



Iowa Department of Human Services
ICD-10 External Testing Registration

In preparation for ICD-10 implementation, the Iowa Medicaid Enterprise (IME) encourages all providers to begin testing ICD-10 claim submissions as soon as possible. Two testing options are available through the IME for Level 3 External Testing: End-to-End (E2E) and Business-to-Business (B2B). This form is to be used by Providers/Clinics/Organizations/Clearinghouses who wish to register for ICD-10 Testing.

| | | |
|---|--|-----|
| Provider/Clinic/Organization/Clearinghouse Name | | |
| Address | | |
| City | State | Zip |
| Telephone | Fax Number | |
| Contact Name | Contact Email | |
| Tax ID Number | Billing NPI or Trading Partner/Submitter ID Number | |

| Testing Tool | Testing Methodologies |
|------------------------|----------------------------|
| Direct Testing (EDISS) | End-to-End (E2E) |
| CollabT | Business-to-Business (B2B) |

Schedule of ICD-10 Testing: Please check to indicate your choice(s)

| Testing Cycles | |
|----------------|---------------------------|
| Cycle 3 | March 11 – March 24, 2015 |
| Cycle 4 | April 2 – April 15, 2015 |
| Cycle 5 | April 24 – May 7, 2015 |
| Cycle 6 | May 18 – May 29, 2015 |
| Cycle 7 | June 9 – June 22, 2015 |
| Cycle 8 | July 1 – July 14, 2015 |
| Cycle 9 | July 23 – August 5, 2015 |

Certification Statement:

Please check each statement below to express your agreement. Each statement must be checked for access to be granted.

I authorize the IME to verify the information submitted on this form.

I certify that I am the individual practitioner or representative and that I have the right to access patient information contained on this secure site.

I understand that if I terminate any agreement with the IME or my employer, then it is my responsibility to terminate my access to this site effective immediately.

After completing this registration form, please submit the form as an email attachment by clicking on the "SUBMIT" button below.

SUBMIT

This registration form may also be submitted:

By Fax: (515) 725-1155

By Mail: Provider Correspondence
PO Box 36450
Des Moines, IA 50315

For any inquiries, please send an email to ICD-10project@dhs.state.ia.us