



[ICD-10 compliant registration for recurring services]

A NewYork-Presbyterian Hospital guidance document for the healthcare industry mandated transition to the ICD-10 diagnosis (CM) and procedure (PCS) coding system effective October 1, 2015.

NewYork-Presbyterian Healthcare System: ICD-10 Collaborative

Guidance Document: NYPGDPA_2.00 – ICD-10 compliant registration of recurring services

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1. Statement of Purpose/ Critical Success Factors

The purpose of this guidance document is to provide direction on registration procedures for recurring services during the ICD-10 transition period. The ICD-10 transition period is generally defined as September 1, 2015 through November 30, 2015.

Registration, independent of ICD-10 is a requisite and valuable part of accounting for patient encounters, the services provided during those encounters, and all of the demographic, financial, clinical, and encounter specific information that support the likelihood of accurate and timely payment for those encounters. The registration activity is largely a mechanical process that aids in the confirmation of previously collected data elements. The closure of registrations and the associated encounters includes, amongst other things, the recording of ICD-9 diagnosis codes. Accurate recording of these codes is essential to supporting timely submission of healthcare claims to third party insurance carriers and subsequent payment.

The following readiness guidance is provided as a general means to navigate the operating idiosyncrasies that are likely to manifest during the course of the transition period and mitigate some of the short-term risks associated with the implementation of ICD-10. Given the complexity, diversity and number of portals to entry throughout NYP, it is possible that this guidance may not cover the full spectrum of scenario and circumstance within each individual department. As such, it is expected that such guidance provide a general awareness of the requirements and desired outcomes. Management should leverage their unique understanding of their respective operating areas to apply approaches and methods to meet the requirements and achieve those desired outcomes.

2. Statement of Guidance

It is the intent of NewYork-Presbyterian Hospital to transition to the industry mandated ICD-10 diagnostic and procedure coding system on October 1, 2015. Effective for said dates of service/discharge, NYP shall be required to submit medical claims for consideration of payment by third party insurance carriers with applicable ICD-10 diagnosis and procedure (as applicable) codes. Supporting that consideration of payment requires that the necessary and requisite front-end revenue cycle and administrative activities are similarly performed with consideration for and in alignment with the aforementioned date of service sensitivity. Such front-end activities typically include: scheduling, pre-registration, insurance verification and authorization, and medical necessity screening, and registration.

Guidance Option 1: Creation of October visit records (**Note:** This guidance option, the generation of visit records each time a patient presents generally reflects current methods of operation for the majority of areas providing and registering patients receiving recurring services. As such, there should be minimal change to operating procedures). Effective for calendar date September 1, 2015 and for dates of service beginning October 1, 2015, it is expected that all recurring services areas initiate a minimum of one (1) additional visit record per patient for an associated October date of service. Recurring services may include but are not necessarily limited to:

- Physical, Occupational, and Speech Therapy
- Chemotherapy and other therapeutic infusion services
- Radiation Therapy
- Behavioral health and psychotherapy services

A full list of registration areas as defined by the Eagle billing and registration system can be found in Appendix A of this document.

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Furthermore, such visit records shall require a valid and appropriate ICD-10 diagnosis code(s) so as to ensure all October 1, 2015 (and thereafter) dates of service (and associated visit records) are supplied with the necessary data to effectuate timely and accurate bill generation and claim submission to third party insurance carriers. More specifically, an October 2015 date of service should be assigned a valid and appropriate ICD-10 diagnosis code(s) immediately upon conclusion of the visit or as reasonably soon thereafter. Such action will support the natural automation of the registration and billing system to apply the assigned ICD-10 diagnosis code(s) to all subsequent visits. Should a patient who has been treated with recurring services in September 2015 continue to be treated for the same condition in October 2015, it shall be considered an acceptable practice to convert the ICD-9 diagnosis codes recorded and billed on September 2015 dates of service to the applicable and clinically equivalent ICD-10 diagnosis codes for the October dates of service. All other regulatory and compliance requirements related to documentation of care and coding still apply.

Guidance Option 2: Creation of new recurring registrations. Alternatively, operating areas providing recurring services may choose to initiate new registrations to capture said services provided on or after October 1, 2015. Newly initiated registrations and their associated October 2015 dates of service shall require the appropriate and as applicable, equivalent ICD-10 diagnosis codes for the current plan of care and condition under which the patient is being treated. More specifically, should a patient who has been treated with recurring services in September 2015 continue to be treated for the same condition in October 2015, it shall be considered an acceptable practice to convert the ICD-9 diagnosis codes recorded and billed on September 2015 dates of service to the applicable and clinically equivalent ICD-10 diagnosis codes for the October dates of service. All other regulatory and compliance requirements related to documentation of care and coding still apply. Independent of ICD-10, it is generally recommended that existing patients presenting for the provision of recurring services associated with a new plan of care and corresponding condition also be checked in under a new and distinct registration.

In the event that appointments for dates of service on or after October 1, 2015 have resulted in 'pre-visits' on existing registrations, such pre-visits will need to be deleted from the existing registration and assigned to a new registration to be established for visits with dates of service on or after October 1. This shall include both pre-visits generated as a byproduct of interfaces between service specific scheduling systems (e.g. – Soarian) and the Hospital registration (Eagle) system as well as any manual pre-visit/pre-registration activities that may be occurring directly into the registration system.

New registration identifiers shall be communicated with clinical providers so as to not disrupt continuity of care when reviewing elements of the patient's chart in applicable electronic medical records (EMR) applications. As applicable and necessary, clinical orders, plans of care, etc. for associated October 2015 (and thereafter) services shall be re-written, assigned valid and appropriate ICD-10 diagnosis codes, and associated with correct registration identifiers.

3. Audience & Applicability

This guidance applies to all service areas, staff, management, and clinical professionals providing recurring services as previously defined and/or may be determining, supplying, coding, and/or recording diagnosis codes to such encounters as part of their job, role, or function specific responsibilities. This may include but is not necessarily limited to patient financial advisors, registrars, therapists, and physicians and non-physician practitioners.

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4. Standards

This guidance is intended to support the standardized registration protocols as defined by NYP, the revenue cycle, and/or the Outpatient Services Program (OSP) independent of the implementation of ICD-10.

5. Exclusions

There are no identified exceptions to this guidance as currently stated independent of any recurring service area's specific inclusion or exclusion from the guidance defined above.

6. Definitions

ICD-10 CM/PCS – The International Classification of Diseases system developed by the World Health Organization and adopted by the United States for the purpose of codifying conditions and services provided to patients in the healthcare setting. As part of a federal mandate, all healthcare providers are required to transition from the 9th edition of the code set (i.e. – ICD-9-CM/PCS) to ICD-10 by October 1, 2015.

Recurring services (alternatively known as Therapeutic Referred Ambulatory or TRA) - are generally defined as outpatient settings in which a patient is repeatedly treated over multiple visits/encounters with a set of prescribed services to address a previously diagnosed condition.

Registration – For purposes of recurring services, a registration is the aggregation of a defined group of medical encounters or visits for a single patient and to which select demographic, financial, and clinical information stored at the registration level applies.

Visit – For purposes of recurring services, a visit is a single medical encounter that is part of a larger group of medical encounters defined under a plan of care for a given patient condition. Such encounters are typically aggregated under one or more registrations.

7. Related Materials/Tools

Training and readiness aids for specific applications to which this guidance is applicable and tools to assist in the conversion of ICD-9 codes to equivalent ICD-10 codes shall be available on the NYP ICD-10 AnTENna website at <http://nyplearningcenter.org/apps/eLearning/cms/icd10/>.

8. Guidance Review Period

This guidance shall be reviewed and revised as necessary for the duration of the ICD-10 transition period previously defined.

9. Guidance Effective Date

This guidance is effective as of September 1, 2015.

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10. Resources

Questions regarding the interpretation and/or implementation of this guidance may be directed to the Project Director for ICD-10 implementation or by e-mailing ICD-10Help@nyp.org. Additional information will be provided on the NYP ICD-10 AnTENna website at <http://nyplearningcenter.org/apps/eLearning/cms/icd10/>.

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Appendix A: Eagle Recurring Registration Area Codes

REG AREA	REG AREA DESCRIPTION
ACARDR	CARDIAC REHAB
ACHEMO	CHEMO/TRANSFUSION/INFUSION
AHEMAT	SPECIAL HEMATOLOGY
ARENAL	RENAL DIALYSIS
ATOCCP	OCCUPATIONAL THERAPY
ATPHYS	PHYSICAL THERAPY
ATSPCH	THERAPY - SPEECH
AXRAYT	RADIATION THERAPY
BDAYHP	DAY HOSPITAL TREATMENT
BGPSYC	GENERAL CLINICS
BHH	PRIVATE RAD ONCOLOGY
BPARTH	PARTIAL HOSPITAL
CADBBH	AUTISM/DEVELP BRAIN BEHAVIORAL
CADBMD	CENTER FOR AUTISM AND DEVELOPING BRAIN MEDICAL SERVICE
CADBPO	CENTER FOR AUTISM AND DEVELOPING BRAIN PT-OT
CADBSP	CENTER FOR AUTISM AND DEVELOPING BRAIN SPEECH
CALCHC	NEW START CLINICS
CBPSY	BABIES CLINIC PSYCH
CBSPTH	SPEECH THERAPY
CCFADB	CENTER AUTISM AND DEV BRAIN
CDAYHP	DAY HOSPITAL TREATMENT
CGPSYC	GENERAL CLINICS
CMADBS	AUTISM/DEVELOP BRAIN MEDICINE
CMPPSY	MILSTEIN CLINIC PSYCH
CPARTH	PARTIAL HOSPITAL
CTPTOT	PHYSICAL/OCCUPATIONAL THERAPY
CTSPCH	THERAPY - SPEECH
LCARDR	CARDIAC REHAB
LCHEMO	CHEMO/TRANSFUSION/INFUSION
LTOCCP	THERAPY - OCCUPATIONAL
LTPHYS	THERAPY - PHYSICAL
MHH	HARKNESS HEMODIALYSIS
PCAR	PRESBYTERIAN CARDIAC THERAPY
POCC	PRESBYTERIAN OCCUPATIONAL THERAPY
PPHY	PRESBYTERIAN PHYSICAL THERAPY
PPUL	PRESBYTERIAN PULMONARY REHAB
PSPC	PRESBYTERIAN SPEECH THERAPY
RCHEMO	REFERRED CHEMOTHERAPY