ICD-10 Testing Tips

The act of testing helps validate your vital systems are functioning properly when ICD-10 codes are used. It also helps in verifying workflow processes have been adjusted accurately to incorporate ICD-10. Testing should start soon after you have:

- Gained access to an ICD-10 compliant version of your practice management, clinical, and/or other systems affected by the ICD-10 transition
- Completed the system specific set-up and configuration activities for which your practice may be responsible

Action Steps

The following action steps should help guide you through the internal and external testing process:

- **1.** Test all systems that store, process, send, receive, or report diagnosis code information. Verify all internal paperwork, reports and documents allow for ICD-10 code use. Use your test cases to verify the following system functions and processes work properly:
 - o Perform eligibility and benefits verification
 - Schedule an office visit
 - o Process an authorization (complete pre-authorization paperwork)
 - o Process a referral
 - Update a patient's history and ailments
 - Prepare clinical notes for an encounter (S.O.A.P.)
 - o Code an encounter
 - o Generate and process a claim
 - o Perform a claim status inquiry
 - o Reconcile and post a payment
 - Run frequently used reports
 - Perform other key tests as needed
- **2.** Document test results and retest as needed:
 - Document your test results. Investigate the cause (data entry, process, system, other) for tests that failed unexpectedly
 - o Report potential system issues to the applicable technology vendors
 - Test fixes installed and changes made to address the problems you identified