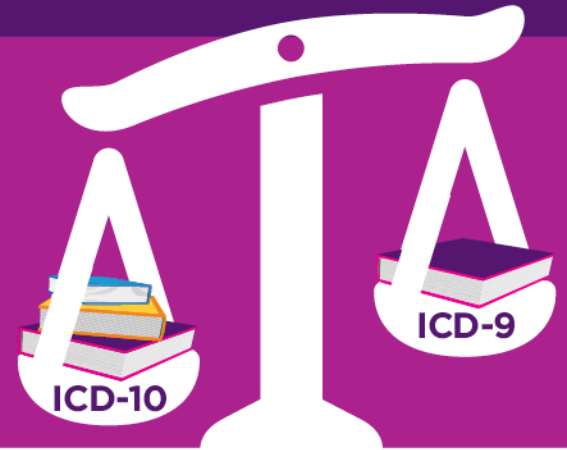


# READY, SET, SWITCH

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



# 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	
<b>Description:</b>	Outpatient professional claim with bundled lab services
<b>Expected result:</b>	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	
<b>Provider type:</b>	Practitioner – obstetrician-gynecologist (ob-gyn)
<b>Contract type:</b>	Fee for service
<b>Discount:</b>	N/A

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

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

	ICD-9 claim details	ICD-10 claim details
<b>Test script ID</b>	P10582_ICD10_EoC_1.0.1a	P10582_ICD10_EoC_1.0.1b
<b>ICD diagnosis code</b>	65960	O09529
<b>Date of service</b>	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



## 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/ What your plan Deductible	% paid	Coinsurance*	See notes
OLYVIA ICD-OBSTETRICS MD, Reference # 9681501390005									
06/30/14	LABORATORY	50.00	0.00	44.64	5.36	5.36	0.00	0	A0
06/30/14	PHYSICIAN	75.00	0.00	38.99	36.01	36.01	0.00	0	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 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/ What your plan Deductible	% paid	Coinsurance*	See notes
OLYVIA ICD-OBSTETRICS MD, Reference # 9681501390006									
09/01/14	LABORATORY	50.00	0.00	44.64	5.36	5.36	0.00	0	A0
09/01/14	PHYSICIAN	75.00	0.00	38.99	36.01	36.01	0.00	0	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



# 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



Provider Number 201412121 0007		Provider Name OLYVIA ICD-OBSTERICS MD							Date through which claims were processed 01/13/2015				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	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#: CYC1_ICD_1A_P0113		OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/13/2015 PROCESS DATE: 01/13											
MEMBER NAME: MARY M INB-MATERNITY		SUBSCRIBER#: U93031634		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



Provider Number 201412121 0007		Provider Name OLYVIA ICD-OBSTERICS MD							Date through which claims were processed 01/13/2015				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	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#: CYC1_ICD_1A_P0113      OPERATION LOCATION/GROUP# 41962-9-1502023      RECEIVE DATE: 01/13/2015      PROCESS DATE: 01/13															
MEMBER NAME: MARY M INB-MATERNITY      SUBSCRIBER#: U93031634      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															



# 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*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~





# EPISODE OF CARE 1: MARY MATERNITY (CONT.)

## Test script 2: Maternity lab panel

Claim type	
<b>Description:</b>	Outpatient professional claim for maternity lab panel
<b>Expected result:</b>	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	
<b>Provider type:</b>	Ancillary-lab
<b>Contract type:</b>	Fee for service
<b>Discount:</b>	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)	
<b>Claim type:</b>	Outpatient professional
<b>Point of service</b>	Independent lab (81)
<b>Non-ICD codes:</b>	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
<b>Billed charges:</b>	\$586.00
<b>Allowable charges:</b>	\$ 46.34

	ICD-9 claim details	ICD-10 claim details
<b>Test script ID</b>	P10582_ICD10_EoC_1.0.2a	P10582_ICD10_EoC_1.0.2b
<b>ICD diagnosis code</b>	65960	O09529
<b>Date of service</b>	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/What your plan Deductible	% paid	Coinsurance*	See notes
Reference # 9681501390010									
06/30/14	LABORATORY	75.00	0.00	71.78	3.22	3.22	0.00	0	A0
06/30/14	LABORATORY	153.00	0.00	143.71	9.29	9.29	0.00	0	A0
06/30/14	LABORATORY	145.00	0.00	131.74	13.26	13.26	0.00	0	A0
06/30/14	LABORATORY	120.00	0.00	113.01	6.99	6.99	0.00	0	A0
06/30/14	LABORATORY	93.00	0.00	79.42	13.58	13.58	0.00	0	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/What your plan Deductible	% paid	Coinsurance*	See notes
Reference # 9681501390009									
09/01/14	LABORATORY	75.00	0.00	71.78	3.22	3.22	0.00	0	A0
09/01/14	LABORATORY	153.00	0.00	143.71	9.29	9.29	0.00	0	A0
09/01/14	LABORATORY	145.00	0.00	131.74	13.26	13.26	0.00	0	A0
09/01/14	LABORATORY	120.00	0.00	113.01	6.99	6.99	0.00	0	A0
09/01/14	LABORATORY	93.00	0.00	79.42	13.58	13.58	0.00	0	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



Provider Number 201400513 0001		Provider Name [REDACTED]				Date through which claims were processed 01/14/2015				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	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_1.0.2B_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#: 9681501390009															
1	09012014	02950		75.00		3.22	71.78	3.22				0.00	0.00	0.00	A0
2	09012014	06703		153.00		9.29	143.71	9.29				0.00	0.00	0.00	A0
3	09012014	07110		145.00		13.26	131.74	13.26				0.00	0.00	0.00	A0
4	09012014	07340		120.00		6.99	113.01	6.99				0.00	0.00	0.00	A0
5	09012014	07590		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	0.00	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



Provider Number 201400513 0001		Provider Name [REDACTED]				Date through which claims were processed 01/14/2015				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	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_1.0.2B_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#: 9681501390009															
1	09012014	02950		75.00		3.22	71.78	3.22				0.00	0.00	0.00	A0
2	09012014	06703		153.00		9.29	143.71	9.29				0.00	0.00	0.00	A0
3	09012014	07110		145.00		13.26	131.74	13.26				0.00	0.00	0.00	A0
4	09012014	07340		120.00		6.99	113.01	6.99				0.00	0.00	0.00	A0
5	09012014	07590		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	0.00	0.00	
\$87.71 HAS BEEN APPLIED TOWARDS THE \$200 IN NETWORK DEDUCTIBLE FOR 2014															
BALANCE..... \$46.34															



## EPIISODE 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*20140 0513~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*91 5021914~NM1*PR*2*CIGNA*****PI*029053964~CLM*C YC1_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*2014063 0~LX*3~SV1*HC:87110*145*UN*1***1~DTP*472*D8*2 0140630~LX*4~SV1*HC:87340*120*UN*1***1~DTP*47 2*D8*20140630~LX*5~SV1*HC:87590*93*UN*1***1~D TP*472*D8*20140630~SE*37*0003~GE*4*1~IEA*1*00 0000001~	HL*1**20*1~NM1*85*2*◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆*****XX *1003084112~N3*8009 BILLINGS AVENUE~N4*ANCHORAGE*AK*995010000~REF*EI*20140 0513~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*91 5021915~NM1*PR*2*CIGNA*****PI*029053964~CLM*C YC1_ICD_1.0.2B_P0114*586***81:B:1*Y*C*Y*Y~REF *D9*CYC1ICD1.0.2B_P0114~HI*ABK:009529~LX*1~SV 1*HC:82950*75*UN*1***1~DTP*472*D8*20140901~LX *2~SV1*HC:86703*153*UN*1***1~DTP*472*D8*20140 901~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	
<b>Description:</b>	Inpatient hospital claim for delivery of baby
<b>Expected result:</b>	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	
<b>Provider type:</b>	Facility-hospital
<b>Contract type:</b>	DRG
<b>Discount:</b>	N/A

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

Claim data (both claims)	
<b>Claim type:</b>	Inpatient institutional
<b>Type of bill:</b>	111 – Hospital, inpatient, admit through discharge
<b>Non-ICD codes:</b>	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)
<b>Billed charges:</b>	\$19,055.00
<b>Allowable charges:</b>	\$12,720.00

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



## ICD-9 claim

Claim received for  
Reference # MARY M ITB-MATERNITY  
ID 9681501890002  
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/ What your plan 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



## ICD-10 claim

Claim received for  
Reference # MARY M ITB-MATERNITY  
ID 9681501890001  
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/ What your plan 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





# 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
HL1**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~	HL1**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:0324XX0:::::::::Y ~HI*ABJ:T8741 ~HI*ABF:009529:::::::::Y*ABF:034599:::::::::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	
<b>Description:</b>	Inpatient professional claim for maternity lab panel
<b>Expected result:</b>	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	
<b>Provider type:</b>	Practitioner – Ob-gyn
<b>Contract type:</b>	Fee for service
<b>Discount:</b>	N/A

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

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

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

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-OBSTETRICS 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

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-OBSTETRICS 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

#### Explanation of Direct Deposit Activity Report



Provider Number 201412121 0007		Provider Name OLYVIA ICD-OBSTETRICS 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
<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: MARY M INB-MATERNITY      PATIENT#: CYCLE4_1.D.4A_P0116      OPERATION LOCATION/GROUP# 41962-9-1502023 RECEIVE DATE: 01/16/2015 PROCESS DATE: 01/20 MEMBER NAME: MARY M INB-MATERNITY      SUBSCRIBER#: U93031634      REFF#: 9681501590009      CHECK#: 00400010267</p>															
1	07012014	59622		9000.00		1276.19	7723.81					0.00	0.00	1276.19	A0
	TOTAL			9000.00		1276.19	7723.81							1276.19	
<p>THE \$200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014 THE \$1,000 IN NETWORK 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2014</p> <p>BALANCE..... \$0.00</p> <p>PAYMENT OF \$1,276.19 TO OLYVIA ICD-OBSTETRICS MD</p> <p>PPS RRE</p>															
2	10012014	59622		9000.00		1276.19	7723.81					0.00	0.00	1276.19	A0
	TOTAL			9000.00		1276.19	7723.81							1276.19	
<p>THE \$200 IN NETWORK DEDUCTIBLE HAS BEEN SATISFIED FOR 2014 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.CIGNA.FORHCP.COM)</p> <p>PAYMENT OF \$1,276.19 TO OLYVIA ICD-OBSTETRICS MD</p> <p>PPS RRE</p>															

ICD-9  
claim

ICD-10  
claim



# 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-OBSTERIC 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-OBSTERIC 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~