

AMAZING
THINGS
ARE
HAPPENING
HERE

ICD-10 Revenue Cycle & Operational Readiness

16 days to go to October 1st, 2015

Agenda

- New and Updated Operating Guidance
 - Recurring services registration
 - RQi
 - Clinic coding & billing
 - Code conversion
- WIP Reduction Activities
- ICD-10 Support Center
 - Contact information
 - Current status
 - Calendar of operating hours
 - ICD-10 AnTENna website
 - Code conversion tool
- Reminders
- Appendices
 - Industry & Payer Readiness
 - Financial clearance guidance
 - Medicare part B coding & billing guidance
 - Updates and Pre-implementation readiness tasks using NYP applications

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 **at least one visit record** with to reflect October dates of service for their respective and currently treated patients in the Hospital's Eagle registration and billing system.
- The first October visit record must be assigned an appropriate ICD-10 code based on the patient's documented condition in order to bill. ICD-9 codes will result in billing errors that require immediate correction.
- ~~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, 2015.~~
- **IF** Patients who have been treated with recurring services in September 2015 and 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.~~

Implementation Guidance: RQi edit correction

- Currently there are 9 different rules in RQi that are driven by ICD-9 codes. These rules will be adjusted to include ICD-10:
 - Accident record for Labor Assessment
 - Accident Record Missing (Dx code 800-848)
 - Accident Record Missing (Dx code 850-854)
 - Accident Record Missing (Dx code 860-887)
 - Accident Record Missing (Dx code 900-910)
 - Sliding Scale Missing (B.M.T.)
 - Medicare as Primary can not have an ICD-9 (DX) code that starts with a V
- Currently we are testing one rule in RQi:
 - Invalid Dx code - ICD-10 codes must start with an alpha not numeric
- WIP errors will be monitored after ICD-10 go live to see if any new RQi rules need to be created.

Implementation Guidance: Clinic Billing - DRAFT

- **Scenario:** A Medicare patient comes to a clinic for a visit in September. Ancillary services are ordered that occur in October. The clinic is billed out under ICD-9 but the ancillaries will need to get billed under ICD-10.
- **Impact:** Encounters with ancillary services posted with dates of service of October 1, 2015 and after will remain unbilled until ICD-10 codes are assigned to the clinic encounter.
- **Solution:** Turn dual coding on in production for both Epic:Eagle (East Campus) and Allscripts SCM: Eagle (Superbill West Campus)
- **Reporting & Monitoring:** Identify September 2015 Medicare clinic visits with ICD-9 codes only for potential conversion

Implementation Guidance: Code Conversion

- **Devices that are generally eligible for code conversion activities typically include:**
 - Reports
 - Data extracts
 - Clinical orders and plans of care
 - Referrals and appointments for clinical services
 - Technology application-specific tables, dictionaries, or functionality that is designed to represent or use a specific sub-set of the overall ICD-9 and ICD-10 code set.
 - Forms, documents, and other data capture vehicles that currently include ICD-9 diagnosis codes
- **Steps in the code conversion process**
 - Presentation of the device and diagnostic element(s) to be converted.
 - Diagnostic elements converted to ICD-10 equivalents.
 - Conversion presented to business/operational/clinical owner for review and approval.
 - Approved conversion presented to technical owner for update or replacement.
 - Device tested (as applicable) with new ICD-10 elements.
 - Device placed into production.
- **Caveats, exceptions, and assumptions**
 - Code criteria shall be presented in an acceptable format for conversion (e.g. – spreadsheet).
 - Business owner and/or ITS point of contact are responsible to validate the efficacy of the deliverable's content prior to submission. Invalid code criteria **shall not** be converted.
 - Code criteria defined by external agencies **shall not** be converted by PMO.
 - Device owner is responsible for approving the code conversion prior to re-programming.
 - It is at the IT point of contact's discretion as to how to best update converted devices.
 - Business owner is responsible for the redesign of forms, documents, and other "hard" data capture vehicles for which replacement ICD-10 codes have been provided.
 - Effective October 1, patients presenting with referrals containing ICD-9 and/or narrative diagnoses may be scanned and e-mailed to the ICD-10 Support Center for conversion.

WIP Reduction - Current State

Goals

- Simplify the process. Eliminating ICD-9 based WIP allows sites and staff to concentrate on ICD-10 WIP
- Create a financial buffer. Accelerating cash reduces risk of payer readiness after October 1.

Bi-Campus Age Categories (DOS) ¹

		(0-13 days)	(14-29 days)	(30-59 days)	(60-179 days)	180-365 days	366+ days	Grand Total
As of 9.05.2015	Total # cases	2,306	4,687	3,813	5,932	2,467	792	19,997
	Total \$ balance	\$69,060,679	\$29,051,859	\$13,725,177	\$18,127,172	\$5,923,482	\$4,298,887	\$140,187,256
As of 9.12.2015	Total # cases	2,295	4,881	3,640	6,120	2,531	757	20,224
	Total \$ balance	\$67,897,481	\$32,324,296	\$13,581,543	\$15,641,552	\$6,613,776	\$4,241,254	\$140,299,901

Under 30 days

Total # cases	7,176
Total \$ balance	\$100,221,777

30 days and over

Total # cases	13,048
Total \$ balance	\$40,078,124

¹Source: Aeos. Includes: Allen, ACN, Cornell Hospital, Lower Manhattan Hospital, Milstein, MSCHONY, Payne Whitney Manhattan, Payne Whitney Westchester.

ICD-10 Support Center

- ICD-10 Support Center will be available beginning **September 28, 2015** to assist with operational inquiries related to ICD-10 implementation and coordinating with the IT Help desk for ICD-10 technical related issues.

Telephone Hotline

646-'NYP'-9210 (646-697-9210)

Email

icd-10help@nyp.org

Website

[ICD-10 AnTENna](#)

ICD-10 Support Center- Current Status

Logistics

Rooms-*Secured* (Rm 325:10 PCs, Rm 365: 5PCs)
Voip Phones-*Secured* (Rm 325:7, Rm 365:5)
Phone line-*Secured* (646-697-9210)
Assess Command Center PCs *Pending*
Assess Application Usability *Pending*
Expand ICD-10Help@nyp.org Listserv *Pending*

Reporting/Monitoring

10 Reports Requested from Eagle/RH
WIP Monitoring Tool Identified
Mechanism for Monitoring High Risk Edits *Pending*
Reporting Assignments Developed
Report Schedule *Pending*

Service Desk Interface

Service Now Training Scheduled
After-Hours Protocol Shared with Help Desk
V-mail to E-mail Feature provided by Help Desk
Service Desk Adding Temps for Support
Service Desk Developing ICD-10 Flag
Service Desk Admins to identify Application Owners

Issues Management

Draft Issues Tracker Developed
Reconciliation and Assessment Process *Pending*
Process for resolving and closing issues *Pending*
On-site Assignments *Pending*
Trainings Scheduled for basic troubleshooting
Outlook Form Developed

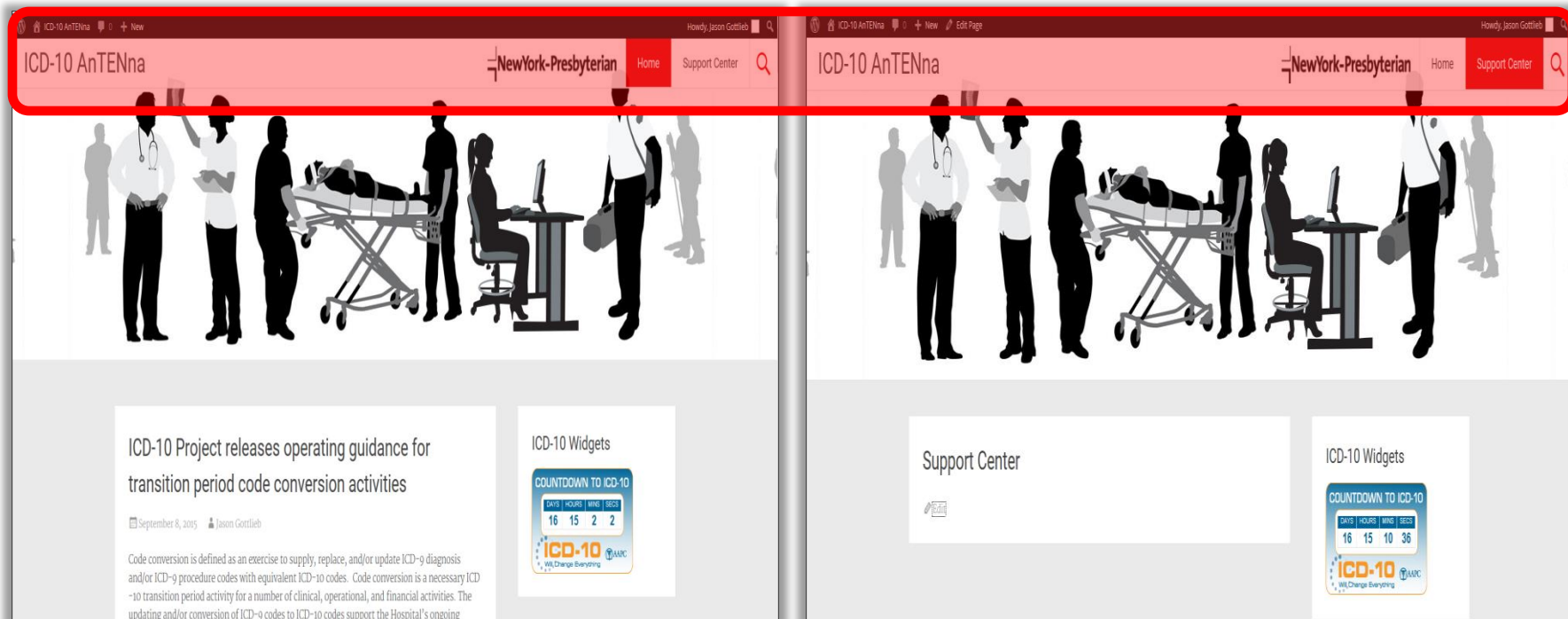
ICD-10 Support Center- Calendar of Key Dates

SEPT.	20	21 Training -Structure/Schedule -Team Communication -Issues Management/Workflows -Scripts Fielding Phone Calls	22 Training -Code Conversion Tools -Navigating Core Applications -Guidance Document Review	23	24 Training -Reporting -Reconciliations -Forms/Reports to be converted	25	26
	27	28 SUPPORT CENTER GO LIVE 9AM-5PM	29 Support Center Hours 9AM-5PM	30 Support Center Hours 9AM-5PM	1 ICD-10 GO LIVE 6AM-10PM	2 Support Center Hours 6AM-10PM	3 Support Center Hours 8AM-4PM
OCT.	4 Support Center Hours 8AM-4PM	5 Support Center Hours 6AM-10PM	6 IP CLAIMS DROP 6AM-10PM	7 Support Center Hours 6AM-10PM	8 Support Center Hours 6AM-10PM	9 Support Center Hours 6AM-10PM	10 Support Center Hours 8AM-4PM
	11 Support Center Hours 8AM-4PM	12 OP CLAIMS DROP 6AM-10PM	13 Support Center Hours 6AM-10PM	14 Support Center Hours 6AM-10PM	15 Support Center Hours 6AM-10PM	16 Support Center Hours 6AM-10PM	17 RECURRING SERVICES (SEPT D.O.S) CLAIMS DROP 8AM-4PM

- Support Center Activities:
 - Issues Management
 - Onsite Assistance
 - Transition Monitoring/Reporting
 - Documentation Assistance
 - Code Conversion

ICD-10 AnTENna

- Website url: <http://nyplearningcenter.org/apps/eLearning/cms/icd10/>
- Home page link will include updates based on daily calls.
- Support Center link located in upper right hand corner of page will include operating guidance, training aids, and issues log



Code Conversion Tool

- Located on ICD-10 AnTENna website
- GEMs based code conversion tool
- Code lookup by **ICD-9 code** (include or exclude decimal) **description**
- **Coding of encounters continues to be based on the documentation provided in the patient's medical record.**

NYP Terminology Services

Translate

From: Between ICD9 and ICD10

dehydration

Translate

ICD9 MED Name	ICD9	Match Direction	ICD10	ICD10 MED Name
Dehydration	27651	9<<->>10	E860	Dehydration
Other transitory neonatal electrolyte disturbances	7755	9<<->>10	P741	Dehydration of newborn

This translation tool is based on data contained in the Medical Entities Dictionary (the MED). For questions or comments please contact dab7001@NYP.org.

NYP Terminology Services

Translate

From: Between ICD9 and ICD10

78650

Translate

ICD9 MED Name	ICD9	Match Direction	ICD10	ICD10 MED Name
Chest pain, unspecified	78650	9<<->>10	R079	Chest pain, unspecified

This translation tool is based on data contained in the Medical Entities Dictionary (the MED). For questions or comments please contact dab7001@NYP.org.

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.
- Remind providers of the documentation assistance tools available to them in SCM (ICDx), EPIC (Diagnosis Calculator), and Crown (???)
- Have staff watch ICD-10 organizational awareness video, “ICD-10: A New Language for Healthcare” on their transcripts in the NYP Learning Center.
- ICD-10 is date of service/date of discharge sensitive.
- DO NOT enter decimal points when entering ICD-10 codes in Eagle
- E-mail inquiries to ICD-10Help@nyp.org.

Appendices

- Medicare & Medicaid readiness & billing guidance
- Contracted payer authorization requirements
- Implementation guidance for Medicare part B coding & billing
- Updates and Pre-implementation readiness tasks using NYP applications
 - Soarian Scheduling
 - OR Manager
 - Eagle Gold & Mainframe
 - Sunrise Record Manager (SRM)
 - Crown & Imagecast
 - Sunrise Clinical Manager (SCM)

Industry and payer readiness

- Medicare readiness
 - Three end-to-end testing periods covering 2700 providers and clearinghouses and 67,000 claims produced 87% - 88% acceptance rate with less than 2% of claims being rejected due to invalid ICD-10 submissions. Other errors related to byproduct of testing environment, invalid submission of ICD-9 codes, and negative testing.
 - All National & Local Coverage Determinations updated to accommodate ICD-10 codes
 - Medicare inpatients with part B coverage only and whose admission spans the September/October timeframe must be split billed.
- Medicaid readiness
 - If the claim is for Clinic APG Episode of Care or CHHA Episodic services with multiple dates of service where the through date is on or after October 1, 2015, the claim must be coded as ICD-10 for **all dates of service** - even if the episode started before October 1, 2015. If the provider chooses to split an APG claim, the ICD-10 claim could fail with edit 2081 - All APG Lines Paid Zero
 - Non-DRG claims (except for psychiatric claims, discussed in FAQ ICD13) need to be split billed. Claims with dates of service prior to 10/1/2015 must contain ICD-9 codes and claims for dates of service on or after 10/1/2015 must contain ICD-10 codes. If the non DRG claim will be interim billed with no discharge date and the end date of service is on or after October 1, 2015, the coding must be ICD-10.
 - An Inpatient claim for Psychiatric services should be coded according to the discharge date. If the discharge date is on or after October 1, 2015, the diagnosis and procedure codes must be ICD-10, regardless of the date of admission.
 - Medicaid plans in California, Louisiana, Maryland, and Montana have received approval from CMS to use an ICD-10 to ICD-9 crosswalk to process claims for an undetermined amount of time until such states technologies and processing systems are fully compliant.

Payer Authorization Requirements

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	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
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 though plans may not be	Repricer Ready to Accept though plans may not be	Repricer Ready to Accept though plans may not be	Repricer Ready to Accept though 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
Wellcare	7.15.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode

Operating Guidance: Financial Clearance

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: Medicare Part B coding & billing

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.

Core Technology Updates – Soarian Scheduling

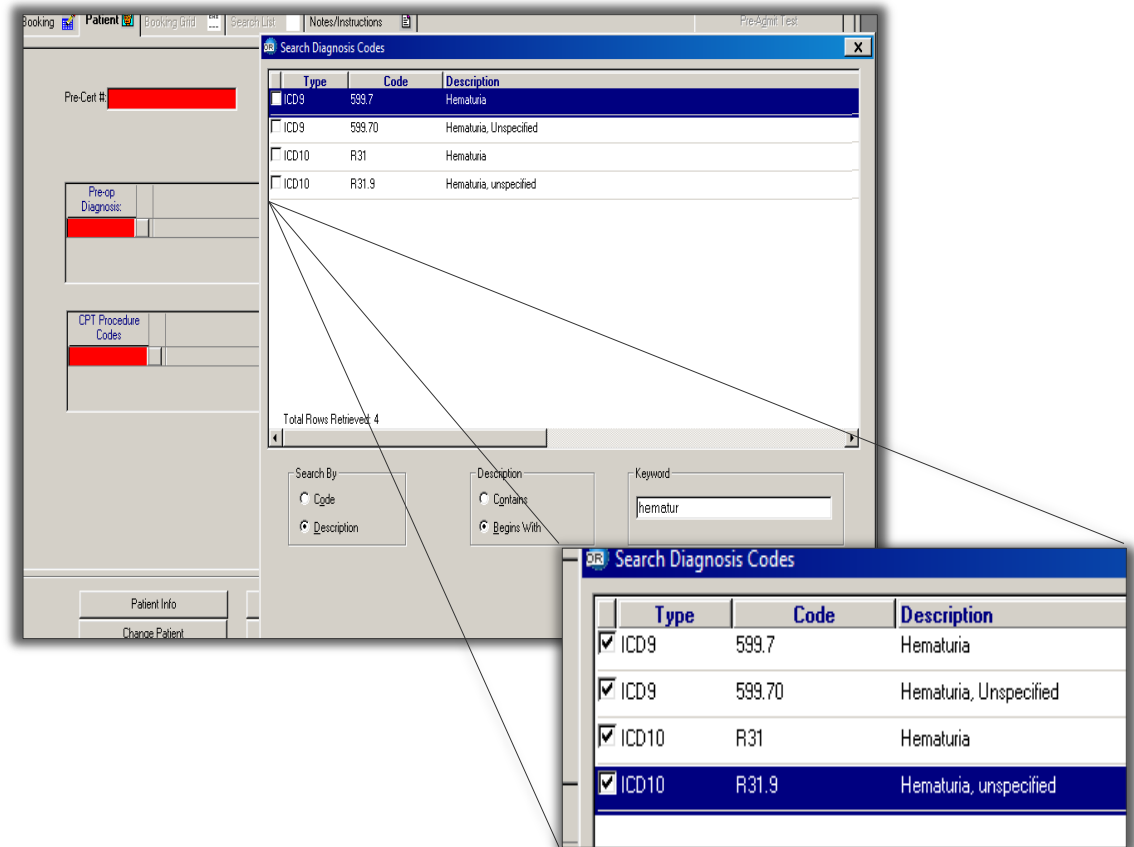
- Those recurring services areas that employ an interface between Soarian Scheduling and Eagle and that shall require new registrations in Eagle may require previously booked appointments for October 1, 2015 and forward to be “re-associated” with the new registration serial number.

The screenshot displays the Siemens Soarian Scheduling interface. At the top, it shows the patient name 'PATIENTPORTAL, DAD' and various identifiers. The main area is a 'Save Appointment -- Webpage Dialog' for a visit on 08/18/2015 at 10:30 AM. The dialog includes a 'Select appointments for visit association' section with a table of existing visits. Below this is a 'Select a visit to associate with the appointments selected above' section with a table of visits for selection.

Visit Date	PIC	Day	Type	Adm Doctor	Visit #	FIC	Service	Entity	Clinic Code
05/14/2014	O	5			413411140	J		NYPWC	AGE219
04/24/2014	I	I			101064738	J	MED	NYPWC	
04/17/2014	O	5			413411328	J		NYPWC	AGE219
04/15/2014	O	5			413411142	J		NYPWC	AGE920
04/09/2014	O	5			413411328	J		NYPWC	AGE219
03/28/2014	O	5			413411141	J		NYPWC	AGE219
09/16/2013	I	I			101036233	B	MED	NYPWC	
09/11/2013	I	I			101035542	J	MED	NYPWC	
08/30/2013	I	I			101034131	J	MED	NYPWC	
08/28/2013	I	I			101033842	J	MED	NYPWC	
03/11/2013	O	5			411769775	J		NYPWC	AGE011

Core Technology Updates – OR Manager

- Dual code selection functionality available in production environment.
- Dual code interface to Eagle pre-registration/reservation screens in test.
- Previously booked surgeries for October 1, 2015 and forward are being converted by the Project Management Office and will be provided to respective Admitting departments for update and financial clearance activities.
- Memo and training aid distributed to Cornell FPO instructing dual code selection effective September 14, 2015.



Eagle User Screen Updates: Pre-Admission Screen

Eagle Gold

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Pre-Admissions Maintenance

Validation Messages

- Admitting Physician is a required field on this screen.
- Admission Type is a required field on this screen.
- Location is a required field on this screen.
- Patient Medicaid Number invalid: CHECK DIGIT VALIDATION ERROR.

UPDATE

City: Brooklyn
County: Kings (KING)
State: New Yo (NY)
Zip Code: 11232
Home Phone: 212-585-6437
Work Phone: 718-789-1234
Employ Status: Facility Employed (F)

Expected Admission

* Admission Date: 01/23/15
* Admission Time: HH:MMX
* Admission Type: No Selection
Admission Status: No Selection
Admit Source: Dpo (DPO)

Reservation

Reserved By:
Phone: AAA-XXX-NNNN
* Reservation Date: 01/23/15

Insurance

Primary Coverage

* Financial: SLF
Class: Self Pay
* Plan Code:

Secondary Coverage

Financial:
Class:
Plan Code:
Medicaid Number: A299999Y

Admitting Physician

* Code:
Name:

Referring Physician

Code:

Diagnosis

ICD-9 Code:
ICD-10 Code:
IDC Version: 9
Description:

Procedure

ICD-9 Code:
ICD-10 Code:
IDC Version: 9
Description:

Notes

Note 1:
Note 2:

Facility Defined

Suffix:
Adv Dir: No Selection

OPTIONS

- Collapse all sections
- Expand all sections
- Next record
- Previous record
- Create new record
- Copy this record
- Delete this record
- Restore
- Select another record
- Cancel
- Exit this function

Messages displayed

Eagle Mainframe

NEW YORK HOSPITAL TEST PRE-ADMIT1 SIAPAMIENTRYFP

PA-R#: 174019 NAME: HOM, SUSAN ANNA SEX/DOB: F_10/23/1930 84
RSV-DT: 03/03/10 ADDR: 334 E 38TH ST 2: 2TH FLOOR ROOM 20000
ZIP-CD: 11232 CITY: BROOKLYN COUNTY: KING STATE: NY MAR TL: M
MOTHER: UNKNOW SS#: MCAID#: AZ999999Y CHART#: 123
M.P.I.- H-PHON: 212-585-6437 B-PHON: 718-789-1234 LANG: EN
= PAT#: 123 ===== UPDATE =====

ADMPHY: AAA123 HOM SUSAN DR PRIOR- HSP:
REFPHY: AAA123 HOM SUSAN DR ADMDATE: MM/DD/YY DSCDATE: MM/DD/YY
EMP-STS: F PVT/SVC:
EXPECTED - SERIAL#: 500015531 PRM F/C: T08 SEC F/C: SLF
ADMDT: 03/03/15 TUE MAR 3 2015 ADMTSRC: AAN AISHEL AVRAHAM RESIDENTIA
TIME: 11:33A ADMTYPE: 33 ELECTIVE
SERV: ACMD: RMILOC: AG
P-R-D: SUP-SVC:

DIAG: Other specified protozoal inte ICD VERSION: 0
PROC: Fluoroscopy of Left Lung ICD VERSION: 0 ADMITTED:
ICD9 DIAG: PROC 9: ICD10 DIAG: A078 PROC 10: BB13ZZZ

RSV-BY: RSV-TEL#: AAA-XXX-NNNN

NOTES1:
NOTES2:
SUFFIX : ADV DIR:
Patient Name <HOM SUSSANMASUSIQ> replaced by PMF field
&ADVANCE &ALLMSG &END &NEW © &REVERSE
&CANCEL &RESTORE &DELETE &LIST ACTION ==>

Eagle User Screen Updates: Admission Screen

Eagle Gold

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

About eagleGold
Helps Emulator Trace

Inpatient Admission

Preliminary Validation Messages Ignore Exit

- ADMIT TYPE must be entered
- NURSING STATION or LOCATION CODE must be entered

Patient Data

Patient#	6019107	Name	Test, Accumatch	Sex	F	DOB	10/23/1965
Tel#	212-585-6437	Address	333 E 38th St	Financial Class			
Previous Admission							

Medicare Eligible: None (D) Code: []

Mother/Newborn: No Selection Name: []

Opt Out Options: No Selection

User Defined

Ebola As: No Selection

Appar: []

Type: No Selection

Weight: []

Diagnosis / Procedure

Diagnosis

ICD-9 Code: []

Description: []

ICD-10 Code: []

Description: []

Prior Stay

Prior Hospital: []

Prior Admitting Date: []

Prior Discharge Date: []

ROOM / SERVICE

Nursing Station: []

Room: []

Bed: []

Location: []

Hospital Service Class: []

Accommodation Type: []

Supplementary Services: []

Phone: []

OPTIONS

- Collapse all sections
- Expand all sections
- Cancel

Go Cancel

Messages displayed

NEW YORK HOSPITAL TEST 06/02/15 12:52pm

Eagle Mainframe

NEW YORK HOSPITAL TEST INPATIENT ADMISSION

PAT#: 6013675 NAME: TEST, AISHA SEX/DOB: F 10/11/1970 SLF

TEL#: 212-555-1212 ADDR: 123 WEST 7TH STREET PREVADM: 08/01/10 08/24/10

=====

ADMIT DATE: 06/02/15 TIME: 12:24P SERIAL NUMBER: NEW

ADMIT TYPE: SOURCE:

ACCID NF or WC: A=ACCIDENT N=NO-FAULT W=WORKERS COMP

LOCATION: NRSNG STN: ROOM #: BED ID: PHONE:

HOSP SERV: ACMD TYPE: SUPPL SVC: PVT ROOM DIFF:

PVT or SVC: P=pat req/H=hosp conv/M=med nec

ADMIT PHYS: NAME: MOTHER or NEWBORN:

REFER PHYS: NAME: MEDICARE ELIG: C

PCP PHYS: NAME:

ICD9 DIAG: TEXT: ADV DIR:

ICD10 DIAG: TEXT:

ICD9 PROC: TEXT: EXPT L-O-S:

ICD10 PROC: TEXT:

OPT-OUT: PRI:

APGAR: TYPE: WEIGHT:

PRIOR HOSP: * PRIOR HOSP ADM: 08/01/10 DSC: 08/24/10

EBOLA AS MNLERR: NHS:

Eagle User Screen Updates: Admission Maintenance Screen

Eagle Gold

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Validation Messages
Admission Source Invalid

Admission Maintenance

Patient Data

Admit #	123 45	Name	Hom, Susan Anna	Sex	F	Age	77
Phone #	212-685-6437	Address	334 E 38th St	Birth Date	10/23/1938		
Fn Class	SLF SLF	Location	C 4023 01 W98	Status	IA		

Service

Admission

Service Class: PSY
Accommodation: CA
Description: Care And Treatment

Private Room Differential: No Selection

Current

* Service Class: PSY
* Accommodation: CA
Description: Care And Treatment

Private Room Differential: No Selection

Private or Service: No Selection

Facility-Defined

Ebola As: No Selection
Apgar: No Selection
Type: No Selection
Weight: No Selection
Adv Dir: *None (N)
Prt: No Selection
Mhorr: No Selection
Nfs: No Selection
Gne/Ime: No Selection

Diagnosis

ICD-9 Code: []
Description: Psy
ICD-10 Code: []
Description: []

Assessment Transmission Date: []
Rehab CMG Number: []

Options: Collapse all sections, Expand all sections, Refresh, Send ADMF Interface, Cancel

Go Cancel

NEW YORK HOSPITAL TEST 06/02/15 02:06pm

Eagle Mainframe

NEW YORK HOSPITAL TEST ADMISSION MAINTENANCE

ADM# : 123 95 NAME: HOM, SUSAN ANNA SEX/DOB: F 10/23/1930 82
TEL#: 212-585-6437 ADDR: 334 E 38TH ST LOCN: AG 1517 A B15

===== PRM-SEC F/C: T08 SLF STS: IA

ADMIT DATE: 07/23/13 TUE JUL 23 2013 DISCHARGE DATE: 08/01/13 THU AUG 1 2013
TIME: 01:00PM SERIAL#: 200008322 TIME: 02:27PM L-O-S: 9

TYPE: 11 EMERGENCY TYPE: HOM ROUTINE/HOME

SOURCE: LOCATION:

ADMIT SRVC: HOS ACCOM: AA HOSPICE SEMI PRIVATE PRD:
ADMIT PHYS: AAA123 NAME: HOM SUSAN DR

ICD9 DIAG: TEXT: PCR#:

ICD10 DIAG: TEXT:

REFER PHYS: NAME: OPT-OUT:

ATTND PHYS: AAA123 NAME: HOM SUSAN DR EFFECT DT: 07/23/13

PCP PHYS: A02288 NAME: HOM SUSAN

PRIOR HOSP: * ADM: 07/23/13 DSC: 07/23/13 CMG#: CMGDT:

CURR SRVC: HOS ACCOM: AA HOSPICE SEMI PRIVATE PRD:

MOTH/NWBRN: ACTN-ADM#: PVT/SVC:

EBOLA AS READ SC: <S=YES/N=NO> PRI:

ADV DIR: R DNR ORDER: N GME/IME:

APGAR: TYPE: WEIGHT: NHS: MNLERR:

&RESTORE &CANCEL &ADMFORCE &ALLMSG &END
ACTION====>

Eagle User Screen Updates: Outpatient Visit Screen

Eagle Gold (New)

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Native Emulator Trace eagleGold

Outpatient Registration
OHS MAINT FLOW

Patient Data | Patient # 123 | Name Horn, Sussan Ma Susiq Q | Sex F | Born 10/23/1965 | Age 48

ICD-9 ICD-10 Both
 ICD Keyword Search
 Diagnosis Admitting Diagnosis
 Procedure E Code
 Keywords: _____

Visit Type: _____
 Code: _____
 Closure Status: Active (A) [v]
 Charge Code: _____
 Operating Time: _____
 Anesthesia: No Selection [v]

1: 411.1 [v] Diagnosis - ICD9 [v]
 Intermed Coronary Syndr
 2: [v] No Selection [v]
 3: [v] No Selection [v]
 4: [v] No Selection [v]
 5: [v] No Selection [v]
 6: [v] No Selection [v]
 7: [v] No Selection [v]

OPTIONS
 Collapse all sections
 Expand all sections
 Refresh
 Disassociate Visit from Appointment
 Delete this Visit
 Copy
 Previous screen
 Next screen
 Select another record
 Select another patient
 Cancel this Function

Go Cancel

Ready NEW YORK HOSPITAL TEST 02/18/14 06:52pm

Eagle Mainframe

```

Eagle
File Edit Connection Setup View Help
08/21/15 03:09PM NEW YORK HOSPITAL PRODUCTION OPD VISIT MAINT/DPC
PAT#: [REDACTED] NAME: [REDACTED] SEX/DOB: F 08/11/1990 25
SERIAL#: [REDACTED] SUFFIX: [REDACTED] CLINIC ID: ACST3C ACHEMO : CHEMO/TRANSFUSION/
=== VISIT DATE: 08/09/15 === TIME: 12:30P =====
OR_TM: 0230 ANEST: [REDACTED] TVP: ACA0 CHG: 1217VIST CL: C CLOSED
ICD DIAG/PROC- FND: [REDACTED] D/P-VSN: [REDACTED]
TP CODE VSN DESCRIPTION DIAGS/PROCS TP CODE VSN DESCRIPTION DIAGS/PROCS
-----
1 D 153.9 9 ALIGNANT NEO COLON NOS 2
3 4
5 6
7 8
9 10
11 12
13 14
15 16
17 18
19 20
21 22
23 24
25 26
Commands: RESTORE / ALLMSG
&CANCEL &END &VCFLIST &VISDEL &VFC &PREV
&PATSEL &REGLIST &RVLIST &VISLIST ACTION ==>
MA
24/66 24/066
  
```


Core Technology Updates – Sunrise Record Manager (SRM)

- Eagle Interface
- Coding Pathway Selection
 - Smart Date - SRM will automatically recognize the Discharge Date for patient and will automatically choose whether to use ICD9 or ICD10 coding
 - Manual - If there is a payer that is not ready for ICD10 yet, coders can choose this special station to code cases in ICD9 even if the date is after 10/1/2015
 - Dual Code - Already in use, but coders can still choose this station after 10/1/2015

The screenshot displays the SRM interface for an inpatient patient. The top section shows the patient's name (SRM TEST), MRN (00000003A), SSN (325645214), and birthdate (01/12/1939). The 'Current Billing Status' field is highlighted in yellow. Below this, the 'Discharged' date is shown as 10/03/2015. The 'ICD10' radio button is selected and highlighted with a red box, with a red arrow pointing to it from the 'Discharged' date field. The bottom section shows the 'Coding and Reimbursement System v6.24 Jul/Spl 2015' window with a 'Patient Disposition' section containing three radio button options: 1. Home, Self Care (UB-01), 2. Short Term Hospital (UB-02), and 3. SNF (UB-03).

Core Technology Updates – Crown & ImageCast

- Radiology orders interfacing ICD-9 and ICD-10 Codes to ImageCast
- All orders for appointments post October 1, 2015 without ICD-10 codes being converted by Project Management Office (PMO) for referral to Southerland for financial clearance activities.

Crown

Adult Patient View

Name	ICD-9	ICD-10	Managed By	Last Assessed
Chronic				
Adenoid hypertrophy	474.12	J35.2		26Jul2012 HADD
Knee pain, bilateral	719.46	M25.561		08Sep2015 Annis
Obstructive sleep apnea,...	327.23	G47.33		26Jul2012 HADD
Smoking	786.09	R06.83		13Sep2012 HAD
Tonsillar and adenoid...	474.10	J35.3		13Sep2012 HAD

Knee pain, bilateral 719.46 M25.561

ImageCast

Exam Inquiry -- Webpage Dialog

Accession Number Search: [] Exam Status: S Report Status: Pending Creation

Visit Number: [] / Visit Patient Location: REFRAD

Order Number: TW764596380 Order Date: 09/08/2015 9:38 AM EDT Order Code: []

Org: CHONY Exam: DXKNEERST Modifiers: CRWN

Description: DIAGNOSTIC KNEE RIGHT COMPLETE WITH OBLIQ

Scheduled Date: 09/08/2015 12:00 AM EDT

Scheduled By: Allscripts, Interface Manually, on 09/08/2015 at 9:39 AM EDT

Exam Duration: 15 Resource: CH3XRM1 Transport: []

Patient Status: O - Outpatient Patient Location: REFRAD Patient Type: O - Outpatient

Patient Height: [] in/cm Patient Weight: [] lb/0.00kg

Presenting Dx Code(s):

Code	Description	Comments
719.46	PAIN IN JOINT INVOLVING LOWER LEG	
M25.561	Pain in right knee	

Presenting Dx Code(s):

719.46	PAIN IN JOINT INVOLVING LOWER LEG
M25.561	Pain in right knee

Core Technology Updates – Sunrise Clinical Manager (SCM)

Item	East Campus	West Campus
ICDx	<ul style="list-style-type: none"> • Currently oriented towards ICD-9 • Progressive messaging upon note save and oriented to ICD-10 to be moved into production next week. 	<ul style="list-style-type: none"> • Oriented to ICD-10 • Progressive messaging upon note save in production for approx. 2 dozen document types with remainder scheduled for this week.
Electronic Superbill	<ul style="list-style-type: none"> • Diagnosis codes are not posted into Eagle. • Effective 10/1, ICD-10 codes to Epic regardless of date of service. Epic will back map to ICD-9 for pre-October 1 dates of service. 	<ul style="list-style-type: none"> • Ongoing interface testing to remove decimal point from diagnosis code. • Effective 10/1, SCM will send both ICD-9 and ICD-10 codes to Eagle. Eagle will determine based on date of service which codes to use and post for billing.
MLM & Order sets	<ul style="list-style-type: none"> • Diagnosis requirement for Radiology and EKG • In process of swapping out old problem list manager with ICDx for remaining MLM 	