

# ColumbiaDoctors ICD-10 Command Center Reference Guide

September 28, 2015

# ICD-10 Command Center FAQs

What is the ICD-10 Command Center?	A central call (and email) center to assist ColumbiaDoctors with ICD-10 related issue identification and resolution.
When does it start? End?	The Command Center will start Thursday, October 1 <sup>st</sup> at 8:00 A.M. The end date is to-be-determined.
What are the hours?	Monday – Friday, 8:00 A.M.-5:00 P.M., with after-hours and on-call support available as needed.
Who will staff the Command Center?	Members of the Hayes Management team and ColumbiaDoctors’ representatives.
How do I reach the ICD-10 Command Center?	<b>The telephone number is 212-342-4514</b> <b>The email address is <a href="mailto:ICD-10Help@cumc.columbia.edu">ICD-10Help@cumc.columbia.edu</a></b>
When should I call the ICD-10 Command Center?	When you have an ICD-10 related issue that you have not been able to resolve internally (within your department or through standard issue reporting) and external assistance may be needed. Information System issues should continue to be reported through existing support channels.
What if I can’t get through (i.e. phone line is busy)?	Please leave a complete message with your name, department, description of issue and level of impact, and your contact information (phone and email). Your issue will be reviewed, logged into an issues tracking tool and responded to based on prioritization.
What types of support are available through the Command Center?	The Command Center will assist with ICD-10 related issues and questions involving coding, revenue cycle (edits/rejections), operational, information systems and education. Any issues impacting patient care or satisfaction will be escalated immediately.
What other type(s) of ICD-10 related support will be available?	NYP will have an ICD-10 Command Center for hospital issues. Telephone: 646-NYP-9-2-10 e-mail: <a href="mailto:ICD-10Help@nyp.org">ICD-10Help@nyp.org</a> ; AnTENna website: <a href="http://nyplearningcenter.org/apps/eLearning/cms/icd10/">http://nyplearningcenter.org/apps/eLearning/cms/icd10/</a>
How will issues be reviewed and resolved?	Issues will be reviewed by Command Center resources and routed to the correct members of the project team. ICD-10 Leadership will review open issues daily and make sure effective resolution plans are underway. They will also review trends in issues and assist in determining root causes.

# Why a Command Center?

- Overview of the ICD-10 Command Center and role toward a successful implementation of ICD-10

## WHAT

- The Command Center will be located at 51 Audubon, 7<sup>th</sup> Flr.
- Staffed by Hayes and ColumbiaDoctors team members
- Email: [ICD-10Help@cumc.Columbia.edu](mailto:ICD-10Help@cumc.Columbia.edu)
- Phone # :212-342-4514

## HOW

- ColumbiaDoctor stakeholders will call email with any issues
- Department Administrators, Physician Champions, systems owners will report all ICD-10 related issues and trends to Command Center that cannot be resolved internally

## COMMAND CENTER



Compliance

Hayes

## WHY

- The Command Center serves as the centralized hub to manage, triage, and resolve, and report ICD-10 related incidents
- Command Center tracks ICD-10 related incidents across the institution to identify inter-dependencies and assess broader impact

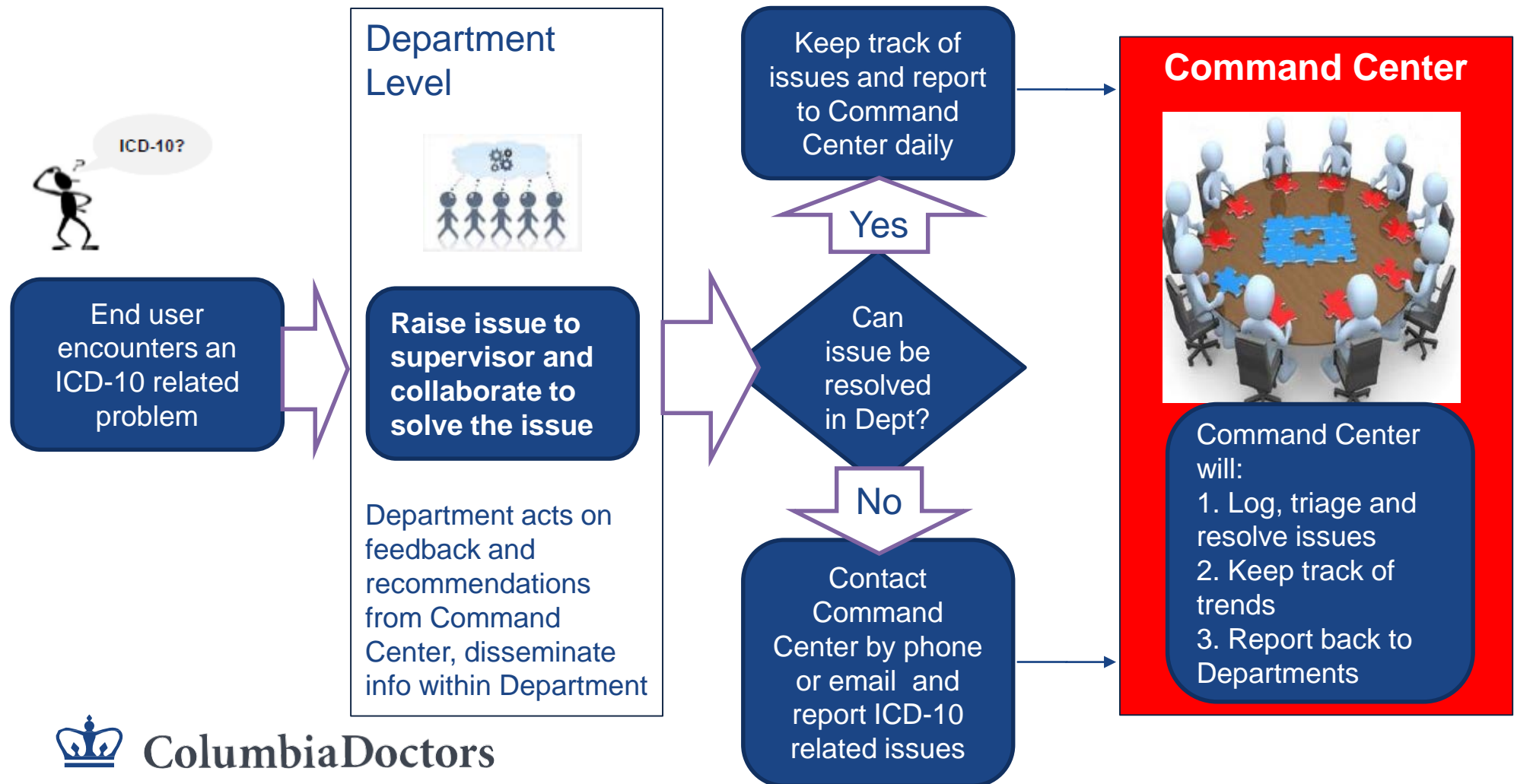
## WHEN

- Start: October 1, 2015
- M-F, 8:00 A.M.-5:00 P.M.
- End Date: To be determined
- After hours on-call support will be available

# Issue Management and Escalation

The role of the command center is to provide a point of escalation for ICD-10 related incidents that cannot be resolved at the departmental level

- End user role and responsibility in the incident management process.



# Operational End-user Expectations

Summary of key cutover actions needed pre and post go-live



## Operational End User Expectations

### Pre-Cutover:

- Operational end users swiftly raise any go-live risks to leadership and cutover team
- Operational leaders work with Cutover Team to finalize and communicate go-live plan to keep everyone on the same page

### Cutover:

- Execute cutover activities as planned
- Track ICD-10 related issues in your department and report daily to the Command Center
- Raise ICD-10 incidents that cannot be resolved at the department level to the Command Center

### Stabilization:

- Continue to track ICD-10 related incidents and report to the Command Center
- Focus on continuous improvement of ICD-10 related metrics

# Operational Cutover Planning

The conversion to ICD-10 on October 1, 2015 will require some additional cut-over considerations and tasks. It is important that you understand these actions, some of which will take place in advance of the October 1 go-live date. The following table outlines some key cut-over considerations (some may not apply to all areas). Please feel free to direct any questions or concerns to the ICD-10 Command Center team.

Business Process	Cut-Over Need Description	Considerations
<b>Future Orders</b>	Validate payer order requirements for pre-service Physician orders (e.g., orders received prior to 10/1 for services after 10/1) to determine if ICD-10 codes should be included in the initial order.	<ul style="list-style-type: none"> <li>• Define a process to identify orders generated prior to October 1, 2015 for services scheduled in October:               <ul style="list-style-type: none"> <li>▪ Electronic</li> <li>▪ Paper</li> <li>▪ Fax;</li> </ul> </li> <li>• Work with Compliance staff to ensure proper translation to an ICD-10 code;</li> <li>• Identify any “special” payer requirements and update procedures as necessary;</li> <li>• Update orders as necessary to include ICD-10 codes and descriptions.</li> </ul>
<b>Notice of Admission and Recertification</b>	Some payers require a diagnosis code be communicated during the Notice of Admission.	<ul style="list-style-type: none"> <li>• Identify all payers that require a diagnosis code for Notice of Admission;</li> <li>• Determine if payers will require ICD-9 or ICD-10 codes for recertification of services that span from September 2015 through October 2015; and</li> <li>• Define tools needed by end users to enable them to translate verbiage to an ICD-10 code.</li> </ul>
<b>Medical Necessity Screening</b>	Future orders (created in September for services in October) need to be screened for Medical Necessity using an ICD-10 code.	<ul style="list-style-type: none"> <li>• Identify medical necessity requirements for outpatient services by payer;</li> <li>• Identify current state areas triggering medical necessity edits and/or denials;</li> <li>• Update medical necessity tools and coordinate system updates (if applicable)               <ul style="list-style-type: none"> <li>▪ Paper</li> <li>▪ Electronic;</li> </ul> </li> <li>• Develop process to screen services with dates of service after 10/1/15 including any pre-scheduled services (e.g., planned surgeries);</li> <li>• Define tools needed by end users to enable them to translate verbiage to an ICD-10 code or identify resources with coding expertise; and</li> <li>• Define the process for resolving orders that do not support medical necessity.</li> </ul>

# Operational Cutover Planning

Business Process	Cut-Over Need Description	Considerations
<b>Authorization Procurement</b>	Services (e.g., procedures) ordered in September for services in October need an authorization secured using an ICD-10 code.	<ul style="list-style-type: none"> <li>• Identify all payers that require a diagnosis code to obtain an authorization;</li> <li>• Develop process for assigning ICD-10 codes to existing orders;</li> <li>• Define tools needed by end users to enable them to translate verbiage to an ICD-10 code;</li> <li>• Define the process for resolving orders that do not support authorization procurement.</li> </ul>
<b>Billing Edit Resolution Support and Late Charge Management</b>	Anticipate an increase of billing edits, primarily related to Medical Necessity and correct coding.	<ul style="list-style-type: none"> <li>• Establish a defined Command Center support structure. This may need to include:               <ul style="list-style-type: none"> <li>▪ Patient Billing and coding resources</li> <li>▪ Financial Applications resources</li> <li>▪ Claim Vendor/Administrator resources</li> </ul> </li> </ul>
<b>Information Technology (IT) Support</b>	Anticipate that issues may be identified within your current IT applications. This may include interface communications between systems. A support structure should be developed to rapidly address any technical issues that arise.	<ul style="list-style-type: none"> <li>• Establish a defined Command Center process with access to technical application resources;</li> <li>• Establish an issues management process; and</li> <li>• Define the process for communicating issues.</li> </ul>
<b>Reporting</b>	Validate and test internal and external reporting requirements for ICD-10 code reporting.	<ul style="list-style-type: none"> <li>• Coordinate report testing procedures with end users, IT, and external vendors; and</li> <li>• Establish post-go-live report quality assurance procedures to confirm data accuracy.</li> </ul>

# Payer ICD-10 Authorizations and Referrals Requirements

#	Payer	When to use ICD-9 codes on pre-authorizations and referrals	When to use ICD-10 codes on pre-authorizations and referrals	What date will payer begin accepting ICD-10 codes for pre-authorizations or referrals
1	Aetna	On all authorizations and referrals submitted prior to 10/1/2015, (including for services scheduled on or after 10/1/2015)	On all authorization and referrals submitted on or after 10/1/15	10/1/2015
2	HIP			10/1/2015
3	Oxford			10/1/2015
4	United Healthcare			10/1/2015
5	Affinity	On all auths and referrals with requested beginning date of service or admission 9/30/15 or earlier	On all auths and referrals with requested beginning date of service or admission 10/1/15 or later	9/1/2015
6	Cigna			8/1/2015
7	Empire Blue Cross			7/1/2015
8	Fidelis Care			9/1/2015
9	healthfirst			9/1/2015
10	HealthPlus Amerigroup			6/1/2015
11	Magnacare			9/7/2015
12	POMCO			N/A
13	VNSNY Choice		8/1/2015	

**Important Note:**

Most payers indicate that previously obtained authorizations using ICD-9 codes for services or certifications that span the 10/1/15 transition date will *NOT* need to be updated.