ICD-10 Revenue Cycle & Operational Readiness Workgroup

38 days to go to October 1st, 2015

Agenda

- Transition Period Guidance
    - Financial Clearance including payer-specific authorization requirements
    - Recurring Service Registration
    - Medicare Part B billing for Inpatient services

- Eagle System Updates
    - Smart Claim Routines
    - User Screen Updates & Training Materials

- Code Conversion & Dual Code Assignment
    - Crown
    - Epic
    - ImageCast
    - OR Manager

- Reminders

Payor specific authorization requirements - **DRAFT**

Plan	Accepting Preauths in ICD 10 Starting	Preauths for Admission/Amb Surg >=10.1.2015 –Coding for Auth Required	Preauths for Admission/Amb Surg < 10.1.2015 & Unknown Discharge Date—Coding for Auth Required	Long Term OP—Coding for Auth Required for Auths called in before 10-1-2015 for services occurring both before and after 10-1-2015
1199	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Aetna	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Affinity	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Amerigroup	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Amidacare	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Cigna	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Elderplan	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
Emblem	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
Empire	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Fidelis Comments	Pending	Pending	Pending	Pending
HealthFirst	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Hudson MVP	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode

Payor specific authorization requirements (cont.) - **DRAFT**
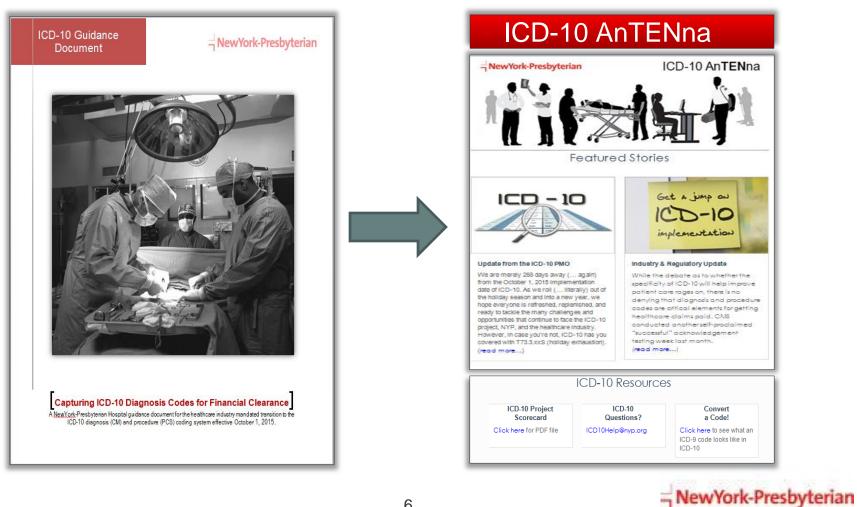
Plan	Accepting Preauths in ICD 10 Starting	Preauths for Admission/Amb Surg >=10.1.2015 –Coding for Auth Required	Preauths for Admission/Amb Surg < 10.1.2015 & Unknown Discharge Date—Coding for Auth Required	Long Term OP—Coding for Auth Required for Auths called in before 10-1-2015 for services occurring both before and after 10-1-2015
Magnacare	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Multiplan	Repricer Ready to Accept tho plans may not be	Repricer Ready to Accept tho plans may not be	Repricer Ready to Accept tho plans may not be	Repricer Ready to Accept tho plans may not be
United	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
VNSNY Choice	8.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD9 codes for auth if service will occur before before 10.1.2015, IC10 if services occur on or after 10.1.2015. For extended services will need one auth for services prior to 10-1-2015 and one for service on and after 10-1-2015.
Wellcare	7.15.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode

Implementation Guidance: Financial Clearance - DRAFT

Type	Scheduled/ Unscheduled	Requirement for Financial Clearance Activities	
		On or after October 1st	**Prior to October 1st**
Inpatient	Scheduled (Elective)	ICD-10 diagnosis code	For Admissions between **September 23, 2015 and September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Inpatient	Unscheduled (Emergent)	ICD-10 diagnosis code	For Admissions between **September 23, 2015 and September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Ambulatory Surgery	Scheduled (Elective)	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on **September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Ambulatory Surgery	Unscheduled (Emergent)	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on **September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Hospital Based Clinics	Schedule (Elective)	As applicable, ICD-10 diagnosis code	Clinic Visits Prior to **October 1st** will require ICD9 coding. (Diagnosis codes will be assigned at the time service)
Therapeutic Referred Ambulatory (e.g. – Physical/occupational therapy, chemotherapy, behavioral health, etc)	Scheduled (Elective)	ICD-10 diagnosis code	Appointments which have been scheduled prior to **October 1, 2015** and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
Diagnostic Referred Ambulatory aka DRA (e.g. – laboratory, radiology, etc)	Scheduled (Elective)	ICD-10 diagnosis code	Appointments which have been scheduled prior to **October 1, 2015** and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
Emergency Services	Urgent and emergent services provided in any NYP Emergency Department are typically excluded from financial clearance activities. Such services that result in ambulatory surgery and/or inpatient admission shall follow guidelines mentioned above.		

Implementation Guidance: Financial Clearance **- DRAFT**

Final guidance documents will be available by September 1, 2015 on the ICD-10 AnTENna Website in the ICD-10 Support Center section.

Implementation Guidance: Recurring service registration - DRAFT

- 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 new registrations for their respective and currently treated patients in the Hospital's Eagle registration and billing system.

- Effective September 1, 2015 or as reasonably executed by Information Technology Services, existing and open registrations for recurring service areas shall be "auto-closed" with a termination date of September 30, 3015.

- 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 equivalent ICD-10 diagnosis codes for the October dates of service.

- 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.

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Implementation Guidance:Medicare Part B coding & billing - **DRAFT**

Facilities supplying inpatient services to patients admitted prior to and discharged after October 1, 2015 and who are only covered for Medicare part B benefits shall be required to submit two separate claims for such covered services. The first claim submission shall include all Medicare part B covered services from the date of admission through September 30, 2015 and be coded using ICD-9 diagnosis and/or procedure codes. The second claim submission shall include all Medicare part B covered services from October 1, 2015 through the date of discharge and be coded using ICD-10 diagnosis and/or procedure codes .

It is recommended that such potential encounters be identified prior to or at the time of service with a corresponding report from the applicable scheduling and/or registration system so as to create a work driver for the Health Information Management Department from which they may be able to dual code these cases.

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Eagle User Screen Updates: Pre-Admission Screen - DRAFT

Eagle Gold	Eagle Mainframe

Eagle User Screen Updates: Admission Screen **- DRAFT**

Eagle User Screen Updates: Admission Maintenance Screen - **DRAFT**

Eagle User Screen Updates: Outpatient Visit Screen **- DRAFT**

Eagle Gold (New)	Eagle Mainframe

Code Conversion & Dual Code Assignment

System	Dual Code Assignment	Dual Code Interface
Allscripts SCM	In Progress	In Progress
Allscripts SRM	Yes	Yes
EPIC	Yes	Yes
CROWN	Yes	In Progress
Imagecast	Can record dual codes	Can receive dual codes
Eagle	In Progress	In Progress
EPSI	Can store dual codes	Can receive dual codes

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Reminders

- Forward reports, forms, documents and other items requiring code conversion to **Christine Valentin** at valenti@nyp.org.

- Focus pre-implementation readiness on **WIP reduction activities** and **communicating with physicians** and other clinical providers about operational guidance and how it may impact orders, patient look ups, etc.

- Have staff watch ICD-10 organizational awareness video on their transcripts in the NYP Learning Center.

- ICD-10 Support Center will be available beginning **September 21, 2015** to assist with operational inquiries related to ICD-10 implementation and coordinating with the IT Help desk for ICD-10 technical related issues.

- Remind providers of the documentation assistance tools available to them in SCM (ICDx), EPIC (Diagnosis Calculator), and Crown (???)

- E-mail inquiries to ICD-10Help@nyp.org.