ICD-10 End to End Testing FAQ

1. **What is ICD-10 End to End Testing?**
   End-to-end testing is a process in which electronic claims are submitted in a test environment by a provider to a payer. The payer, in turn, processes the test claim, sends the provider the 999/277CA EDI acknowledgements containing the EDI processing results of the 837 file and the electronic remittance advice (ERA/835) containing the adjudication results of the test claims.

2. **Why Test?**
   Performing testing will allow providers to better understand how their claims will be impacted after ICD-10 implementation and will reduce the risk of unanticipated claim issues.

3. **Will BCNEPA conduct ICD-10 End to End Testing with providers?**
   Blue Cross of Northeastern Pennsylvania will conduct ICD-10 end-to-end testing with a limited number of providers for our First Priority Health® product between May 1, 2015 and July 31, 2015.

4. **When will BCNEPA begin ICD-10 Testing with providers?**
   Testing must be conducted between May 1, 2015 and July 31, 2015.

5. **Who do I contact to request ICD-10 testing with BCNEPA?**
   Please email all testing requests to ICD10Inquiries@BCNEPA.com.

6. **How do I send my ICD-10 test claims?**
   You must have a current contract with the Relay Health clearinghouse to submit electronic claims (837P or 837I), to receive electronic acknowledgements (999/277CA) and to receive an electronic remittance advice (835/ERA)*.

   Visit Relay Health’s ICD-10 Testing webpage for details on the ICD-10 testing process.

   *NaviNet® cannot be used to conduct ICD-10 testing.

7. **How many test claims can I send?**
   - Professional Single Specialty Office—25 claims
   - Professional Multi-Specialty Office—50 claims
   - Facility—Varied, depending on facility type

8. **How will I receive my test results?**
   999, 277CA, and 835 HIPAA standard transactions will be used to communicate the processing results of your ICD-10 test claims. These standard transactions will be generated back to the submitter.