges

Claim type	
Description:	Inpatient professional claim for maternity lab panel
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 customer responsibility – annual deductible and out -of -pocket maximums have been met
	$1,276.19 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
59622	$1,276.19

Claim data (both claims)	
Claim type:	Inpatient professional
Point of service:	Inpatient (21)
Non-ICD codes:	59622 (CPT) – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; includes postpartum care
Billed charges:	$9,000.00
Allowable charges:	$1,276.19

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_1.0.4a	P10582_ICD10_EoC_1.0.4b
ICD diagnosis code	65961, 65441, V270	O09529, O34599, Z370
Date of service	07/01/2014	10/01/2014

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of benefits

Test script 4:

OB delivery charges

ICD-9 claim

Cigna.

Claim received for MARY M INB-MATERNITY
Reference # 9681501590009
ID 201412121 0007

Claim detail

CIGNA received this claim on January 16, 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
OLYVIA ICD-OBSTERICS MD, Reference # 9681501590009										
07/01/14	SURGERY	9,000.00	0.00	7,723.81	1,276.19	0.00	1,276.19	100	0.00	A0
Total		**$9,000.00**	**$0.00**	**$7,723.81**	**$1,276.19**	**$0.00**	**$1,276.19**		**$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

ICD-10 claim

Cigna.

Claim received for MARY M ITB-MATERNITY
Reference # 9681501590007
ID 201412121 0007

Claim detail

CIGNA received this claim on January 16, 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
OLYVIA ICD-OBSTERICS MD, Reference # 9681501590007										
10/01/14	SURGERY	9,000.00	0.00	7,723.81	1,276.19	0.00	1,276.19	100	0.00	A0
Total		**$9,000.00**	**$0.00**	**$7,723.81**	**$1,276.19**	**$0.00**	**$1,276.19**		**$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Explanation of payment

Test script 4:

OB delivery charges

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0007	OLYVIA ICD-OBSTERICS 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: MARY M INB-MATERNITY PATIENT#: CYCLE4_1.0.4A_P0116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/20														
	MEMBER NAME: MARY M INB-MATERNITY SUBSCRIBER#: 093031634 REF#: 968150159000 9 CHECK#: 00400010267														
1	07012014	59622		9000.00		1276.19	7723.91					0.00	0.00	1276.19	A0
	TOTAL			9000.00		1276.19	7723.91							1276.19	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $1,276.19 TO OLYVIA ICD-OBSTERICS MD														
	PPS RRE														
	PATIENT NAME: MARY M ITB-MATERNITY PATIENT#: CYCLE4_1.0.4B_P0116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/20														
	MEMBER NAME: MARY M ITB-MATERNITY SUBSCRIBER#: 093031635 REF#: 968150159000 7 CHECK#: 00400010268														
2	10012014	59622		9000.00		1276.19	7723.91					0.00	0.00	1276.19	A0
	TOTAL			9000.00		1276.19	7723.91							1276.19	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $1,276.19 TO OLYVIA ICD-OBSTERICS MD														
	PPS RRE														

EPISODE OF CARE 1: MARY MATERNITY (CONT.)

Inbound 837 x 12 record

Test script 4:

OB delivery charges

ICD-9	ICD-10
HL*1**20*1~NM1*85*2*ICD-OBSTERICS MD OLYVIA*****XX*1003007089~N3*8013 BILLINGS AVENUE~N4*NEW YORK*NY*100030000~REF*EI*201412121~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*INB-MATERNITY*MARY*M***MI*U93031634~N3*76 GROVE STREET~N4*NEW YORK*NY*100030000~DMG*D8*19691013*F~REF*SY*915021914~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYCLE4_1.0.4A_P0116*9000***21:B:1*Y*C*Y*Y~DTP*435*D8*20140701~REF*D9*CYCLE4_1.0.4A_P0116~HI*BK:65961*BF:65441*BF:V270~LX*1~SV1*HC:59622*9000*UN*1***1~DTP*472*D8*20140701~SE*26*0001~GE*4*1~IEA*1*000000001~	HL*1**20*1~NM1*85*2*ICD-OBSTERICS MD LYVIA*****XX*1003007089~N3*8013 BILLINGS AVENUE~N4*NEW YORK*NY*100030000~REF*EI*201412121~HL*2*1*22*0~SBR*P*18*1502023******15~NM1*IL*1*ITB-MATERNITY*MARY*M***MI*U93031635~N3*03 LAURAS LANE~N4*NEW YORK*NY*100030000~DMG*D8*19690621*F~REF*SY*915021915~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYCLE4_1.0.4B_P0116*9000***21:B:1*Y*C*Y*Y~DTP*435*D8*20141001~REF*D9*CYCLE4_1.0.4B_P0116~HI*ABK:O09529*ABF:O34599*ABF:Z370~LX*1~SV1*HC:59622*9000*UN*1***1~DTP*472*D8*20141001~SE*26*0002~GE*4*1~IEA*1*000000001~

EPISODE OF CARE 2: JOE JOINT REPLACEMENT

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: Inpatient hospital claim for joint replacement surgery

Test script 2: Surgeon charges claim for joint replacement surgery

Test script 3: Wheelchair rental (DME)

Test script 4: Physical therapy

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (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:	Male
Date of birth:	07/12/1960
Relationship:	Employee
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_2.0.1a (ICD-9 claim) P10582_ICD10_EoC_2.0.1b (ICD-10 claim)	Inpatient hospital claim for joint replacement surgery.	Claim intake Benefit plan and copay MS DRG pricing (same for 9 and 10) EOB and EOP generation
2	P10582_ICD10_EoC_2.0.2a (ICD-9 claim) P10582_ICD10_EoC_2.0.2b (ICD-10 claim)	Surgeon charges claim for joint replacement surgery	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation
3	P10582_ICD10_EoC_2.0.3a (ICD-9 claim) P10582_ICD10_EoC_2.0.3b (ICD-10 claim)	DME claim for wheelchair	Claim intake Benefit plan and copay DME pricing (same for 9 and 10) EOB and EOP generation
4	P10582_ICD10_EoC_2.0.4a (ICD-9 claim) P10582_ICD10_EoC_2.0.4b (ICD-10 claim)	Physical therapy claim	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Test script 1: Inpatient hospital claim for joint replacement surgery

Claim type	
Description:	Inpatient hospital claim for hip replacement surgery with major complications
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 is priced using MS DRG 981
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$200 of finalized claim is charged against customer's $200 deductible
	$1,000 of finalized claim is charged against customer's $1,000 annual out-of-pocket maximum
	$74,171.65 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
DRG 981	$75,371.65

Claim data (both claims)	
Claim type:	Inpatient institutional
Type of bill:	111 – Hospital, inpatient, admit through discharge
Non-ICD codes:	C1776 (HCPCS) – Joint device (implantable), 0111 – Room and board-private (medical, surgical, gynecological), 0270 – Supplies (medical-surgical) (use HCPCS=C1776), 0301 – Labs (chemistry), 0305 – Labs (hematology), 0306 – Labs (bacteriology), 0320 – X-ray (diagnostic), 0360 – Operating room services, 0370 – Anesthesia supplies (anesthesia incident to radiology), 0424 – Physical therapy and evaluation, 0434 – Occupational therapy and evaluation
Billed charges:	$77,750.00
Allowable charges:	$75,371.65

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_2.0.1a	P10582_ICD10_EoC_2.0.1b
ICD diagnosis code	244.9, 558.9 , 715.35, 820.09 (MCC diagnosis code), 998.89	E039, K529, M169, S72099A (MCC diagnosis code), T8189XA
ICD procedure codes	81.51, 78.55	0SRB0J9, 0QH804Z
Date of service	07/20-25/2014	08/31 - 09/05/2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of benefits

Test script 1:

Inpatient hospital claim for joint replacement surgery

Cigna.

ICD-9 claim

Claim received for JOE J INB JOINTREPLACE
Reference # 8681501390002
ID U93031555

Claim detail

CIGNA received this claim on January 13, 2015 and processed it on January 16, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD MSDRG HSP, Reference # 8681501390002										
07/20/14 - 07/25/14	PRIVATE ROOM	27,500.00	841.22	0.00	10,200.00	200.00	9,000.00	90	1,000.00	A0
07/20/14		0.00	0.00	0.00	16,458.78	0.00	16,458.78	100	0.00	
07/20/14	SUPPLIES	20,000.00	611.79	0.00	19,388.21	0.00	19,388.21	100	0.00	A0
07/20/14	LABORATORY	2,500.00	76.47	0.00	2,423.53	0.00	2,423.53	100	0.00	A0
07/20/14	LABORATORY	1,000.00	30.59	0.00	969.41	0.00	969.41	100	0.00	A0
07/20/14	LABORATORY	3,500.00	107.06	0.00	3,392.94	0.00	3,392.94	100	0.00	A0
07/20/14	X-RAY	500.00	15.30	0.00	484.70	0.00	484.70	100	0.00	A0
07/20/14	OPERATING ROOM	20,000.00	611.79	0.00	19,388.21	0.00	19,388.21	100	0.00	A0
07/20/14	ANESTHESIA SUP.	2,000.00	61.18	0.00	1,938.82	0.00	1,938.82	100	0.00	A0
07/20/14	PHYSICAL THERAPY	450.00	13.77	0.00	436.23	0.00	436.23	100	0.00	A0
07/20/14	OCC. THERAPY	300.00	9.18	0.00	290.82	0.00	290.82	100	0.00	A0
Total		**$77,750.00**	**$2,378.35**	**$0.00**	**$75,371.65**	**$200.00**	**$74,171.65**		**$1,000.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

Cigna.

ICD-10 claim

Claim received for JOE J ITB-JOINTREPLACE
Reference # 9681501390004
ID U93031556

Claim detail

CIGNA received this claim on January 13, 2015 and processed it on January 16, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD MSDRG HSP, Reference # 9681501390004										
08/31/14 - 09/05/14	PRIVATE ROOM	27,500.00	841.22	0.00	10,200.00	200.00	9,000.00	90	1,000.00	A0
08/31/14		0.00	0.00	0.00	16,458.78	0.00	16,458.78	100	0.00	
08/31/14	SUPPLIES	20,000.00	611.79	0.00	19,388.21	0.00	19,388.21	100	0.00	A0
08/31/14	LABORATORY	2,500.00	76.47	0.00	2,423.53	0.00	2,423.53	100	0.00	A0
08/31/14	LABORATORY	1,000.00	30.59	0.00	969.41	0.00	969.41	100	0.00	A0
08/31/14	LABORATORY	3,500.00	107.06	0.00	3,392.94	0.00	3,392.94	100	0.00	A0
08/31/14	X-RAY	500.00	15.30	0.00	484.70	0.00	484.70	100	0.00	A0
08/31/14	OPERATING ROOM	20,000.00	611.79	0.00	19,388.21	0.00	19,388.21	100	0.00	A0
08/31/14	ANESTHESIA SUP.	2,000.00	61.18	0.00	1,938.82	0.00	1,938.82	100	0.00	A0
08/31/14	PHYSICAL THERAPY	450.00	13.77	0.00	436.23	0.00	436.23	100	0.00	A0
08/31/14	OCC. THERAPY	300.00	9.18	0.00	290.82	0.00	290.82	100	0.00	A0
Total		**$77,750.00**	**$2,378.35**	**$0.00**	**$75,371.65**	**$200.00**	**$74,171.65**		**$1,000.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of payment

Test script 1:

Inpatient hospital claim for joint replacement surgery

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0002	ICD MSDRG 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
1	07202014					0.00					99999	0.00	0.00	0.00 74171.65	

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: JOE J IND-JOINTREPLACE PATIENT#: CYC1_ICD_2A_10113 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/16
MEMBER NAME: JOE J IND-JOINTREPLACE SUBSCRIBER#: 093051555 REF#: 968150139D002 CHECK#: 00400010246

TOTAL

TOTAL BILLED..... $77,750.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $3,200.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.
VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWE RS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP. COM)
PAYMENT OF $74,171.65 TO ICD MSDRG HSP
PPS REG

PATIENT NAME: JOE J ITB-JOINTREPLACE PATIENT#: CYC1_ICD_2B_10113 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/16
MEMBER NAME: JOE J ITB-JOINTREPLACE SUBSCRIBER#: 093051556 REF#: 968150139D004 CHECK#: 00400010247

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
2	08312014					0.00					99999	0.00	0.00	0.00 74171.65	

TOTAL

TOTAL BILLED..... $77,750.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $3,200.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.
PAYMENT OF $74,171.65 TO ICD MSDRG HSP
PPS REG

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Inbound 837 x 12 record

Test script 1:

Inpatient hospital claim for joint replacement surgery

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD MSDRG HSP*****XX*1003086752~ N3*8006 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-JOINTREPLACE*JOE****MI*U93031555~ N3*2009 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600311*M~ REF*SY*915021922~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_2A_I0113*77750***11:A:1**C*N*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140720-20140725~ DTP*435*DT*201407201330~ CL1*1*7*30~ REF*D9*CYC1_ICD_2A_I0113~ HI*BK:2449:::::::Y~ HI*BJ:99762~ HI*BF:5589:::::::Y*BF:71535:::::::Y*BF:82009:::::::Y*BF:998 89:::::::Y~ HI*BR:8151:D8:20140720~ HI*BQ:7855:D8:20140720~ LX*1~ SV2*0111**27500*UN*6~ DTP*472*RD8*20140720-20140725~ LX*2~ SV2*0270*HC:C1776*20000*UN*1~ DTP*472*RD8*20140720- 20140725~ LX*3~ SV2*0301**2500*UN*10~ DTP*472*RD8*20140720- 20140725~ LX*4~ SV2*0305**1000*UN*15~ DTP*472*RD8*20140720- 20140725~ LX*5~ SV2*0306**3500*UN*25~ DTP*472*RD8*20140720- 20140725~ LX*6~ SV2*0320**500*UN*1~ DTP*472*RD8*20140720- 20140725~ LX*7~ SV2*0360**20000*UN*1~ DTP*472*RD8*20140720- 20140725~ LX*8~ SV2*0370**2000*UN*1~ DTP*472*RD8*20140720- 20140725~ LX*9~ SV2*0424**450*UN*1~ DTP*472*RD8*20140720- 20140725~ LX*10~ SV2*0434**300*UN*1~ DTP*472*RD8*20140720- 20140725~ SE*60*0001~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD MSDRG HSP*****XX*1003086752~ N3*8006 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-JOINTREPLACE*JOE****MI*U93031556~ N3*2010 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600712*M~ REF*SY*915021923~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_2B_I0113*77750***11:A:1**C*N*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140831-20140905~ DTP*435*DT*201408311330~ CL1*1*7*30~ REF*D9*CYC1_ICD_2B_I0113~ HI*ABK:E039~ HI*ABJ:T8741~ HI*ABF:K529:::::::Y*ABF:M169:::::::Y*ABF:S72099A:::::::Y*A BF:T8189XA:::::::Y~ HI*BBR:0SRB0J9:D8:20140831~ HI*BBQ:0QH804Z:D8:20140831~ LX*1~ SV2*0111**27500*UN*6~ DTP*472*RD8*20140831-20140905~ LX*2~ SV2*0270*HC:C1776*20000*UN*1~ DTP*472*RD8*20140831- 20140905~ LX*3~ SV2*0301**2500*UN*10~ DTP*472*RD8*20140831-20140905~ LX*4~ SV2*0305**1000*UN*15~ DTP*472*RD8*20140831-20140905~ LX*5~ SV2*0306**3500*UN*25~ DTP*472*RD8*20140831-20140905~ LX*6~ SV2*0320**500*UN*1~ DTP*472*RD8*20140831-20140905~ LX*7~ SV2*0360**20000*UN*1~ DTP*472*RD8*20140831-20140905~ LX*8~ SV2*0370**2000*UN*1~ DTP*472*RD8*20140831-20140905~ LX*9~ SV2*0424**450*UN*1~ DTP*472*RD8*20140831-20140905~ LX*10~ SV2*0434**300*UN*1~ DTP*472*RD8*20140831-20140905~ SE*60*0002~ GE*4*1~ IEA*1*000000001~

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Test script 2: Surgeon charges claim for joint replacement surgery

Claim type	
Description:	Inpatient professional claim for surgeon charges for joint replacement surgery
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 customer responsibility – annual deductible and out-of-pocket maximums have been met
	$3,316.30 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
27130	$2,353.45
27470	$ 962.85

Claim data (both claims)	
Claim type:	Inpatient professional
Point of service:	Inpatient (21)
Non-ICD codes:	27130 (CPT) – Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty) with or without autograft or allograft – *LT – Left* 27470 (CPT) – Repair, nonunion or malunion, femur, distal and head and neck, without graft (eg. compression technique) *51 – Multiple procedures performed*
Billed charges:	$11,775.00
Allowable charges:	$ 3,316.30

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_2.0.2a	P10582_ICD10_EoC_2.0.2b
ICD diagnosis codes	244.9, 558.9, 715.35, 820.09 (MCC diagnosis code)	M169, S72099A (MCC diagnosis code), E039, K529
Date of service	07/20-21/2014	09/10-11/2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of benefits

Test script 2:

Surgeon charges claim for joint replacement surgery

ICD-9 claim

Cigna.

Claim received for JOE J INB-JOINTREPLACE
Reference # 8681501890001
ID 201412121 0017

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
OLIVER ICD-ORTHOPEDIC MD, Reference # 8681501890001										
07/20/14	SURGERY	7,870.00	0.00	5,516.55	2,353.45	0.00	2,353.45	100	0.00	A0
07/20/14	SURGERY	3,905.00	0.00	2,942.15	962.85	0.00	962.85	100	0.00	A0
Total		**$11,775.00**	**$0.00**	**$8,458.70**	**$3,316.30**	**$0.00**	**$3,316.30**		**$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

ICD-10 claim

Cigna.

Claim received for JOE J ITB-JOINTREPLACE
Reference # 9681501890003
ID 201412121 0017

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
OLIVER ICD-ORTHOPEDIC MD, Reference # 9681501890003										
09/10/14	SURGERY	7,870.00	0.00	5,516.55	2,353.45	0.00	2,353.45	100	0.00	A0
09/10/14	SURGERY	3,905.00	0.00	2,942.15	962.85	0.00	962.85	100	0.00	A0
Total		**$11,775.00**	**$0.00**	**$8,458.70**	**$3,316.30**	**$0.00**	**$3,316.30**		**$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of payment

Test script 2:

Surgeon charges claim for joint replacement surgery

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0017	OLIVER ICD-ORTHOPEDIC 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: JOE J INB-JOINTREPLACE PATIENT#: CYCLE2R_2.0.2A_P0119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/20														
	MEMBER NAME: JOE J INB-JOINTREPLACE SUBSCRIBER#: U93031555 REF#: 8681501890001 CHECK#: 00400010269														
1	07202014	27130		7870.00		2353.45	5516.55					0.00	0.00	2353.45	A0
2	07202014	27470		3905.00		962.85	2942.15					0.00	0.00	962.85	A0
	TOTAL			11775.00		3316.30	8458.70							3316.30	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $3,316.30 TO OLIVER ICD-ORTHOPEDIC MD														
	PPS RRE														
	PATIENT NAME: JOE J ITB-JOINTREPLACE PATIENT#: CYCLE2R_2.0.2B_P0119 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/20														
	MEMBER NAME: JOE J ITB-JOINTREPLACE SUBSCRIBER#: U93031556 REF#: 9681501890003 CHECK#: 00400010270														
3	09102014	27130		7870.00		2353.45	5516.55					0.00	0.00	2353.45	A0
4	09102014	27470		3905.00		962.85	2942.15					0.00	0.00	962.85	A0
	TOTAL			11775.00		3316.30	8458.70							3316.30	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $3,316.30 TO OLIVER ICD-ORTHOPEDIC MD														

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Inbound 837 x 12 record

Test script 2:

Surgeon charges claim for joint replacement surgery

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD-ORTHOPEDIC MD OLIVER*****XX*1003007071~ N3*112 BILLING STREET~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-JOINTREPLACE*JOE*J***MI*U93031555~ N3*2009 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600311*M~ REF*SY*915021922~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE2R_2.0.2A_P0119*11775***21:B:1*Y*C*Y*Y~ DTP*435*D8*20140720~ REF*D9*CYCLE2R_2.0.2A_P0119~ HI*BK:2449*BF:5589*BF:71535*BF:82009~ LX*1~ SV1*HC:27130:LT*7870*UN*1***1~ DTP*472*RD8*20140720-20140721~ LX*2~ SV1*HC:27470:51*3905*UN*1***1~ DTP*472*RD8*20140720-20140721~ SE*29*0001~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD-ORTHOPEDIC MD OLIVER*****XX*1003007071~ N3*112 BILLING STREET~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-JOINTREPLACE*JOE*J***MI*U93031556~ N3*2010 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600712*M~ REF*SY*915021923~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE2R_2.0.2B_P0119*11775***21:B:1*Y*C*Y*Y~ DTP*435*D8*20140910~ REF*D9*CYCLE2R_2.0.2B_P0119~ HI*ABK:M169*ABF:S72099A*ABF:E039*ABF:K529~ LX*1~ SV1*HC:27130:LT*7870*UN*1***1~ DTP*472*RD8*20140910-20140911~ LX*2~ SV1*HC:27470:51*3905*UN*1***1~ DTP*472*RD8*20140910-20140911~ SE*29*0002~ GE*4*1~ IEA*1*000000001~

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Test script 3: Wheelchair rental (DME)

Claim type	
Description:	Outpatient professional claim for a wheelchair rental (DME claim)
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 customer responsibility – annual deductible and out-of-pocket maximums have been met
	$138.75 is paid to the health care professional

Health care professional and contract	
Provider type:	Ancillary-DME
Contract type:	Percent of charges
Discount:	25%/40%

Fee schedule for claim lines	
Code	**Allowed amount**
E1100	$138.75

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Home (12)
Non-ICD codes:	E1100 (HCPCS) – Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating leg rests *RR – Rented*
Billed charges:	$185.00
Allowable charges:	$138.75

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_2.0.3a	P10582_ICD10_EoC_2.0.3b
ICD diagnosis code	V4364	Z96642
Date of service	07/25-08/23/2014	09/15-10/14/2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of benefits

Test script 3:

Wheelchair rental (DME)

Cigna.

ICD-9 claim

Claim received for JOE J INB-JOINTREPLACE
Reference # 8681501590002
ID 201412121 0003

Claim detail

CIGNA received this claim on January 15, 2015 and processed it on January 21, 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 DME 1ST TECHOLOGY, Reference # 8681501590002										
07/25/14	EQUIP. RENTAL	185.00	0.00	46.25	138.75	0.00	138.75	100	0.00	A0
Total		$185.00	$0.00	$46.25	$138.75	$0.00	$138.75		$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

Cigna.

ICD-10 claim

Claim received for JOE J ITB-JOINTREPLACE
Reference # 9681501590001
ID 201412121 0003

Claim detail

CIGNA received this claim on January 15, 2015 and processed it on January 21, 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 DME 1ST TECHOLOGY, Reference # 9681501590001										
09/15/14	EQUIP. RENTAL	185.00	0.00	46.25	138.75	0.00	138.75	100	0.00	A0
Total		$185.00	$0.00	$46.25	$138.75	$0.00	$138.75		$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

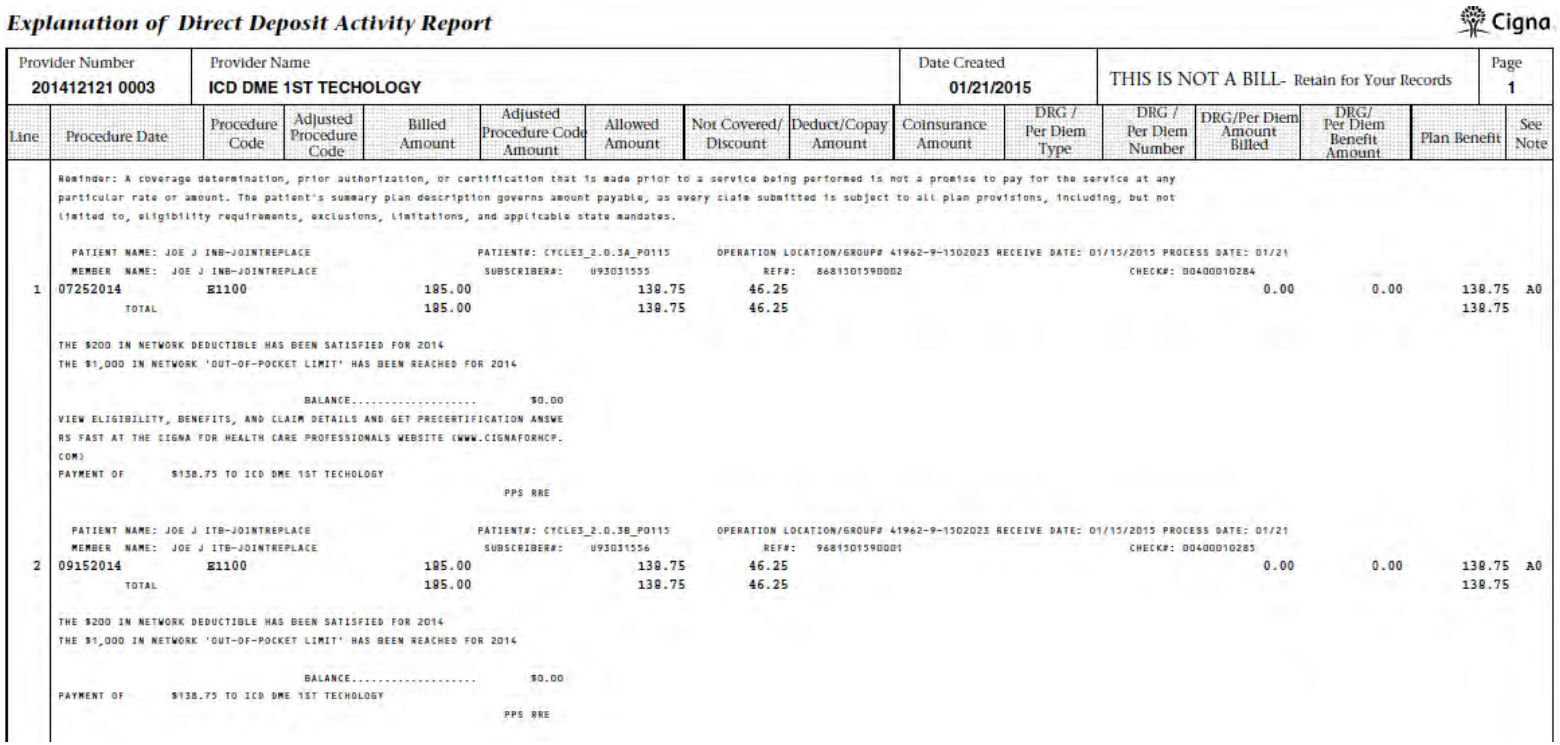
Explanation of payment

Test script 3:

Wheelchair rental (DME)

ICD-9 claim

ICD-10 claim



Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0003	ICD DME 1ST TECHOLOGY	01/21/2015	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: JOE J INB-JOINTREPLACE				PATIENT#: CYCLE3_2.0.3A_P0115		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/15/2015 PROCESS DATE: 01/21								
	MEMBER NAME: JOE J INB-JOINTREPLACE				SUBSCRIBER#: U93031555		REF#: 868150159000Z				CHECK#: D0400010284				
1	07252014	E1100		185.00		138.75	46.25					0.00	0.00	138.75	A0
	TOTAL			185.00		138.75	46.25							138.75	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $138.75 TO ICD DME 1ST TECHOLOGY														
	PPS RRE														
	PATIENT NAME: JOE J ITB-JOINTREPLACE				PATIENT#: CYCLE3_2.0.3B_P0115		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/15/2015 PROCESS DATE: 01/21								
	MEMBER NAME: JOE J ITB-JOINTREPLACE				SUBSCRIBER#: U93031556		REF#: 968150159000I				CHECK#: D0400010285				
2	09152014	E1100		185.00		138.75	46.25					0.00	0.00	138.75	A0
	TOTAL			185.00		138.75	46.25							138.75	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $138.75 TO ICD DME 1ST TECHOLOGY														
	PPS RRE														

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Inbound 837 x 12 record

Test script 3:

Wheelchair rental (DME)

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD DME 1ST TECHOLOGY*****XX*1003086794~ N3*8004 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-JOINTREPLACE*JOE*J***MI*U93031555~ N3*2009 JACKED PLACE~ N4*New York*NY*100030000~ DMG*D8*19600311*M~ REF*SY*915021922~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE3_2.0.3A_P0115*185***12:B:1*Y*C*Y*Y~ REF*D9*CYCLE3_2.0.3A_P0115~ HI*BK:V4364~ LX*1~ SV1*HC:E1100:RR*185*UN*1***1~ DTP*472*RD8*20140725-20140823~ SE*25*0003~ GE*8*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD DME 1ST TECHOLOGY*****XX*1003086794~ N3*8004 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-JOINTREPLACE*JOE*J***MI*U93031556~ N3*2010 JACKED PLACE~ N4*New York*NY*100030000~ DMG*D8*19600712*M~ REF*SY*915021923~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE3_2.0.3B_P0115*185***12:B:1*Y*C*Y*Y~ REF*D9*CYCLE3_2.0.3B_P0115~ HI*ABK:Z96642~ LX*1~ SV1*HC:E1100:RR*185*UN*1***1~ DTP*472*RD8*20140915-20141014~ SE*25*0004~ GE*8*1~ IEA*1*000000001~

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Test script 4: Physical therapy

Claim type	
Description:	Outpatient professional claim for physical therapy
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 customer responsibility – annual deductible and out-of-pocket maximums have been met
	$418.20 is paid to the health care professional

Health care professional and contract	
Provider type:	Association
Contract type:	Percent of charges
Discount:	15%

Fee schedule for claim lines	
Code	**Allowed amount**
97001	$133.45
97110	$ 57.80
97116	$ 49.30
97124	$ 40.80
97140	$ 48.45
97530	$ 45.90
97542	$ 42.50

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Office (11)
Non-ICD codes:	97001 (CPT) – Physical therapy evaluation, 97110 (CPT) – Therapeutic procedure, 97116 (CPT) – Therapeutic procedure, 97124 (CPT) – Therapeutic procedure, 97140 (CPT) – Manual therapy techniques, 97530 (CPT) – Therapeutic activities
Billed charges:	$492.00
Allowable charges:	$418.20

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_2.0.4a	P10582_ICD10_EoC_2.0.4b
ICD diagnosis code	V4364	Z96642
Dates of service	CPT 97001 = 07/28/14 CPT 97110 = 08/03/14 CPT 97116 = 08/06/14 CPT 97124 = 08/13/14 CPT 97140 = 08/16/14 CPT 97530 = 08/23/14 CPT 97542 = 08/26/14	CPT 97001 = 09/18/14 CPT 97110 = 09/24/14 CPT 97116 = 09/27/14 CPT 97124 = 10/04/14 CPT 97140 = 10/07/14 CPT 97530 = 10/14/14 CPT 97542 = 10/17/14

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of benefits

Test script 4:

Physical therapy

ICD-9 claim

Cigna.

Claim received for JOE J INB-JOINTREPLACE
Reference # 8681501590003
ID 201412121 0009

Claim detail

CIGNA received this claim on January 16, 2015 and processed it on January 22, 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 PT GRP, Reference # 8681501590003										
07/28/14	PHYSICAL THERAPY	157.00	0.00	23.55	133.45	0.00	133.45	100	0.00	A0
08/03/14	PHYSICAL THERAPY	68.00	0.00	10.20	57.80	0.00	57.80	100	0.00	A0
08/06/14	PHYSICAL THERAPY	58.00	0.00	8.70	49.30	0.00	49.30	100	0.00	A0
08/13/14	PHYSICAL THERAPY	48.00	0.00	7.20	40.80	0.00	40.80	100	0.00	A0
08/16/14	PHYSICAL THERAPY	57.00	0.00	8.55	48.45	0.00	48.45	100	0.00	A0
08/23/14	PHYSICAL THERAPY	54.00	0.00	8.10	45.90	0.00	45.90	100	0.00	A0
08/26/14	PHYSICAL THERAPY	50.00	0.00	7.50	42.50	0.00	42.50	100	0.00	A0
Total		**$492.00**	**$0.00**	**$73.80**	**$418.20**	**$0.00**	**$418.20**		**$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

ICD-10 claim

Cigna.

Claim received for JOE J ITB-JOINTREPLACE
Reference # 9681501590008
ID 201412121 0009

Claim detail

CIGNA received this claim on January 16, 2015 and processed it on January 22, 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 PT GRP, Reference # 9681501590008										
09/18/14	PHYSICAL THERAPY	157.00	0.00	23.55	133.45	0.00	133.45	100	0.00	A0
09/24/14	PHYSICAL THERAPY	68.00	0.00	10.20	57.80	0.00	57.80	100	0.00	A0
09/27/14	PHYSICAL THERAPY	58.00	0.00	8.70	49.30	0.00	49.30	100	0.00	A0
10/04/14	PHYSICAL THERAPY	48.00	0.00	7.20	40.80	0.00	40.80	100	0.00	A0
10/07/14	PHYSICAL THERAPY	57.00	0.00	8.55	48.45	0.00	48.45	100	0.00	A0
10/14/14	PHYSICAL THERAPY	54.00	0.00	8.10	45.90	0.00	45.90	100	0.00	A0
10/17/14	PHYSICAL THERAPY	50.00	0.00	7.50	42.50	0.00	42.50	100	0.00	A0
Total		**$492.00**	**$0.00**	**$73.80**	**$418.20**	**$0.00**	**$418.20**		**$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.*

Cigna.

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of payment

Test script 4:

Physical therapy

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201412121 0009	ICD PT GRP	01/22/2015	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: JOE J ING-JOINTREPLACE					PATIENT#: CYCLE4_2.0.48_PD116			OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/22						
	MEMBER NAME: JOE J ING-JOINTREPLACE					SUBSCRIBER#: U93051555			REF#: 968150159000S				CHECK#: 00400010290		
1	07282014	97001		157.00		133.45	23.55					0.00	0.00	133.45	A0
2	08032014	97110		68.00		57.80	10.20					0.00	0.00	57.80	A0
3	08062014	97116		58.00		49.30	8.70					0.00	0.00	49.30	A0
4	08132014	97124		48.00		40.80	7.20					0.00	0.00	40.80	A0
5	08162014	97140		57.00		48.45	8.55					0.00	0.00	48.45	A0
6	08232014	97530		54.00		45.90	8.10					0.00	0.00	45.90	A0
7	08262014	97542		50.00		42.50	7.50					0.00	0.00	42.50	A0
	TOTAL			492.00		418.20	73.80							418.20	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $418.20 TO ICD PT GRP														
	PPO REG														
	PATIENT NAME: JOE J ITG-JOINTREPLACE					PATIENT#: CYCLE4_2.0.48_PD116			OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/22						
	MEMBER NAME: JOE J ITG-JOINTREPLACE					SUBSCRIBER#: U93051556			REF#: 968150159000S				CHECK#: 00400010291		
8	09182014	97001		157.00		133.45	23.55					0.00	0.00	133.45	A0
9	09242014	97110		68.00		57.80	10.20					0.00	0.00	57.80	A0
10	09272014	97116		58.00		49.30	8.70					0.00	0.00	49.30	A0
11	10042014	97124		48.00		40.80	7.20					0.00	0.00	40.80	A0
12	10072014	97140		57.00		48.45	8.55					0.00	0.00	48.45	A0
13	10142014	97530		54.00		45.90	8.10					0.00	0.00	45.90	A0
14	10172014	97542		50.00		42.50	7.50					0.00	0.00	42.50	A0
	TOTAL			492.00		418.20	73.80							418.20	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $418.20 TO ICD PT GRP														
	PPO REG														

EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Inbound 837 x 12 record

Test script 4:

Physical therapy

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD PT GRP*****XX*1003086711~ N3*8008 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB- JOINTREPLACE*JOE*J***MI*U93031555~ N3*2009 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600311*M~ REF*SY*915021922~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE4_2.0.4A_P0116*492***11:B:1*Y*C*Y*Y~ REF*D9*CYCLE4_2.0.4A_P0116~ HI*BK:V4364~ LX*1~ SV1*HC:97001*157*UN*1***1~ DTP*472*D8*20140728~ LX*2~ SV1*HC:97110*68*UN*1***1~ DTP*472*D8*20140803~ LX*3~ SV1*HC:97116*58*UN*1***1~ DTP*472*D8*20140806~ LX*4~ SV1*HC:97124*48*UN*1***1~ DTP*472*D8*20140813~ LX*5~ SV1*HC:97140*57*UN*1***1~ DTP*472*D8*20140816~ LX*6~ SV1*HC:97530*54*UN*1***1~ DTP*472*D8*20140823~ LX*7~ SV1*HC:97542*50*UN*1***1~ DTP*472*D8*20140826~ SE*43*0003~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD PT GRP*****XX*1003086711~ N3*8008 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201412121~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB- JOINTREPLACE*JOE*J***MI*U93031556~ N3*2010 JACKED PLACE~ N4*NEW YORK*NY*100030000~ DMG*D8*19600712*M~ REF*SY*915021923~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE4_2.0.4B_P0116*492***11:B:1*Y*C*Y*Y~ REF*D9*CYCLE4_2.0.4B_P0116~ HI*ABK:Z96642~ LX*1~ SV1*HC:97001*157*UN*1***1~ DTP*472*D8*20140918~ LX*2~ SV1*HC:97110*68*UN*1***1~ DTP*472*D8*20140924~ LX*3~ SV1*HC:97116*58*UN*1***1~ DTP*472*D8*20140927~ LX*4~ SV1*HC:97124*48*UN*1***1~ DTP*472*D8*20141004~ LX*5~ SV1*HC:97140*57*UN*1***1~ DTP*472*D8*20141007~ LX*6~ SV1*HC:97530*54*UN*1***1~ DTP*472*D8*20141014~ LX*7~ SV1*HC:97542*50*UN*1***1~ DTP*472*D8*20141017~ SE*43*0004~ GE*4*1~ IEA*1*000000001~

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

Cigna

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

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

EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 1:

Over 50 colonoscopy – preoperative office visit

Cigna.

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.*

Cigna.

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#: 768130139000 2 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#: 768130139000 1 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~

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

EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 2:

Over 50 colonoscopy at a clinic

ICD-9 claim

Cigna.

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.*

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_I0114 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_I0114 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														

Cigna

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~

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

EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

Explanation of benefits

Test script 3:

Over 50 colonoscopy surgery

ICD-9 claim

Cigna.

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.*

EPISODE OF CARE 3: POLLY PREVENTIVE (CONT.)

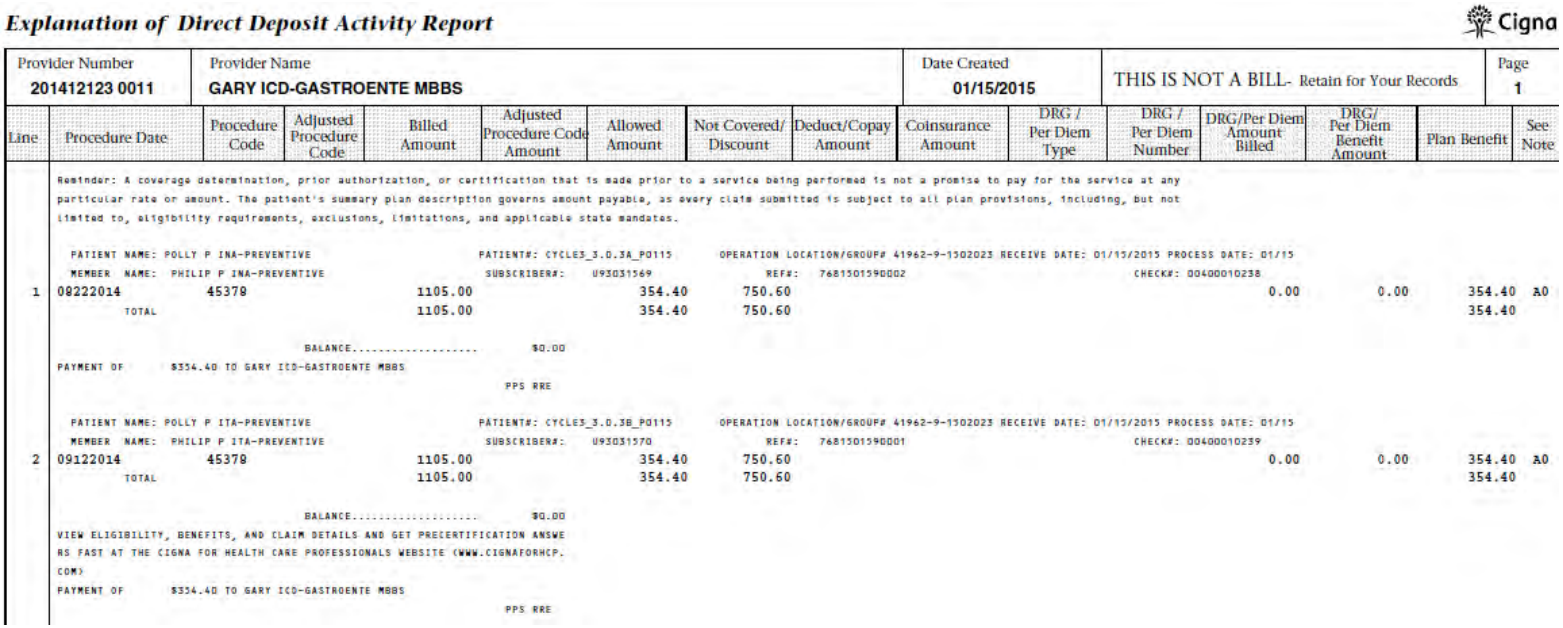
Explanation of payment

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#: 768150159D002 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#: 768150159D001 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														

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~

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

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.*

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.D.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.D.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														

Cigna

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~

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

EPISODE OF CARE 3: POLLY PREVENTIV (CONT.)

Explanation of benefits

Test script 5:

Mammogram interpretation

ICD-9 claim

Cigna.

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

Cigna.

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.*

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#: 768130189O002 CHECK#: 00400010271														
1	09262014	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#: 768130189O001 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														

Cigna

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~

EPISODE OF CARE 4: PAUL 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: Well baby visit (Mary Maternity's baby)

EPISODE OF CARE 4: PAUL PREVENTIVE (CONT.)

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

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

Note: This is Mary Maternity's baby (episode of care 1).

Patient/benefit plan	
Gender:	Female
Date of birth:	06/11/2014 – ICD-9 baby 08/12/2014 – ICD-10 baby
Relationship:	Child
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_4.0.1a (ICD-9 claim) P10582_ICD10_EoC_4.0.1b (ICD-10 claim)	Well baby visit with immunizations and lab	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation

EPISODE OF CARE 4: PAUL PREVENTIVE (CONT.)

Test script 1: Well baby visit

Claim type	
Description:	Outpatient professional claim for a well baby checkup
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
	$328.00 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
90460	$ 26.52
90461	$ 13.50
90670	$ 89.00
90700	$ 34.00
90744	$ 44.00
90461	$ 13.50
99391	$107.48

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Office (11)
Non-ICD codes:	90460 (CPT) – Immunization administration, 90461 (CPT) – Immunization administration, 90670 (CPT) – Pneumococcal, 90700 (CPT) – DTaP, 90744 (CPT) – Hepatitis B, 90461 (CPT) – Immunization administration, 99391 (CPT) – Preventive medicine service, established patient, <1 year
Billed charges:	$605.00
Allowable charges:	$328.00

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_4.0.1a	P10582_ICD10_EoC_4.0.1b
ICD diagnosis code	V202	Z00129
Date of service	08/31/2014	12/04/2014

EPISODE OF CARE 4: PAUL PREVENTIVE (CONT.)

Explanation of benefits

Test script 1:

Well baby visit

ICD-9 claim

Cigna.

Claim received for PAUL P INB-MATERNITY
Reference # 9681502390001
ID 201400516 0005

Claim detail

CIGNA received this claim on January 23, 2015 and processed it on January 23, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
PETER ICD-PEDIATRIC MD, Reference # 9681502390001										
08/31/14	IMMUNIZATIONS	48.00	0.00	21.48	26.52	0.00	26.52	100	0.00	A0
08/31/14	IMMUNIZATIONS	34.00	0.00	20.50	13.50	0.00	13.50	100	0.00	A0
08/31/14	IMMUNIZATIONS	178.00	0.00	89.00	89.00	0.00	89.00	100	0.00	A0
08/31/14	IMMUNIZATIONS	68.00	0.00	34.00	34.00	0.00	34.00	100	0.00	A0
08/31/14	IMMUNIZATIONS	88.00	0.00	44.00	44.00	0.00	44.00	100	0.00	A0
08/31/14	IMMUNIZATIONS	34.00	0.00	20.50	13.50	0.00	13.50	100	0.00	A0
08/31/14	PHYSICIAN	155.00	0.00	47.52	107.48	0.00	107.48	100	0.00	A0
Total		**$605.00**	**$0.00**	**$277.00**	**$328.00**	**$0.00**	**$328.00**		**$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 PAUL P ITB-MATERNITY
Reference # 9681502390002
ID 201400516 0005

Claim detail

CIGNA received this claim on January 23, 2015 and processed it on January 23, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
PETER ICD-PEDIATRIC MD, Reference # 9681502390002										
12/04/14	IMMUNIZATIONS	48.00	0.00	21.48	26.52	0.00	26.52	100	0.00	A0
12/04/14	IMMUNIZATIONS	34.00	0.00	20.50	13.50	0.00	13.50	100	0.00	A0
12/04/14	IMMUNIZATIONS	178.00	0.00	89.00	89.00	0.00	89.00	100	0.00	A0
12/04/14	IMMUNIZATIONS	68.00	0.00	34.00	34.00	0.00	34.00	100	0.00	A0
12/04/14	IMMUNIZATIONS	88.00	0.00	44.00	44.00	0.00	44.00	100	0.00	A0
12/04/14	IMMUNIZATIONS	34.00	0.00	20.50	13.50	0.00	13.50	100	0.00	A0
12/04/14	PHYSICIAN	155.00	0.00	47.52	107.48	0.00	107.48	100	0.00	A0
Total		**$605.00**	**$0.00**	**$277.00**	**$328.00**	**$0.00**	**$328.00**		**$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.*

EPISODE OF CARE 4: PAUL PREVENTIVE (CONT.)

Explanation of payment

Test script 1:

Well baby visit

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400516 0005	PETER ICD-PEDIATRIC MD	01/23/2015	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: PAUL P INB-MATERNITY				PATIENT#: CYC2_401A_P0123		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/23/2015 PROCESS DATE: 01/23								
	MEMBER NAME: MARY M INB-MATERNITY				SUBSCRIBER#: U93031634		REF#: 968150239D001				CHECK#: 00400010296				
1	08312014	90460		48.00		26.52	21.48				0.00	0.00	26.52		A0
2	08312014	90461		34.00		13.50	20.50				0.00	0.00	13.50		A0
3	08312014	90670		178.00		89.00	89.00				0.00	0.00	89.00		A0
4	08312014	90700		68.00		34.00	34.00				0.00	0.00	34.00		A0
5	08312014	90744		88.00		44.00	44.00				0.00	0.00	44.00		A0
6	08312014	90461		34.00		13.50	20.50				0.00	0.00	13.50		A0
7	08312014	99391		155.00		107.48	47.52				0.00	0.00	107.48		A0
	TOTAL			605.00		328.00	277.00						328.00		
	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 $328.00 TO PETER ICD-PEDIATRIC MD														
	PPS RRE														
	PATIENT NAME: PAUL P ITB-MATERNITY				PATIENT#: CYC2_401B_P0123		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/23/2015 PROCESS DATE: 01/23								
	MEMBER NAME: MARY M ITB-MATERNITY				SUBSCRIBER#: U93031635		REF#: 968150239D002				CHECK#: 00400010297				
8	12042014	90460		48.00		26.52	21.48				0.00	0.00	26.52		A0
9	12042014	90461		34.00		13.50	20.50				0.00	0.00	13.50		A0
10	12042014	90670		178.00		89.00	89.00				0.00	0.00	89.00		A0
11	12042014	90700		68.00		34.00	34.00				0.00	0.00	34.00		A0
12	12042014	90744		88.00		44.00	44.00				0.00	0.00	44.00		A0
13	12042014	90461		34.00		13.50	20.50				0.00	0.00	13.50		A0
14	12042014	99391		155.00		107.48	47.52				0.00	0.00	107.48		A0
	TOTAL			605.00		328.00	277.00						328.00		
	BALANCE..... $0.00														
	PAYMENT OF $328.00 TO PETER ICD-PEDIATRIC MD														
	PPS RRE														

EPISODE OF CARE 4: PAUL PREVENTIVE (CONT.)

Inbound 837 x 12 record

Test script 1:

Well baby visit

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD-PEDIATRIC MD PETER*****XX*1003003914~ N3*20 ASTOR PL~ N4*NEW YORK*NY*100036903~ REF*EI*201400516~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-MATERNITY*PAUL*P***MI*U93031634~ N3*76 GROVE STREET~ N4*NEW YORK*NY*100030000~ DMG*D8*20140611*M~ REF*SY*915021914~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC2_401A_P0123*605***11:B:1*Y*C*Y*Y~ REF*D9*CYC2_401A_P0123~ HI*BK:V202~ LX*1~ SV1*HC:90460*48*UN*1***1~ DTP*472*D8*20140831~ LX*2~ SV1*HC:90461*34*UN*1***1~ DTP*472*D8*20140831~ LX*3~ SV1*HC:90670*178*UN*1***1~ DTP*472*D8*20140831~ LX*4~ SV1*HC:90700*68*UN*1***1~ DTP*472*D8*20140831~ LX*5~ SV1*HC:90744*88*UN*1***1~ DTP*472*D8*20140831~ LX*6~ SV1*HC:90461*34*UN*1***1~ DTP*472*D8*20140831~ LX*7~ SV1*HC:99391*155*UN*1***1~ DTP*472*D8*20140831~ SE*43*0003~ GE*1*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD-PEDIATRIC MD PETER*****XX*1003003914~ N3*20 ASTOR PL~ N4*NEW YORK*NY*100036903~ REF*EI*201400516~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-MATERNITY*PAUL*P***MI*U93031635~ N3*03 LAURAS LANE~ N4*NEW YORK*NY*100030000~ DMG*D8*20140812*M~ REF*SY*915021915~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC2_401B_P0123*605***11:B:1*Y*C*Y*Y~ REF*D9*CYC2_401B_P0123~ HI*ABK:Z00129~ LX*1~ SV1*HC:90460*48*UN*1***1~ DTP*472*D8*20141204~ LX*2~ SV1*HC:90461*34*UN*1***1~ DTP*472*D8*20141204~ LX*3~ SV1*HC:90670*178*UN*1***1~ DTP*472*D8*20141204~ LX*4~ SV1*HC:90700*68*UN*1***1~ DTP*472*D8*20141204~ LX*5~ SV1*HC:90744*88*UN*1***1~ DTP*472*D8*20141204~ LX*6~ SV1*HC:90461*34*UN*1***1~ DTP*472*D8*20141204~ LX*7~ SV1*HC:99391*155*UN*1***1~ DTP*472*D8*20141204~ SE*43*0004~ GE*1*1~ IEA*1*000000001~

EPISODE OF CARE 5: CARLTON CARDIAC

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: Ambulance claim for cardiac event

Test script 2: Inpatient hospital claim

Test script 3: Surgeon charges

EPISODE OF CARE 5: CARLTON CARDIAC (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:	Male
Date of birth:	05/12/1969
Relationship:	Employee
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_5.0.1a (ICD-9 claim) P10582_ICD10_EoC_5.0.1b (ICD-10 claim)	Ambulance claim for cardiac event	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation
2	P10582_ICD10_EoC_5.0.2a (ICD-9 claim) P10582_ICD10_EoC_5.0.2b (ICD-10 claim)	Inpatient hospital claim	Claim intake Benefit plan and copay DRG pricing (same for 9 and 10) EOB and EOP generation
3	P10582_ICD10_EoC_5.0.3a (ICD-9 claim) P10582_ICD10_EoC_5.0.3b (ICD-10 claim)	Surgeon charges	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Test script 1: Ambulance claim for cardiac event

Claim type	
Description:	Outpatient professional claim for ambulance services associated with a cardiac event
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
	$200 of finalized claim is charged against customer's $200 deductible
	$10 of finalized claim is charged against customer's $1000 annual out of pocket
	$162 is paid to the health care professional

Health care professional and contract	
Provider type:	Ancillary-ambulance
Contract type:	Per diem
Discount:	N/A

Fee schedule for claim lines	
Code	**Allowed amount**
A0429	$372 (only $300 applies to patient)

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	41 – Land ambulance
Non-ICD codes:	A0429 (HCPCS) – Ambulance service, basic life support, emergency transport (BLS emergency) *RH – Residence to hospital*
Billed charges:	$300.00
Contract Per Diem:	$ 72.00

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_5.0.1a	P10582_ICD10_EoC_5.0.1b
ICD diagnosis code	4280	I509
Date of service	08/20/2014	09/10/2014

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Explanation of benefits

Test script 1:

Ambulance claim for cardiac event

Cigna

ICD-9 claim

Claim received for CARLTON C INB-CARDIAC
Reference # 9681501390002
ID U93031580

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 your plan paid	% paid	Coinsurance*	See notes
ICD AMB SVC, Reference # 9681501390002										
08/20/14	AMBULANCE	300.00	0.00	0.00	0.00	200.00	9.00	10	10.00	
Total		**$300.00**	**$0.00**	**$0.00**	**$0.00**	**$200.00**	**$90.00**		**$10.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
You've paid a total of $10.00 toward your $1,000 in network out of pocket expenses for 2014

Cigna

ICD-10 claim

Claim received for CARLTON C ITB-CARDIAC
Reference # 9681501390001
ID U93031581

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 your plan paid	% paid	Coinsurance*	See notes
ICD AMB SVC, Reference # 9681501390001										
09/10/14	AMBULANCE	300.00	0.00	0.00	0.00	200.00	9.00	10	10.00	
Total		**$300.00**	**$0.00**	**$0.00**	**$0.00**	**$200.00**	**$90.00**		**$10.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
You've paid a total of $10.00 toward your $1,000 in network out of pocket expenses for 2014

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

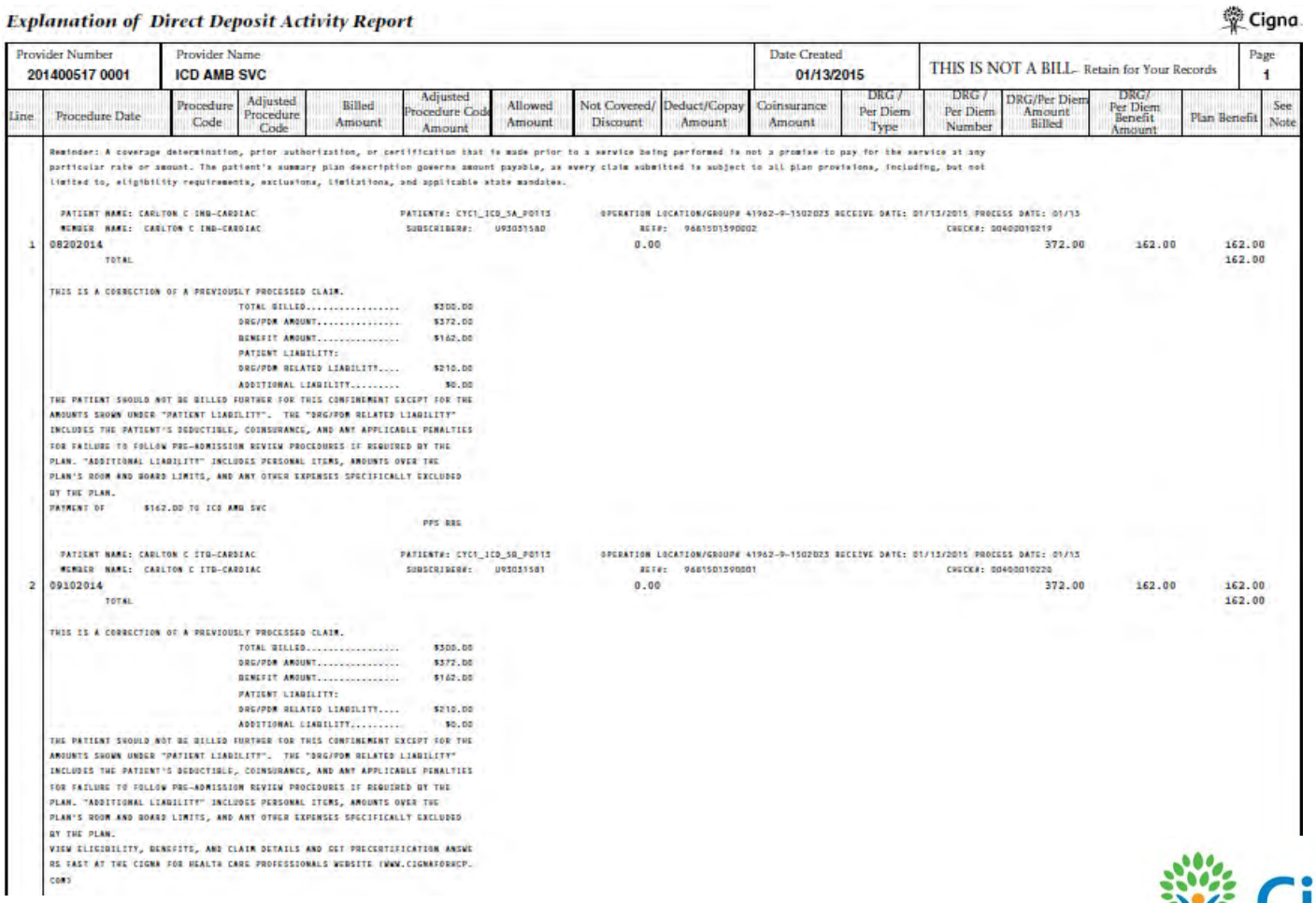
Explanation of payment

Test script 1:

Ambulance claim for cardiac event

ICD-9 claim

ICD-10 claim



Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400517 0001	ICD AMB SVC	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
1	08202014						0.00					372.00	162.00	162.00	
	TOTAL													162.00	

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: CARLTON C IND-CARDIAC PATIENT#: CYC1_ICD_5A_P0113 OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13
MEMBER NAME: CARLTON C IND-CARDIAC SUBSCRIBER#: U93035580 REF#: 968150139000Z CHECK#: 00400010219

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

TOTAL BILLED	$300.00
DRG/PDM AMOUNT	$372.00
BENEFIT AMOUNT	$162.00
PATIENT LIABILITY:	
DRG/PDM RELATED LIABILITY	$210.00
ADDITIONAL LIABILITY	$0.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.

PAYMENT OF $162.00 TO ICD AMB SVC
PPS RBS

PATIENT NAME: CARLTON C ITB-CARDIAC PATIENT#: CYC1_ICD_5B_P0113 OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13
MEMBER NAME: CARLTON C ITB-CARDIAC SUBSCRIBER#: U93035581 REF#: 968150139000I CHECK#: 00400010220

2	09102014						0.00					372.00	162.00	162.00	
	TOTAL													162.00	

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

TOTAL BILLED	$300.00
DRG/PDM AMOUNT	$372.00
BENEFIT AMOUNT	$162.00
PATIENT LIABILITY:	
DRG/PDM RELATED LIABILITY	$210.00
ADDITIONAL LIABILITY	$0.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.

VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Inbound 837 x 12 record

Test script 1:

Ambulance claim for cardiac event

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD AMB SVC*****XX*1003084724~ N3*8001 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400517~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-CARDIAC*CARLTON****MI*U93031580~ N3*2650 WEST COLONIAL DRIVE~ N4*NEW YORK*NY*100030000~ DMG*D8*19690709*M~ REF*SY*915021954~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_5A_P0113*300***41:B:1*Y*C*Y*Y~ REF*D9*CYC1_ICD_5A_P0113~ HI*BK:4280~ LX*1~ SV1*HC:A0429:RH*300*UN*41***1~ DTP*472*D8*20140820~ SE*25*0003~ GE*6*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD AMB SVC*****XX*1003084724~ N3*8001 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400517~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-CARDIAC*CARLTON****MI*U93031581~ N3*3120 EAST JEFFERSON STREET~ N4*NEW YORK*NY*100030000~ DMG*D8*19690512*M~ REF*SY*915021955~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_5B_P0113*300***41:B:1*Y*C*Y*Y~ REF*D9*CYC1_ICD_5B_P0113~ HI*ABK:I509~ LX*1~ SV1*HC:A0429:RH*300*UN*41***1~ DTP*472*D8*20140910~ SE*25*0004~ GE*6*1~ IEA*1*000000001~

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Test script 2: Inpatient hospital claim

Claim type	
Description:	Inpatient hospital claim for cardiac event
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 is priced using APR DRG 1742
	Claim payment is the same for both ICD-9 and ICD-10 coded claims
	$990 of finalized claim is charged against customer's $1000 annual out-of-pocket liability
	$29,885.33 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
DRG 981	$30,875.33

Claim data (both claims)	
Claim type:	Inpatient institutional
Type of Bill:	111 – Hospital, inpatient, admit through discharge
Non-ICD codes:	0110 – Room and board (general or private), 0201 – Intensive care (ICU or surgical), 0250 – Pharmacy, 0270 - Supplies (medical-surgical), 0323 – X-ray (diagnostic-arteriography), 0360 – Operating room services, 0370 – Anesthesia supplies (anesthesia Incident to radiology), 0450 – ER, 0481 – Cardiac catheterization lab, 0631 – Pharmacy (single source drug)
Billed charges:	$33,425.00
Allowable charges:	$30,875.33

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_5.0.2a	P10582_ICD10_EoC_5.0.2b
ICD diagnosis code	41041, 41401, 4142, 71690	I2119, I2510, I2582, M129, Z87891
ICD Procedure codes	0041, 0046, 0066, 3606	02713DZ
Date of service	08/20-08/23/2014	09/20-09/23/2014

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Explanation of benefits

Test script 2:

Inpatient hospital claim

Cigna.

ICD-9 claim

Claim received for CARLTON C INB-CARDIAC
Reference # 9681502090001
ID U93031580

Claim detail

CIGNA received this claim on January 20, 2015 and processed it on January 21, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD APRDRG HSP, Reference # 9681502090001										
08/20/14 - 08/23/14	PRIVATE ROOM	26,000.00	1,983.29	0.00	9,900.00	0.00	891.00	90	990.00	A,0
08/20/14		0.00	0.00	0.00	14,116.71	0.00	1,411.67	100	0.00	
08/20/14	INTENSIVE CARE	2,000.00	152.56	0.00	1,847.44	0.00	184.74	100	0.00	A,0
08/20/14	IV(S)	300.00	22.88	0.00	277.12	0.00	27.71	100	0.00	A,0
08/20/14	SUPPLIES	200.00	15.26	0.00	184.74	0.00	18.47	100	0.00	A,0
08/20/14	X-RAY	350.00	26.70	0.00	323.30	0.00	32.33	100	0.00	A,0
08/20/14	OPERATING ROOM	1,250.00	95.35	0.00	1,154.65	0.00	115.46	100	0.00	A,0
08/20/14	ANESTHESIA SUP.	750.00	57.21	0.00	692.79	0.00	69.27	100	0.00	A,0
08/20/14	EMERGENCY ROOM	2,000.00	152.56	0.00	1,847.44	0.00	184.74	100	0.00	A,0
08/20/14	LABORATORY	175.00	13.35	0.00	161.65	0.00	16.16	100	0.00	A,0
08/20/14	DRUGS	400.00	30.51	0.00	369.49	0.00	36.94	100	0.00	A,0
Total		**$33,425.00**	**$2,549.67**	**$0.00**	**$30,875.33**	**$0.00**	**$29,885.33**		**$990.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

Cigna.

ICD-10 claim

Claim received for CARLTON C ITB-CARDIAC
Reference # 9681502090002
ID U93031581

Claim detail

CIGNA received this claim on January 20, 2015 and processed it on January 21, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
ICD APRDRG HSP, Reference # 9681502090002										
09/10/14 - 09/13/14	PRIVATE ROOM	26,000.00	1,983.29	0.00	9,900.00	0.00	891.00	90	990.00	A,0
09/10/14		0.00	0.00	0.00	14,116.71	0.00	1,411.67	100	0.00	
09/10/14	INTENSIVE CARE	2,000.00	152.56	0.00	1,847.44	0.00	184.74	100	0.00	A,0
09/10/14	IV(S)	300.00	22.88	0.00	277.12	0.00	27.71	100	0.00	A,0
09/10/14	SUPPLIES	200.00	15.26	0.00	184.74	0.00	18.47	100	0.00	A,0
09/10/14	X-RAY	350.00	26.70	0.00	323.30	0.00	32.33	100	0.00	A,0
09/10/14	OPERATING ROOM	1,250.00	95.35	0.00	1,154.65	0.00	115.46	100	0.00	A,0
09/10/14	ANESTHESIA SUP.	750.00	57.21	0.00	692.79	0.00	69.27	100	0.00	A,0
09/10/14	EMERGENCY ROOM	2,000.00	152.56	0.00	1,847.44	0.00	184.74	100	0.00	A,0
09/10/14	LABORATORY	175.00	13.35	0.00	161.65	0.00	16.16	100	0.00	A,0
09/10/14	DRUGS	400.00	30.51	0.00	369.49	0.00	36.94	100	0.00	A,0
Total		**$33,425.00**	**$2,549.67**	**$0.00**	**$30,875.33**	**$0.00**	**$29,885.33**		**$990.00**	

** 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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

Cigna®

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

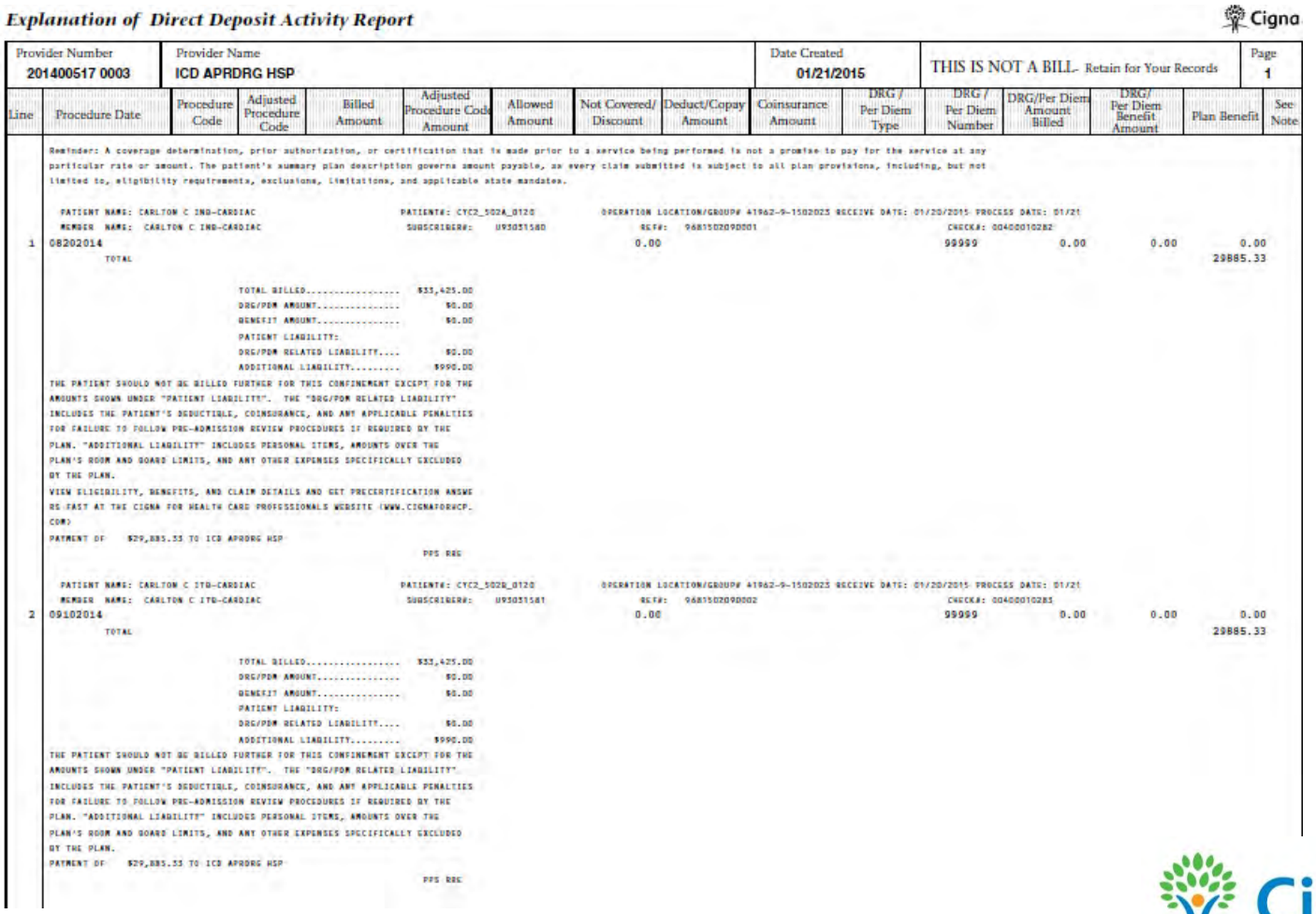
Explanation of payment

Test script 2:

Inpatient hospital claim

ICD-9 claim

ICD-10 claim



Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400517 0003	ICD APRDRG HSP	01/21/2015	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
1	08202014						0.00				99999	0.00	0.00	0.00	
	TOTAL													29885.33	

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: CARLTON C IND-CARDIAC PATIENT#: CYC2_502A_0120 OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/20/2015 PROCESS DATE: 01/21
MEMBER NAME: CARLTON C IND-CARDIAC SUBSCRIBER#: U95031560 REF#: 968150209D001 CHECK#: 00400010282

TOTAL BILLED..... $33,425.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $990.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.
VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)
PAYMENT OF $29,885.33 TO ICD APRDRG HSP
PPS RRG

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
2	09102014						0.00				99999	0.00	0.00	0.00	
	TOTAL													29885.33	

PATIENT NAME: CARLTON C ITD-CARDIAC PATIENT#: CYC2_502B_0120 OPERATION LOCATION/GROUP# 41962-9-1502025 RECEIVE DATE: 01/20/2015 PROCESS DATE: 01/21
MEMBER NAME: CARLTON C ITD-CARDIAC SUBSCRIBER#: U95031561 REF#: 968150209D002 CHECK#: 00400010283

TOTAL BILLED..... $33,425.00
DRG/PDM AMOUNT..... $0.00
BENEFIT AMOUNT..... $0.00
PATIENT LIABILITY:
DRG/PDM RELATED LIABILITY.... $0.00
ADDITIONAL LIABILITY..... $990.00

THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDM RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES FOR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIABILITY" INCLUDES PERSONAL ITEMS, AMOUNTS OVER THE PLAN'S ROOM AND BOARD LIMITS, AND ANY OTHER EXPENSES SPECIFICALLY EXCLUDED BY THE PLAN.
PAYMENT OF $29,885.33 TO ICD APRDRG HSP
PPS RRG

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Inbound 837 x 12 record

Test script 2:

Inpatient hospital claim

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD APRDRG HSP*****XX*1003084732~ N3*8002 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201400517~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-CARDIAC*CARLTON*C***MI*U93031580~ N3*2650 WEST COLONIAL DRIVE~ N4*NEW YORK*NY*100030000~ DMG*D8*19690709*M~ REF*SY*915021954~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC2_502A_0120*33425***11:A:1**C*Y*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140820-20140823~ DTP*435*DT*201408201330~ CL1*1*7*30~ REF*D9*CYC2_502A_0120~ HI*BK:41041:::::::Y~ HI*BJ:99762~ HI*BF:41401:::::::Y*BF:4142:::::::Y*BF:71690:::::::Y*BF:V1582:::::::Y~ HI*BR:0041:D8:20140820~ HI*BQ:0046:D8:20140820*BQ:0066:D8:20140820*BQ:3606:D8:20140820~ LX*1~ SV2*0110**26000*UN*4~ DTP*472*RD8*20140820-20140823~ LX*2~ SV2*0201**2000*UN*1~ DTP*472*RD8*20140820-20140823~ LX*3~ SV2*0250*HC:J7030*300*UN*10~ DTP*472*RD8*20140820-20140823~ LX*4~ SV2*0270*HC:C9600*200*UN*2~ DTP*472*RD8*20140820-20140823~ LX*5~ SV2*0323**350*UN*1~ DTP*472*RD8*20140820-20140823~ LX*6~ SV2*0360**1250*UN*1~ DTP*472*RD8*20140820-20140823~ LX*7~ SV2*0370**750*UN*1~ DTP*472*RD8*20140820-20140823~ LX*8~ SV2*0450**2000*UN*1~ DTP*472*RD8*20140820-20140823~ LX*9~ SV2*0481**175*UN*1~ DTP*472*RD8*20140820-20140823~ LX*10~ SV2*0631**400*UN*1~ DTP*472*RD8*20140820-20140823~ SE*60*0001~ GE*1*1~ IEA*1*000000001~	HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-CARDIAC*CARLTON*C***MI*U93031581~ N3*3120 EAST JEFFERSON STREET~ N4*NEW YORK*NY*100030000~ DMG*D8*19690512*M~ REF*SY*915021955~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC2_502B_0120*33425***11:A:1**C*Y*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140910-20140913~ DTP*435*DT*201409101330~ CL1*1*7*30~ REF*D9*CYC2_502B_0120~ HI*ABK:I2119:::::::Y~ HI*ABJ:T8741~ HI*ABF:I2510:::::::Y*ABF:I2582:::::::Y*ABF:M129:::::::Y*ABF:Z87891:::::::Y~ HI*BBR:02713DZ:D8:20140910~ LX*1~ SV2*0110**26000*UN*4~ DTP*472*RD8*20140910-20140913~ LX*2~ SV2*0201**2000*UN*1~ DTP*472*RD8*20140910-20140913~ LX*3~ SV2*0250*HC:J7030*300*UN*10~ DTP*472*RD8*20140910-20140913~ LX*4~ SV2*0270*HC:C9600*200*UN*2~ DTP*472*RD8*20140910-20140913~ LX*5~ SV2*0323**350*UN*1~ DTP*472*RD8*20140910-20140913~ LX*6~ SV2*0360**1250*UN*1~ DTP*472*RD8*20140910-20140913~ LX*7~ SV2*0370**750*UN*1~ DTP*472*RD8*20140910-20140913~ LX*8~ SV2*0450**2000*UN*1~ DTP*472*RD8*20140910-20140913~ LX*9~ SV2*0481**175*UN*1~ DTP*472*RD8*20140910-20140913~ LX*10~ SV2*0631**400*UN*1~ DTP*472*RD8*20140910-20140913~ SE*59*0002~ GE*1*1~ IEA*1*000000001~

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Test script 3: Surgeon charges

Claim type	
Description:	Inpatient professional claim for surgeon charges for heart surgery
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 customer responsibility – annual deductible and out-of-pocket maximums have been met
	$925.00 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
92933	$750.00
92934	$175.00

Claim data (both claims)	
Claim type:	Inpatient professional
Point of service:	Office (11)
Non-ICD codes:	92933 (CPT) – Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch, 92934 (CPT) – Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery
Billed charges:	$1,000.00
Allowable charges:	$ 925.00

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_5.0.3a	P10582_ICD10_EoC_5.0.3b
ICD diagnosis codes	41041, 41401, 4142, 71690, V1582	I2119, I2510, I2582, M129, Z87891
Dates of service	08/20-08/21/2014	09/10-09/11/2014

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Explanation of benefits

Test script 3:

Surgeon charges

ICD-9 claim

Cigna.

Claim received for CARLTON C INB-CARDIAC
Reference # 9681501590003
ID 201400517 0005

Claim detail

CIGNA received this claim on January 15, 2015 and processed it on January 22, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
CHRIS ICD-CARDIOLOGY MD, Reference # 9681501590003										
08/20/14	PHYSICIAN	750.00	0.00	0.00	750.00	0.00	750.00	100	0.00	
08/20/14	PHYSICIAN	250.00	0.00	75.00	175.00	0.00	175.00	100	0.00	A0
Total		$1,000.00	$0.00	$75.00	$925.00	$0.00	$925.00		$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.*

What I need to know for my next claim

Your $200 in network deductible has been met for 2014
Your $1,000 in network out of pocket expenses has been met for 2014

ICD-10 claim

Cigna.

Claim received for CARLTON C ITB-CARDIAC
Reference # 9681502290001
ID 201400517 0005

Claim detail

CIGNA received this claim on January 22, 2015 and processed it on January 22, 2015.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
CHRIS ICD-CARDIOLOGY MD, Reference # 9681502290001										
09/10/14	PHYSICIAN	750.00	0.00	0.00	750.00	0.00	750.00	100	0.00	
09/10/14	PHYSICIAN	250.00	0.00	75.00	175.00	0.00	175.00	100	0.00	A0
Total		$1,000.00	$0.00	$75.00	$925.00	$0.00	$925.00		$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.*

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Explanation of payment

Test script 3:

Surgeon charges

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400517 0005	CHRIS ICD-CARDIOLOGY MD	01/22/2015	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: CARLTON C INB-CARDIAC				PATIENT#: CYCLE3_5.0.3A_P0115		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/15/2015 PROCESS DATE: 01/22								
	MEMBER NAME: CARLTON C INB-CARDIAC				SUBSCRIBER#: U93031580		REF#: 968150159000 3				CHECK#: 00400010294				
1	08202014	92933		750.00		750.00	0.00					0.00	0.00	750.00	
2	08202014	92934		250.00		175.00	75.00					0.00	0.00	175.00	A0
	TOTAL			1000.00		925.00	75.00							925.00	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $925.00 TO CHRIS ICD-CARDIOLOGY MD														
	PPS RRE														
	PATIENT NAME: CARLTON C ITB-CARDIAC				PATIENT#: CYC3_503B_P0122		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/22/2015 PROCESS DATE: 01/22								
	MEMBER NAME: CARLTON C ITB-CARDIAC				SUBSCRIBER#: U93031581		REF#: 968150229000 1				CHECK#: 00400010295				
3	09102014	92933		750.00		750.00	0.00					0.00	0.00	750.00	
4	09102014	92934		250.00		175.00	75.00					0.00	0.00	175.00	A0
	TOTAL			1000.00		925.00	75.00							925.00	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $925.00 TO CHRIS ICD-CARDIOLOGY MD														
	PPS RRE														

EPISODE OF CARE 5: CARLTON CARDIAC (CONT.)

Inbound 837 x 12 record

Test script 3:

Surgeon charges

ICD-9	ICD-10
HL*1**20*1~ NM1*85*1*ICD-CARDIOLOGY MD*CHRIS****XX*1003003948~ N3*8011 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400517~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-CARDIAC*CARLTON*C***MI*U93031580~ N3*2650 WEST COLONIAL DRIVE~ N4*New York*NY*100030000~ DMG*D8*19690709*M~ REF*SY*915021954~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYCLE3_5.0.3A_P0115*1000***11:B:1*Y*C*Y*Y~ REF*D9*CYCLE3_5.0.3A_P0115~ HI*BK:41041*BF:41401*BF:4142*BF:71690*BF:V1582~ LX*1~ SV1*HC:92933*750*UN*1***1~ DTP*472*RD8*20140820-20140821~ LX*2~ SV1*HC:92934*250*UN*1***1~ DTP*472*RD8*20140820-20140821~ SE*28*0005~ GE*8*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*1*ICD-CARDIOLOGY MD*CHRIS****XX*1003003948~ N3*8011 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400517~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-CARDIAC*CARLTON*C***MI*U93031581~ N3*3120 EAST JEFFERSON STREET~ N4*New York*NY*100030000~ DMG*D8*19691205*M~ REF*SY*915021955~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC3_503B_P0122*1000***11:B:1*Y*C*Y*Y~ REF*D9*CYC3_503B_P0122~ HI*ABK:I2119*ABF:I2510*ABF:I2582*ABF:M129*ABF:Z87891~ LX*1~ SV1*HC:92933*750*UN*1***1~ DTP*472*RD8*20140910-20140911~ LX*2~ SV1*HC:92934*250*UN*1***1~ DTP*472*RD8*20140910-20140911~ SE*28*0006~ GE*1*1~ IEA*1*000000001~

EPISODE OF CARE 6: BETTY BEHAVIORAL

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: Substance abuse rehabilitation

Test script 2: Psychology visits

EPISODE OF CARE 6: BETTY BEHAVIORAL (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:	07/11/1983 (ICD-9 claim) 04/12/1983 (ICD-10 claim)
Relationship:	Employee
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_6.0.1a (ICD-9 claim) P10582_ICD10_EoC_6.0.1b (ICD-10 claim)	Substance abuse rehabilitation claim	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation
2	P10582_ICD10_EoC_6.0.2a (ICD-9 claim) P10582_ICD10_EoC_6.0.2b (ICD-10 claim)	Psychology visits	Claim intake Benefit plan and copay Pricing (same for 9 and 10) EOB and EOP generation

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Test script 1: Substance abuse rehabilitation

Claim type	
Description:	Inpatient institutional claim for substance abuse rehabilitation
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
	$200 of finalized claim is charged against customer's $200 deductible
	$1,000 of finalized claim is charged against customer's $1,000 annual out of pocket
	$34,032.50 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
0126	$34,000.00
0262	$ 425.00
0264	$ 212.50
0270	$ 255.00
0631	$ 340.00

Claim data (both claims)	
Claim type:	Inpatient institutional
Type of Bill:	111 – Hospital, inpatient, admit through discharge
Non-ICD codes:	0126 – Room and board (detoxification/2 bed) 0262 – IV therapy (supply delivery IV) 0264 – IV therapy supplies 0270 – Supplies (medical-surgical) 0631 – Pharmacy (single source drug)
Billed charges:	$41,450.00
Allowable charges:	$35,232.50

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_6.0.1a	P10582_ICD10_EoC_6.0.1b
ICD diagnosis code	30301	F10229
ICD procedure codes	9462	HZ2ZZZZ, HZ93ZZZ
Date of service	07/21-07/28/2014	09/21-09/28/2014

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Explanation of benefits

Test script 1:

Substance abuse rehabilitation

Cigna.

ICD-9 claim

Claim received for BETTY B INB-BEHAVIORAL
Reference # 8681501390001
ID 201400812 0001

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
ICD SA REHAB, Reference # 8681501390001										
07/21/14 -	SEMI-PRIV./ WARD	40,000.00	0.00	6,000.00	10,200.00	200.00	9,000.00	90	1,000.00	A0
07/21/14		0.00	0.00	0.00	23,800.00	0.00	23,800.00	100	0.00	
07/21/14	IV(S)	500.00	0.00	75.00	425.00	0.00	425.00	100	0.00	A0
07/21/14	IV(S)	250.00	0.00	37.50	212.50	0.00	212.50	100	0.00	A0
07/21/14	SUPPLIES	300.00	0.00	45.00	255.00	0.00	255.00	100	0.00	A0
07/21/14	DRUGS	400.00	0.00	60.00	340.00	0.00	340.00	100	0.00	A0
Total		**$41,450.00**	**$0.00**	**$6,217.50**	**$35,232.50**	**$200.00**	**$34,032.50**		**$1,000.00**	

** 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.*

Cigna.

ICD-10 claim

Claim received for BETTY B ITB-BEHAVIORAL
Reference # 9681501390003
ID 201400812 0001

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
ICD SA REHAB, Reference # 9681501390003										
09/21/14 -	SEMI-PRIV./ WARD	40,000.00	0.00	6,000.00	10,200.00	200.00	9,000.00	90	1,000.00	A0
09/21/14		0.00	0.00	0.00	23,800.00	0.00	23,800.00	100	0.00	
09/21/14	IV(S)	500.00	0.00	75.00	425.00	0.00	425.00	100	0.00	A0
09/21/14	IV(S)	250.00	0.00	37.50	212.50	0.00	212.50	100	0.00	A0
09/21/14	SUPPLIES	300.00	0.00	45.00	255.00	0.00	255.00	100	0.00	A0
09/21/14	DRUGS	400.00	0.00	60.00	340.00	0.00	340.00	100	0.00	A0
Total		**$41,450.00**	**$0.00**	**$6,217.50**	**$35,232.50**	**$200.00**	**$34,032.50**		**$1,000.00**	

** 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.*

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

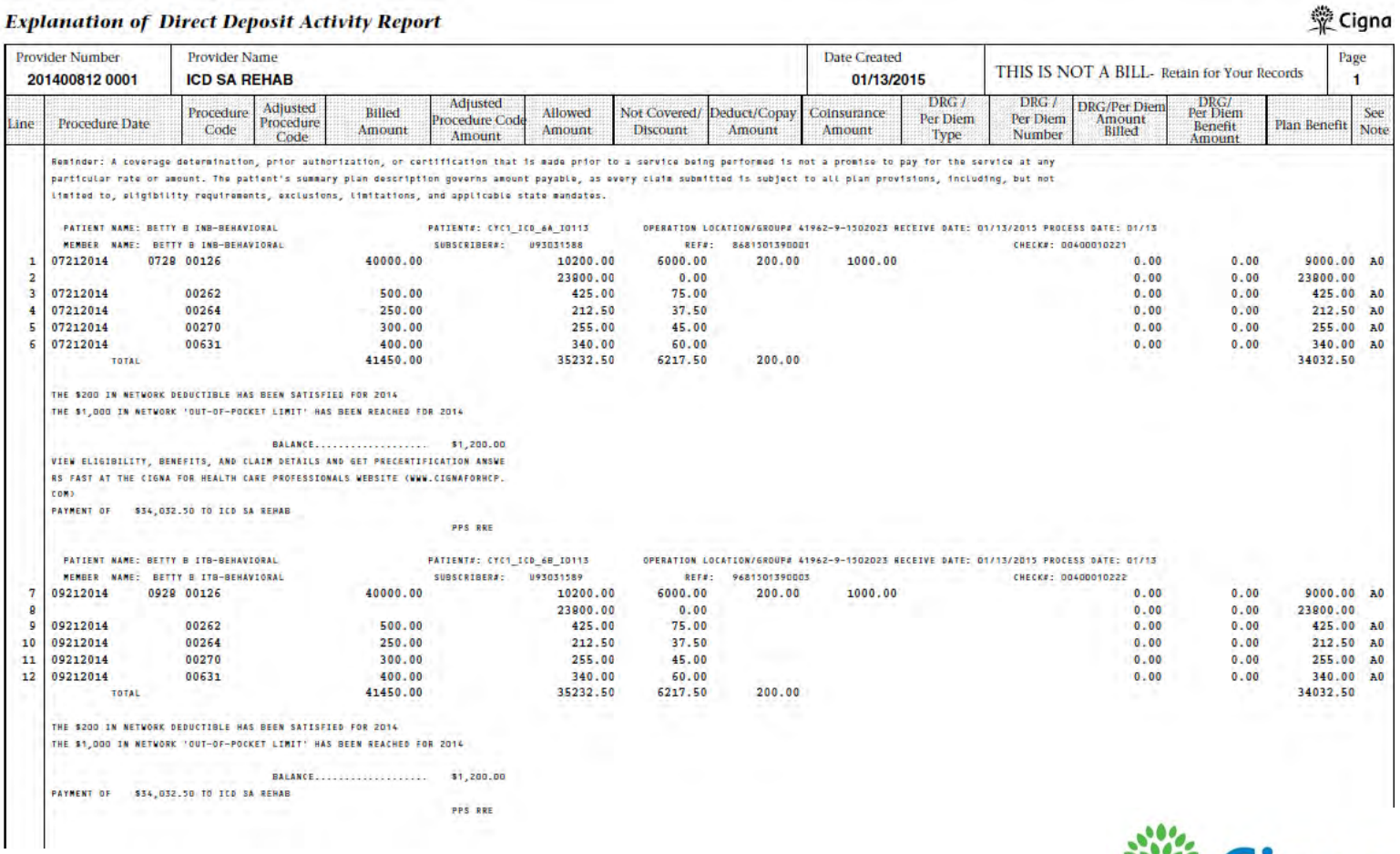
Explanation of payment

Test script 1:

Substance abuse rehabilitation

ICD-9 claim

ICD-10 claim



Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400812 0001	ICD SA REHAB	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: BETTY B INB-BEHAVIORAL				PATIENT#: CYC1_ICD_6A_I0113		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13								
	MEMBER NAME: BETTY B INB-BEHAVIORAL				SUBSCRIBER#: U93031588		REF#: 868150139D001				CHECK#: 00400010221				
1	07212014	0728	00126	40000.00		10200.00	6000.00	200.00	1000.00			0.00	0.00	9000.00	A0
2						23800.00	0.00					0.00	0.00	23800.00	
3	07212014		00262	500.00		425.00	75.00					0.00	0.00	425.00	A0
4	07212014		00264	250.00		212.50	37.50					0.00	0.00	212.50	A0
5	07212014		00270	300.00		255.00	45.00					0.00	0.00	255.00	A0
6	07212014		00631	400.00		340.00	60.00					0.00	0.00	340.00	A0
	TOTAL			41450.00		35232.50	6217.50	200.00						34032.50	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $1,200.00														
	VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFORHCP.COM)														
	PAYMENT OF $34,032.50 TO ICD SA REHAB														
	PPS RRE														
	PATIENT NAME: BETTY B ITB-BEHAVIORAL				PATIENT#: CYC1_ICD_6B_I0113		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13								
	MEMBER NAME: BETTY B ITB-BEHAVIORAL				SUBSCRIBER#: U93031589		REF#: 968150139D003				CHECK#: 00400010222				
7	09212014	0928	00126	40000.00		10200.00	6000.00	200.00	1000.00			0.00	0.00	9000.00	A0
8						23800.00	0.00					0.00	0.00	23800.00	
9	09212014		00262	500.00		425.00	75.00					0.00	0.00	425.00	A0
10	09212014		00264	250.00		212.50	37.50					0.00	0.00	212.50	A0
11	09212014		00270	300.00		255.00	45.00					0.00	0.00	255.00	A0
12	09212014		00631	400.00		340.00	60.00					0.00	0.00	340.00	A0
	TOTAL			41450.00		35232.50	6217.50	200.00						34032.50	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $1,200.00														
	PAYMENT OF $34,032.50 TO ICD SA REHAB														
	PPS RRE														

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Inbound 837 x 12 record

Test script 1:

Substance abuse rehabilitation

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD SA REHAB*****XX*1003084864~ N3*8010 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201400812~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB- BEHAVIORAL*BETTY****MI*U93031588~ N3*3112 BROKAW ROAD~ N4*NEW YORK*NY*100030000~ DMG*D8*19830711*F~ REF*SY*915021962~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_6A_I0113*41450***11:A:1**C*N*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140721-20140728~ DTP*435*DT*201407211330~ CL1*1*7*30~ REF*D9*CYC1_ICD_6A_I0113~ HI*BK:30301:::::::Y~ HI*BJ:99762~ HI*BR:9462:D8:20140721~ LX*1~ SV2*0126**40000*UN*8~ DTP*472*RD8*20140721-20140728~ LX*2~ SV2*0262**500*UN*1~ DTP*472*RD8*20140721- 20140728~ LX*3~ SV2*0264**250*UN*1~ DTP*472*RD8*20140721-20140728~ LX*4~ SV2*0270**300*UN*1~ DTP*472*RD8*20140721-20140728~ LX*5~ SV2*0631**400*UN*1~ DTP*472*RD8*20140721- 20140728~ SE*43*0003~ GE*4*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD SA REHAB*****XX*1003084864~ N3*8010 BILLINGS AVENUE~ N4*NEW YORK*NY*100030000~ REF*EI*201400812~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB- BEHAVIORAL*BETTY****MI*U93031589~ N3*2342 CLEVELAND STREET~ N4*NEW YORK*NY*100030000~ DMG*D8*19830412*F~ REF*SY*915021963~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1_ICD_6B_I0113*41450***11:A:1**C*N*Y~ DTP*096*TM*1820~ DTP*434*RD8*20140921-20140928~ DTP*435*DT*201409211330~ CL1*1*7*30~ REF*D9*CYC1_ICD_6B_I0113~ HI*ABK:F10229:::::::Y~ HI*ABJ:T8741~ HI*BBR:HZ2ZZZZ:D8:20140921~ HI*BBQ:HZ93ZZZ:D8:20140921~ LX*1~ SV2*0126**40000*UN*8~ DTP*472*RD8*20140921-20140928~ LX*2~ SV2*0262**500*UN*1~ DTP*472*RD8*20140921- 20140928~ LX*3~ SV2*0264**250*UN*1~ DTP*472*RD8*20140921-20140928~ LX*4~ SV2*0270**300*UN*1~ DTP*472*RD8*20140921-20140928~ LX*5~ SV2*0631**400*UN*1~ DTP*472*RD8*20140921- 20140928~ SE*44*0004~ GE*4*1~ IEA*1*000000001~

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Test script 2: Psychology visits

Claim type	
Description:	Outpatient professional claim for psychology visits
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 customer responsibility – annual deductible and out-of-pocket maximums have been met
	$652.95 is paid to the health care professional

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

Fee schedule for claim lines	
Code	**Allowed amount**
90792	$275.10
90832	$109.20
90853	$ 89.55
90853	$ 89.55
90853	$ 89.55

Claim data (both claims)	
Claim type:	Outpatient professional
Point of service:	Office (11)
Non-ICD codes:	90792 (CPT) – Psychiatric diagnostic examination with medical services , 90832 (CPT) – Individual psychotherapy, 90853 (CPT) – Group psychotherapy
Billed charges:	$888.00
Allowable charges:	$652.95

	ICD-9 claim details	ICD-10 claim details
Test script ID	P10582_ICD10_EoC_6.0.2a	P10582_ICD10_EoC_6.0.2b
ICD diagnosis code	30301	F10229
Dates of service	CPT 90792 = 08/01/14 CPT 90832 = 08/05/14 CPT 90853 = 08/15/14 CPT 90853 = 08/22/14 CPT 90853 = 08/29/14	CPT 90792 = 10/01/14 CPT 90832 = 10/05/14 CPT 90853 = 10/15/14 CPT 90853 = 10/22/14 CPT 90853 = 10/29/14

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Explanation of benefits

Test script 2:

Psychology visits

ICD-9 claim

Claim received for BETTY B INB-BEHAVIORAL
Reference # 8681501690002
ID 201400812 0003

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
PSI ICD-PSYCHOLOGY MS, Reference # 8681501690002										
08/01/14	PHYSICIAN	393.00	0.00	117.90	275.10	0.00	275.10	100	0.00	A0
08/05/14	PHYSICIAN	156.00	0.00	46.80	109.20	0.00	109.20	100	0.00	A0
08/15/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
08/22/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
08/29/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
Total		**$888.00**	**$0.00**	**$235.05**	**$652.95**	**$0.00**	**$652.95**		**$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 BETTY B ITB-BEHAVIORAL
Reference # 9681501690001
ID 201400812 0003

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
PSI ICD-PSYCHOLOGY MS, Reference # 9681501690001										
10/01/14	PHYSICIAN	393.00	0.00	117.90	275.10	0.00	275.10	100	0.00	A0
10/05/14	PHYSICIAN	156.00	0.00	46.80	109.20	0.00	109.20	100	0.00	A0
10/15/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
10/22/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
10/29/14	PHYSICIAN	113.00	0.00	23.45	89.55	0.00	89.55	100	0.00	A0
Total		**$888.00**	**$0.00**	**$235.05**	**$652.95**	**$0.00**	**$652.95**		**$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.*

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Explanation of payment

Test script 2:

Psychology visits

ICD-9 claim

ICD-10 claim

Explanation of Direct Deposit Activity Report

Cigna

Provider Number	Provider Name	Date Created		Page
201400812 0003	PSI ICD-PSYCHOLOGY MS	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: BETTY B INB-BEHAVIORAL				PATIENT#: CYC1ICD6.0.2A_0115				OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/16						
	MEMBER NAME: BETTY B INB-BEHAVIORAL				SUBSCRIBER#: U93031588		REF#: 868150169000Z				CHECK#: 00400010251				
1	08012014	90792		393.00		275.10	117.90					0.00	0.00	275.10	A0
2	08052014	90832		156.00		109.20	46.80					0.00	0.00	109.20	A0
3	08152014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
4	08222014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
5	08292014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
	TOTAL			888.00		652.95	235.05							652.95	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	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 $652.95 TO PSI ICD-PSYCHOLOGY MS														
	PPS RRE														
	PATIENT NAME: BETTY B ITB-BEHAVIORAL				PATIENT#: CYC1ICD6.0.2B_0115				OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/16						
	MEMBER NAME: BETTY B ITB-BEHAVIORAL				SUBSCRIBER#: U93031589		REF#: 968150169000I				CHECK#: 00400010252				
6	10012014	90792		393.00		275.10	117.90					0.00	0.00	275.10	A0
7	10052014	90832		156.00		109.20	46.80					0.00	0.00	109.20	A0
8	10152014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
9	10222014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
10	10292014	90853		113.00		89.55	23.45					0.00	0.00	89.55	A0
	TOTAL			888.00		652.95	235.05							652.95	
	THE $200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014														
	THE $1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014														
	BALANCE..... $0.00														
	PAYMENT OF $652.95 TO PSI ICD-PSYCHOLOGY MS														
	PPS RRE														

EPISODE OF CARE 6: BETTY BEHAVIORAL (CONT.)

Inbound 837 x 12 record

Test script 2:

Psychology visits

ICD-9	ICD-10
HL*1**20*1~ NM1*85*2*ICD-PSYCHOLOGY MS PSI*****XX*1003003427~ N3*8016 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400812~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*INB-BEHAVIORAL*BETTY*B***MI*U93031588~ N3*3112 BROKAW ROAD~ N4*New York*NY*100030000~ DMG*D8*19830711*F~ REF*SY*915021962~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1ICD6.0.2A_0115*888***11:B:1*Y*C*Y*Y~ REF*D9*CYC1ICD6.0.2A_0115~ HI*BK:30301~ LX*1~ SV1*HC:90792*393*UN*1***1~ DTP*472*D8*20140801~ LX*2~ SV1*HC:90832*156*UN*1***1~ DTP*472*D8*20140805~ LX*3~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20140815~ LX*4~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20140822~ LX*5~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20140829~ SE*37*0001~ GE*1*1~ IEA*1*000000001~	HL*1**20*1~ NM1*85*2*ICD-PSYCHOLOGY MS PSI*****XX*1003003427~ N3*8016 BILLINGS AVENUE~ N4*New York*NY*100030000~ REF*EI*201400812~ HL*2*1*22*0~ SBR*P*18*1502023******15~ NM1*IL*1*ITB-BEHAVIORAL*BETTY*B***MI*U93031589~ N3*2342 CLEVELAND STREET~ N4*New York*NY*100030000~ DMG*D8*19830412*F~ REF*SY*915021963~ NM1*PR*2*CIGNA*****PI*029053964~ CLM*CYC1ICD6.0.2B_0115*888***11:B:1*Y*C*Y*Y~ REF*D9*CYC1ICD6.0.2B_0115~ HI*ABK:F10229~ LX*1~ SV1*HC:90792*393*UN*1***1~ DTP*472*D8*20141001~ LX*2~ SV1*HC:90832*156*UN*1***1~ DTP*472*D8*20141005~ LX*3~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20141015~ LX*4~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20141022~ LX*5~ SV1*HC:90853*113*UN*1***1~ DTP*472*D8*20141029~ SE*37*0002~ GE*1*1~ IEA*1*000000001~

Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

All models are used for illustrative purposes only.

THN-2015-148 04/15