Hospital pulls representative sample of previously paid claims.

Hospital coders pull documentation and recode test claims using ICD-10.

Hospital test claims resubmitted with ICD-10 codes.

Contractor tests for content – Processes claims using ICD-10 codes.
- Inpatient test claims run through MS-DRG Grouper.
- Outpatient test claims run through APC systems.
- Both claim types adjudicated through assignment of MS-DRG or APC.

Contractor tests for connectivity –
- Fails – return to provider.
- Passes – goes to next step.

Hospital receives results of adjudicated test claims processed using ICD-10 codes.

Hospital compares to original claim.
- Asks if assignments are similar.

Note: Bulk of testing will likely include inpatient claims; there is significantly less volume on outpatient claims. Rationale: inpatient claims are primarily driven by ICD-10-CM and ICD-10-PCS by the Grouper. Outpatient claims are primarily driven first by HCPCS codes, ICD-10-CM is not as important for APC assignment.

© 2014 American Hospital Association