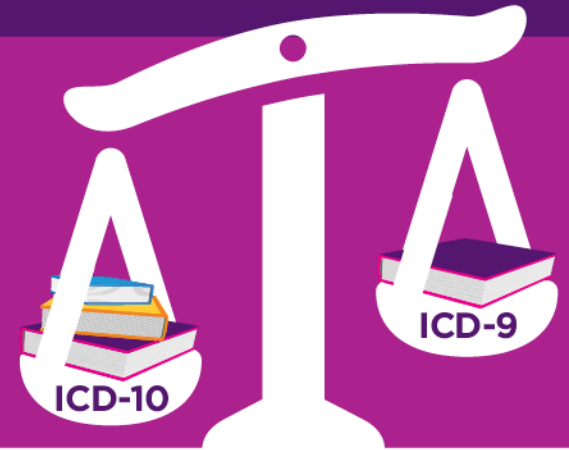


READY, SET, SWITCH

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.



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.



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



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



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



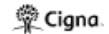
EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of payment

Test script 1:

Inpatient hospital claim for joint replacement surgery

Explanation of Direct Deposit Activity Report



Provider Number 201412121 0002		Provider Name ICD MSDRG HSP				Date Created 01/16/2015			THIS IS NOT A BILL- Retain for Your Records					Page 1		
Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinurance 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.																
1	07202014	PATIENT NAME: JOE J INB-JOINTREPLACE MEMBER NAME: JOE J INB-JOINTREPLACE				PATIENT#: CYC1_ICD_2A_10113 SUBSCRIBER#: U93031555		OPERATION LOCATION/GROUP# 41942-9-1502023 REF#: 9681501390002		RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/16		CHECK#: 00400010246		0.00	0.00	0.00
TOTAL 74171.65																
TOTAL BILLED..... \$77,750.00																
DRG/PPM AMOUNT..... \$0.00																
BENEFIT AMOUNT..... \$0.00																
PATIENT LIABILITY:																
DRG/PPM RELATED LIABILITY.... \$0.00																
ADDITIONAL LIABILITY..... \$1,200.00																
THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PPM 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.CIGNAFORENCP.COM)																
PAYMENT OF \$74,171.65 TO ICD MSDRG HSP																
PPS BIC																
2	08312014	PATIENT NAME: JOE J ITB-JOINTREPLACE MEMBER NAME: JOE J ITB-JOINTREPLACE				PATIENT#: CYC1_ICD_2B_10113 SUBSCRIBER#: U93031556		OPERATION LOCATION/GROUP# 41942-9-1502023 REF#: 9681501390004		RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/16		CHECK#: 00400010247		0.00	0.00	0.00
TOTAL 74171.65																
TOTAL BILLED..... \$77,750.00																
DRG/PPM AMOUNT..... \$0.00																
BENEFIT AMOUNT..... \$0.00																
PATIENT LIABILITY:																
DRG/PPM RELATED LIABILITY.... \$0.00																
ADDITIONAL LIABILITY..... \$1,200.00																
THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE AMOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PPM 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 BIC																

ICD-9
claim

ICD-10
claim



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 – <i>LT – Left</i> 27470 (CPT) – Repair, nonunion or malunion, femur, distal and head and neck, without graft (eg. compression technique) 51 – <i>Multiple procedures performed</i>
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

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

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

Explanation of Direct Deposit Activity Report



Provider Number 201412121 0017		Provider Name OLIVER ICD-ORTHOPEDIC MD							Date Created 01/20/2015		THIS IS NOT A BILL- Retain for Your Records				Page 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															

ICD-9
claim

ICD-10
claim



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 <i>RR – Rented</i>
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)



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 TECHNOLOGY, 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



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 TECHNOLOGY, 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



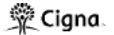
EPISODE OF CARE 2: JOE JOINT REPLACEMENT (CONT.)

Explanation of payment

Test script 3:

Wheelchair rental (DME)

Explanation of Direct Deposit Activity Report



Provider Number 201412121 0003		Provider Name ICD DME 1ST TECHNOLOGY							Date Created 01/21/2015		THIS IS NOT A BILL- Retain for Your Records				Page 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.																
1		PATIENT NAME: JOE J INB-JOINTREPLACE		PATIENT#: CYCLES_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#: 8681501590002		CHECK#: 00400010284								
	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 TECHNOLOGY																
PPS RRE																
2		PATIENT NAME: JOE J ITB-JOINTREPLACE		PATIENT#: CYCLES_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#: 9681501590001		CHECK#: 00400010285								
	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 TECHNOLOGY																
PPS RRE																

ICD-9 claim

ICD-10 claim



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 TECHNOLOGY*****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 TECHNOLOGY*****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

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

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.



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

Explanation of payment

Test script 4:

Physical therapy

Explanation of Direct Deposit Activity Report



Provider Number 201412121 0009		Provider Name ICD PT GRP		Date Created 01/22/2015		THIS IS NOT A BILL- Retain for Your Records								Page 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
<p>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.</p> <p>PATIENT NAME: JOE J ITO-JOINTREPLACE PATIENT#: CYCLE4_2.0.48_P0116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/22</p> <p>MEMBER NAME: JOE J ITO-JOINTREPLACE SUBSCRIBER#: U93031555 REF#: 9681501590003 CHECK#: 00400010290</p>															
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	
<p>THE \$200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014</p> <p>THE \$1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014</p> <p>BALANCE..... \$0.00</p> <p>VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNAFOHCP.COM)</p> <p>PAYMENT OF \$418.20 TO ICD PT GRP PPS SEE</p>															
<p>PATIENT NAME: JOE J ITO-JOINTREPLACE PATIENT#: CYCLE4_2.0.48_P0116 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/22</p> <p>MEMBER NAME: JOE J ITO-JOINTREPLACE SUBSCRIBER#: U93031554 REF#: 9681501590008 CHECK#: 00400010291</p>															
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	
<p>THE \$200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014</p> <p>THE \$1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014</p> <p>BALANCE..... \$0.00</p> <p>PAYMENT OF \$418.20 TO ICD PT GRP PPS SEE</p>															

ICD-9
claim

ICD-10
claim



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~