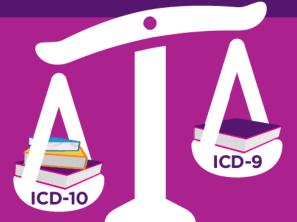
READY, SET, SWITCH

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 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



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

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 amoun				
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	Test script ID P10582_ICD10_EoC_1.0.1a	
ICD diagnosis code	65960	O09529
Date of service	06/30/2014	09/01/2014



Explanation of benefits

Test script 1:

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



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		Amount		Amount	Covered	Copay/ Wha	t your plan	%		See
dates	Type of service	billed	Discount	covered	amount	Deductible	paid	paid	Coinsurance*	notes
OLYVIA IC	D-OBSTERICS MD, Refe	rence # 9681501390	005							
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



ICD-10 claim

 Claim received for Reference #
 MARY M ITB-MATERNITY 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/What Deductible	t your plan paid	% paid	Coinsurance*	See notes
OLYVIA IC	D-OBSTERICS MD, Refe	rence # 9681501390	0006							
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



Explanation of payment

Test script 1:

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

ICD-9 claim

🎡 Cigna Provider Explanation of Medical Benefits Report Provider Number Date through which claims were processed Provider Name Page THIS IS NOT A BILL 201412121 0007 **OLYVIA ICD-OBSTERICS MD** 01/13/2015 Retain for Your Records 1 Adjusted Adjusted Procedure Billed Allowed Not Covered/ Deduct/Copay Coinsurance DRG/Per Diem Per Diem Per Diem Per Diem rocedure Cod Procedure Procedure Date Plan Benefit Benefit Amount Discount Amount Amount Note Amount Type 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. OPERATION | OCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13 PATTENT NAME: MARY M INR-MATERNITY PATIENT#: CYC1 ICD 1A PO113 MEMBER NAME: MARY M INB-MATERNITY SUBSCRIBER#: U93031634 06302014 0.00 A0 0.00 06302014 99212 75.00 36.01 38.99 36.01 0.00 0.00 A0 125.00 41.37 83.63 41.37 0.00 \$41.37 HAS BEEN APPLIED TOWARDS THE \$200 IN NETWORK DEDUCTIBLE FOR 2014 ** NOTES ON BENEFIT DETERMINATION: **** THIS EXPENSE HAS BEEN APPLIED TO PLAN DEDUCTIBLE OR COPAY

ICD-10 claim

🥸 Cigna Provider Explanation of Medical Benefits Report 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 Adjusted DRG/ Per Diem Adjusted Procedure Billed Allowed Not Covered/ Deduct/Copay Coinsurance DRG/Per Diem See Per Diem Per Diem Procedure rocedure Cod Procedure Date Renefit Plan Benefit Code Discount Amount Note Amount Amount Amount Number Type Amount 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#: CYC1_ICD_1A_PO113 OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13 MEMBER NAME: MARY M INS-MATERNITY REF# 9681501390005 06302014 5.36 44.64 5.36 0.00 0.00 0.00 A0 06302014 99212 75.00 36.01 38.99 36.01 0.00 A0 125.00 41.37 83.63 41.37 0.00 \$41.37 HAS BEEN APPLIED TOWARDS THE \$200 IN NETWORK DEDUCTIBLE FOR 2014



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*915 021914~NM1*PR*2*CIGNA****PI*029053964~CLM*CYC 1_ICD_1A_P0113*125***11:B:1*Y*C*Y*Y*REF*D9*CYC 1_ICD_1A_P0113~HI*BK:65960~LX*1~SV1*HC:81025*5 0*UN*11***1~DTP*472*D8*20140630~LX*2~SV1*HC:99 212*75*UN*11***1~DTP*472*D8*20140630~SE*28*000 1~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*91 5021915~NM1*PR*2*CIGNA*****PI*029053964~CLM*C YC1_ICD_1B_P0113*125***11:B:1*Y*C*Y*Y*REF*D9* CYC1_ICD_1B_P0113~HI*ABK:009529~LX*1~SV1*HC:8 1025*50*UN*11***1~DTP*472*D8*20140901~LX*2~SV 1*HC:99212*75*UN*11***1~DTP*472*D8*20140901~S E*28*0002~GE*6*1~IEA*1*000000001~



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



Explanation of benefits

Test script 2:

Maternity lab panel



ICD-9 claim

Claim received for MARY M INB-MATERNITY

9681501390010 201400513 0001

Claim detail

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

Service		Amount		Amount	Covered	Copay/Wha	96		See	
dates	Type of service	billed	Discount	covered	amount	Deductible	paid	paid	Coinsurance*	notes
	Reference # 96	81501390010								
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 201400513 0001

Claim detail

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

Service		Amount		Amount not	Covered	Copay/Wha	at vour plan	96		See
dates	Type of service	billed	Discount	covered	amount	Deductible	paid	paid	Coinsurance*	notes
	Reference # 96	81501390009								
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



Explanation of payment

Test script 2:

Maternity lab panel

ICD-9 claim

Provider Explanation of Medical Benefits Report



Date Code Proceedings of the Code Proceedings of the Code Proceedings of the Code Procedure Proc	nt's summary plan descripti , exclusions, limitations,	Adjusted Allowed Amount Amount tiffcation that is made prior on governs amount payable, as and applicable state mandates	every claim submit	Amount performed is no		DRG / Per Diem Type	•	Retain for Your Re DRG/ Per Diem Benefit Amount	Plan Benefit	Set Not
Date Code Proceedings of Code Coverage determination, prate or amount. The patient eligibility requirements,	rocedure Amount code Amount prior authorization, or cer nt's summary plan descripti , exclusions, limitations,	Procedure Code Allowed Amount tification that is made prior on governs amount payable, as	Discount to a service being every claim submit	Amount performed is no	Amount	Per Diem Type	Per Diem DRG/Per 1 Number Amour	Diem Per Diem Benefit	Plan Benefit	
rate or amount. The patien	nt's summary plan descripti , exclusions, limitations,	on governs amount payable, as	every claim submit			•	•			
eligibility requirements,	, exclusions, limitations,		•	ted is subject t	to all plan provi	sions, including,	but not			
		and applicable state mandates	-							
INC. MADY M ITS-MATERNITY										
ME - MARY M ITS-MATERNITY										
		PATIENT#: CYC1_ICD_1.0.2B_P01	14 OPERATION LO	CATION/GROUP# 41	1962-9-1502023 RE	CEIVE DATE: 01/14	/2015 PROCESS DATE: 01	/14		
ME: MARY M ITB-MATERNITY	r	SUBSCRIBER#: U93031635	REF#:	9681501390009	9					
82950	75.00	3.	22 71.78	3.22				0.00	0.0	00 2
86703			29 143.71	9.29				0.00		00 2
87110	145.00			13.26				0.00	0.0	00 2
87340	120.00	6.	99 113.01	6.99				0.00 0.0	0.0	00 2
87590	93.00	13.	58 79.42	13.58				0.00	0.0	00 2
TAL	586.00	46.	34 539.66	46.34					0.0	10
	97110 97340 97590	87110 145.00 87340 120.00 87590 93.00	97110 145.00 13.7 97340 120.00 6.8 97590 93.00 13.8	97110 145.00 13.26 131.74 97340 120.00 6.99 113.01 97590 93.00 13.59 79.42	97110 145.00 13.26 131.74 13.26 97340 120.00 6.99 113.01 6.99 97590 93.00 13.58 79.42 13.59	97110 145.00 13.26 131.74 13.26 97340 120.00 6.99 113.01 6.99 97590 93.00 13.59 79.42 13.59	97110 145.00 13.26 131.74 13.26 97340 120.00 6.99 113.01 6.99 97590 93.00 13.58 79.42 13.59	97110 145.00 13.26 131.74 13.26 (97340 120.00 6.99 113.01 6.99 (97590 93.00 13.59 79.42 13.59	97110 145.00 13.26 131.74 13.26 0.00 0.0 87340 120.00 6.99 113.01 6.99 0.00 0.0 87590 93.00 13.58 79.42 13.59 0.00 0.0	97110 145.00 13.26 13.74 13.26 0.00 0.00 0.0 97340 120.00 6.99 113.01 6.99 0.00 0.00 0.0 97590 93.00 13.59 79.42 13.59 0.00 0.00 0.0

ICD-10 claim

Provider Explanation of Medical Benefits Report



Pro	ovider Number Provider Name Date through which claims were processed THIS IS NOT A BILL Pag							Page							
2	01400513 0001								01/14/2	2015		Ret	ain for Your Reco	ords	1
Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Coo Amount	le Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem Type	DRG / Per Diem Number	RG/Per Diem Amount	DRG/ Per Diem Benefit Amount	Plan Ben	efit Note
	Resinder: 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-MATERNI	TY		PATIENT#: CYC1_	ICD_1.0.2B_P0114	OPERATION L	OCATION/GROUP# 4	1962-9-1502023	RECEIVE DATE: 01	/14/2015 PROCESS	DATE: 01/14			
	MEMBER NAME: MAR	Y M ITB-MATER	ITY		SUBSCRIBER#:	U93031635	REF#	968150139000	9						
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	97110		145.00		13.26	131.74	13.26				0.00	0.00	(0.00 A0
4	09012014	97340		120.00		6.99	113.01	6.99				0.00	0.00	(0.00 A0
5	09012014	87590		93.00		13.59	79.42	13.58				0.00	0.00		0.00 A0
1	TOTAL			586.00		46.34	539.66	46.34						(0.00
	\$87.71 HAS BEEN APPL	IED TOWARDS TH		TWORK DEDUCTIBLE	FOR 2014 \$46.34										



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	HL*1**20*1~NM1*85*2* ♦♦♦♦♦♦♦♦♦ *****XX
*1003084112~N3*8009 BILLINGS	*1003084112~N3*8009 BILLINGS
AVENUE~N4*ANCHORAGE*AK*995010000~REF*EI*20140	AVENUE~N4*ANCHORAGE*AK*995010000~REF*EI*20140
0513~HL*2*1*22*0~SBR*P*18*1502023******15~NM1	0513~HL*2*1*22*0~SBR*P*18*1502023*****15~NM1
*IL*1*INB-	*IL*1*ITB-
MATERNITY*MARY*M***MI*U93031634~N3*76 GROVE	MATERNITY*MARY*M***MI*U93031635~N3*03 LAURAS
STREET~N4*New	LANE~N4*New
York*NY*100030000~DMG*D8*19691013*F~REF*SY*91	York*NY*100030000~DMG*D8*19690621*F~REF*SY*91
5021914~NM1*PR*2*CIGNA****PI*029053964~CLM*C	5021915~NM1*PR*2*CIGNA****PI*029053964~CLM*C
YC1_ICD_1.0.2A_P0114*586***81:B:1*Y*C*Y*Y~REF	YC1_ICD_1.0.2B_P0114*586***81:B:1*Y*C*Y*Y~REF
*D9*CYC1ICD1.0.2A_P0114~HI*BK:65960~LX*1~SV1*	*D9*CYC1ICD1.0.2B_P0114~HI*ABK:009529~LX*1~SV
HC:82950*75*UN*1***1~DTP*472*D8*20140630~LX*2	1*HC:82950*75*UN*1***1~DTP*472*D8*20140901~LX
~SV1*HC:86703*153*UN*1***1~DTP*472*D8*2014063	*2~SV1*HC:86703*153*UN*1***1~DTP*472*D8*20140
0~LX*3~SV1*HC:87110*145*UN*1***1~DTP*472*D8*2	901~LX*3~SV1*HC:87110*145*UN*1***1~DTP*472*D8
0140630~LX*4~SV1*HC:87340*120*UN*1***1~DTP*47	*20140901~LX*4~SV1*HC:87340*120*UN*1***1~DTP*
2*D8*20140630~LX*5~SV1*HC:87590*93*UN*1***1~D	472*D8*20140901~LX*5~SV1*HC:87590*93*UN*1***1
TP*472*D8*20140630~SE*37*0003~GE*4*1~IEA*1*00	~DTP*472*D8*20140901~
0000001~	



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



Explanation of benefits

Test script 3:

Inpatient hospital claim for delivery of baby



ICD-9 claim

Claim detail

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

Service		Amount		Amount	Covered		What your plan	96		See
dates	Type of service	billed	Discount	covered	amount	Deductible	paid	paid	Coinsurance*	notes
ICD MSDI	RG HSP, Reference # 968	1501890002								
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



ICD-10 claim Claim received for MARY MITB-MATERNITY

Claim detail

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

Service		Amount		Amount	Covered	Copay/\	What your plan	96	6	See
dates	Type of service	billed	Discount	covered	amount	Deductible	paid	paid	Coinsurance*	notes
ICD MSDI	RG HSP, Reference # 968	1501890001								
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.

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



The percentage of covered expenses you are responsible for is called coinsurance.

Explanation of payment

Test script 3:

ICD-9

claim

ICD-10

claim

Inpatient hospital claim for delivery of baby

🙅 Cigna Explanation of Direct Deposit Activity Report Provider Name Date Created THIS IS NOT A BILL. Retain for Your Records 201412121 0002 ICD MSDRG HSP 01/19/2015 ORG/Per Dier Adjusted Billed Deduct/Copa Not Covered/ Coinsurance Per Diem Benefit ocedure Co Per Diem Per Dien Procedure Procedure Date Amount 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 PATIENT NAME: MARY M IND-MATERNITY PATIENTS: CYCLESR_1.0.3A_IO119 OPERATION LOCATION/GROUPS 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/19 07012014 99999 0.00 0.00 0.00 11607.71 TOTAL BILLED...... \$19,055.00 DRE/PDR AROUNT..... DENEFIT AROUNT..... DRE/POR RELATED LIABILITY.... ADDITIONAL LIABILITY..... \$1,112.29 THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE ARGUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDR RELATED LIABILITY" INCLUDES THE PATIENT'S DEDUCTIBLE, COINSURANCE, AND ANY APPLICABLE PENALTIES OR FAILURE TO FOLLOW PRE-ADMISSION REVIEW PROCEDURES IF REQUIRED BY THE PLAN. "ADDITIONAL LIADILITY" 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 PATIENTS: CYCLESR_1.0.38_10119 OPERATION LOCATION/GROUPS 41962-9-1502023 RECEIVE DATE: 01/19/2015 PROCESS DATE: 01/19 MEMBER NAME: MARY M ITS-MATERNITY SUBSCRIBER#: U93031635 REF#: 9681501890001 CHECK#: 00400010263 10012014 0.00 99999 0.00 0.00 0.00 11607.71 TOTAL BILLED...... \$19,055.00 DRE/PDM AMOUNT..... BENEFIT AMOUNT..... DRG/PDM RELATED LIABILITY.... THE PATIENT SHOULD NOT BE BILLED FURTHER FOR THIS CONFINEMENT EXCEPT FOR THE ABOUNTS SHOWN UNDER "PATIENT LIABILITY". THE "DRG/PDB 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 GOARD 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. \$11,607.71 TO ICD #SDRG HSP

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****XXX*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*0301**125*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*6 ~SV2*0305*:175*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*8 ~SV2*0306**150*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*8 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*8 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*8 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*1 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20140701-20140702 ~LX*11 ~SV2*0300**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*TTB— 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:0324XX0::::::Y ~HI*ABJ:T8741 ~HI*ABF:009529::::::Y*ABF:034599::::::Y*ABF:2370:::::Y ~HI*BBR:3E043VJ:D8:20141001 ~HI*BBQ:10D0021: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*0301**125*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*8 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*8 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*8 ~SV2*0306**500*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*11 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*11 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*11 ~SV2*0306**500*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*11 ~SV2*0306**5000*UN*1 ~DTP*472*RD8*20141001-20141002 ~LX*13 ~SV2*0702**5000*UN*1 ~DTP*472*RD8*20141001-20141002 ~SE*69*0002 ~GE*2*1 ~IEA*1*000000001~



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				



Explanation of benefits

Test script 4:

OB delivery charges



ICD-9 claim

 Claim received for Reference #
 MARY M INB-MATERNITY 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 IC	D-OBSTERICS MD, Ref	erence # 9681501590	009							
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

 Claim received for Reference #
 MARY M ITB-MATERNITY 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	not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
OLYVIA	CD-OBSTERICS MD, Ref	erence # 9681501590	007							
10/01/1	4 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



Explanation of payment

Test script 4:

OB delivery charges

Explanation of Direct Deposit Activity Report

🏋 Cigna

	ider Number 1412121 0007	Provider N	ame CD-OBSTE	RICS MD					Date Created 01/20/2015 THIS IS NOT A BILL. Retain for Your Record					ecords	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 Benefi	See t 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: MARY	M INB-MATERN	ITY		PATIENT#: CYCLE4	_1.0.4A_P0116	OPERATION I	OCATION/GROUP#	1962-9-1502023	RECEIVE DATE: 0	1/16/2015 PROCE	SS DATE: 01/20			
1	MEMBER NAME: MARY		NITY		SUBSCRIBER#:	U93031634		96815015900	19		CHECK#: 00				
1	07012014	59622		9000.00		1276.19						0.00	0.00		19 A0
1	TOTAL			9000.00		1276.19	7723.91							1276.	19
	THE \$200 IN NETWORK D THE \$1,000 IN NETWORK		CET LIMIT' HA												
1	PAYMENT OF \$1,276	.19 TO OLYVI	ICD-OBSTERI	CS MD											
					PPS RRE										
	PATIENT NAME: MARY	M ITB-MATERNI	ITY		PATIENT#: CYCLE4	_1.0.4B_P0116	OPERATION L	OCATION/GROUP#	1962-9-1502023	RECEIVE DATE: 0	1/16/2015 PROCE	SS DATE: 01/20			
	MEMBER NAME: MARY		NITY		SUBSCRIBER#:			96815015900	17		CHECK#: 00				
2	10012014	59622		9000.00		1276.19						0.00	0.00		19 A0
1	TOTAL			9000.00		1276.19	7723.91							1276.	19
	THE \$200 IN NETWORK D	EDUCTIBLE HAS	BEEN SATISF	IED FOR 2014											
1	THE \$1,000 IN NETWORK	'OUT-OF-POC	CET LIMIT' HA	S BEEN REACHED FO	R 2014										
	VIEW ELIGIBILITY, BEN	EFITS. AND CL		AND GET PRECERTIF											
	RS FAST AT THE CIGNA														
	COMO														
	PAYMENT OF \$1,276	.19 TO OLYVIA	ICD-OBSTERI	CS MD											
					PPS RRE										

ICD-9 claim

ICD-10 claim



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~S BR*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*91502 1914~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYCLE4_ 1.0.4A_P0116*9000***21:B:1*Y*C*Y*Y~DTP*435*D8*20 140701~REF*D9*CYCLE4_1.0.4A_P0116~HI*BK:65961*BF :65441*BF:V270~LX*1~SV1*HC:59622*9000*UN*1***1~D TP*472*D8*20140701~SE*26*0001~GE*4*1~IEA*1*00000 0001~	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~S BR*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*91502 1915~NM1*PR*2*CIGNA*****PI*029053964~CLM*CYCLE4_ 1.0.4B_P0116*9000***21:B:1*Y*C*Y*Y*DTP*435*D8*20 141001~REF*D9*CYCLE4_1.0.4B_P0116~HI*ABK:009529* ABF:034599*ABF:Z370~LX*1~SV1*HC:59622*9000*UN*1* **1~DTP*472*D8*20141001~SE*26*0002~GE*4*1~IEA*1* 000000001~

