

**AMAZING  
THINGS  
ARE  
HAPPENING  
HERE**

## ICD-10 Revenue Cycle & Operational Readiness

---

3 days to go to October 1<sup>st</sup>, 2015

# Agenda

- New and Updated Operating Guidance
  - Transition period billing scenarios
  - Eagle outpatient dual coding
  - Mediquant
- WIP Reduction Activities
- ICD-10 Support Center
- Reminders
- Appendices
  - Implementation Guidance
    - Financial clearance
    - Code conversion activities
    - Recurring services registration
    - Transition period billing scenarios
  - Updates and Pre-implementation readiness tasks using NYP applications
    - Soarian
    - Eagle
    - OR Manager
    - Allscripts SCM
    - Allscripts SRM
    - Crown & Imagecast

# Implementation guidance: Transition period billing scenarios

- **Patients admitted to an inpatient setting prior to October 1, 2015, discharged after October 1, 2015, and covered under Medicare Part B benefits only.** Per the Centers for Medicare & Medicaid Services' [MLN Matters article number SE1408 revised](#) on June 27, 2015, providers shall be required to split claims spanning the ICD-10 implementation date so that all services provided prior to October 1, 2015 are coded, billed, and submitted using ICD-9 codes and all services provided on or after October 1, 2015 are coded, billed, and submitted using ICD-10 codes. Such instances shall require the Hospital's Health Information Management (HIM) department to supply both ICD-9 and ICD-10 (i.e. – dual coding) codes so as to effectuate timely, accurate, and compliant billing
- **Patients admitted to an inpatient rehabilitation setting prior to October 1, 2015, discharged after October 1, 2015 and covered under New York State Medicaid benefits** (Note: At this time, only Healthfirst has confirmed that it will follow New York State Medicaid guidelines for both its Medicaid and Child Health Plus product lines). Per the New York State Department of Health's [eMedNY frequently asked questions \(FAQ\)](#) updated on June 11, 2015, non-DRG claims excluding inpatient psychiatry need to be split billed. Such instances shall require the Hospital's Health Information Management (HIM) department to supply both ICD-9 and ICD-10 (i.e. – dual coding) codes so as to effectuate timely, accurate, and compliant billing.
- **Patients seen and treated in outpatient settings prior to October 1, 2015, receive services ordered as a result of that outpatient encounter after October 1, 2015, and covered under Medicare part B benefits.** Per the Centers for Medicare & Medicaid Services' [MLN Matters article number SE1408 revised](#) on June 27, 2015, providers shall be required to split claims spanning the ICD-10 implementation date so that all services provided prior to October 1, 2015 are coded, billed, and submitted using ICD-9 codes and all services provided on or after October 1, 2015 are coded, billed, and submitted using ICD-10 codes. Such instances, generally defined as outpatient encounters having 'from-through dates' spanning more than one day shall require the Hospital's Health Information Management (HIM) department or other coding entity or source to supply both ICD-9 and ICD-10 (i.e. – dual coding) codes so as to effectuate timely, accurate, and compliant billing.

# Implementation guidance: Transition period billing scenarios

- ***Patients seen and treated in outpatient settings prior to October 1, 2015, receive services ordered as a result of that outpatient encounter after October 1, 2015, and covered by New York State Medicaid benefits or a Medicaid managed care plan providing such benefits.*** Per the New York State Department of Health's [eMedNY frequently asked questions \(FAQ\)](#) updated on April 15, 2014, Clinic APG Episode of Care with multiple dates of service where the through date is on or after October 1, 2015 must be coded as ICD-10 for all dates of service. Per separately defined continuation of service guidelines, such instances are likely to manifest themselves as a result of ancillary services ordered as a result of the pre-October 1, 2015 outpatient encounter being provided on or after October 1, 2015. The timing of such activity typically results in the submission of adjustment claims to account for changes in the originally submitted and paid **claim**. These instances shall require the Hospital's Health Information Management (HIM) department or other coding entity or source to supply both ICD-9 and ICD-10 (i.e. – dual coding) codes so as to effectuate timely, accurate, and compliant billing.
- ***Patients covered by one entity (i.e. - insurance carrier) required and/or capable of receiving ICD-10 diagnosis and procedure codes and an additional entity not required and/or capable of receiving ICD-10 codes.*** There are no known entities at this time that have indicated an inability or declination to receive, accept, and process ICD-10 diagnosis and procedure codes. This space is reserved for future guidance as such entities are identified.

# Technology Updates: Mediquest Medical Necessity Screening

1. When screening for medical necessity under ICD-10 and prior to the calendar date of October 1, 2015, make sure to adjust the date of service to the actual date of service (if known) or to a date of service after October 1, 2015 to get an accurate screening result

The screenshot displays the FirstComply Order Entry interface. The top menu bar includes File, Edit, View, Favorites, Tools, and Help. The main window title is "FirstComply: Order Entry".

Key fields and sections include:

- Facility:** New York Presbyterian East
- Physician:** [Empty]
- Payor:** NY Part A
- Location:** [Empty]
- Created By/On:** CHRISTOPHER EDWARDS 9/28/2015 08:59
- Authorized:** [Empty]
- Patient:** [Empty]
- SSN:** [Empty]
- MRN:** [Empty]
- Alert:** [Empty]
- Order Status:** Entry
- Bill Status:** [Empty]
- Proc:** [Empty]
- Diag:** [Empty]
- Acct No:** [Empty]
- Srv Date:** 10/5/2015

Order Details:

- Order: 001284
- Code: SKIN SUB GRAFT TRNK/ARML/LEG
- CPT Code: 15271
- Charge: \$296.35
- Result: Passed
- More Info: This procedure is supported by 454.0
- Service Date: 10/5/2015
- Date: [Empty]
- Department: [Empty]
- Account No: [Empty]

ICD Table:

ICD	Description	ABN
454.0	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER	No

Buttons at the bottom: APC Report, Exam Order, Prep Instruct, Dx Clarify, ABN, Rules Report, Add Note, Fall Freq, Authorize, Clear All, Close, Return.

# Technology Updates: Mediquant Medical Necessity Screening

1. Default setting for code selection is ICD-9. Change to ICD-10 to avoid error messages.

The screenshot displays the FirstComply Order Entry interface. A 'Diagnosis Search -- Webpage Dialog' is open, showing search criteria for 'h40'. The 'Codeset' section is set to 'ICD-10', indicated by a red circle with the number '1'. A message box in the center of the dialog states: 'No records were found matching that criteria.' The background shows the 'Order Entry' form with fields for Facility, Physician, Payor, Location, and Created By/On Authorized.

# 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.

# 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) <sup>1</sup>

		(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	cases: 227 Balance: \$112,645
	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	cases: 2586 Balance: \$41,665,131
	Total \$ balance	\$67,897,481	\$32,324,296	\$13,581,543	\$15,641,552	\$6,613,776	\$4,241,254	\$140,299,901	
As of 9.21.2015	Total # cases	1,250	4,768	3,225	5,371	2,238	786	17,638	cases: 68 Balance: \$10,891,680
	Total \$ balance	\$30,880,644	\$27,464,739	\$14,637,190	\$14,282,374	\$6,650,428	\$4,719,396	\$98,634,770	
As of 9.26.2015	Total # cases	1,734	4,289	3,314	5,452	2,148	769	17,706	
	Total \$ balance	\$34,427,774	\$15,320,906	\$11,711,851	\$16,512,169	\$5,947,092	\$3,823,298	\$87,743,090	

Under 30 days	
Total # cases	6,023
Total \$ balance	\$49,748,680

30 days and over	
Total # cases	11,683
Total \$ balance	\$37,994,410

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



## WIP Clean Up – Julio's team

Week worked	Accounts Closed		Accounts Fixed	
	Accts	Acct Balance	Accts	Acct Balance
8/10	794	\$ 197,733.27		
8/17	293	\$ 278,187.01		
8/17	518	\$ 693,431.23		
8/24	717	\$ 810,632.24		
9/7	1013	\$ 525,444.04	193	\$ 745,361.85
9/14	108	\$ 64,918.36	1599	\$ 1,265,991.34
9/21	123	\$ 85,059.82	101	\$ 959,344.50
	<b>3566</b>	<b>\$ 2,655,405.97</b>	<b>1893</b>	<b>\$ 2,970,697.69</b>

# ICD-10 Support Center

## THE ICD-10 SUPPORT CENTER IS OPEN!

- 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.
- Latest Updates
  - Support Center Staff will have remote access to view users' computer screens
  - Daily Transition Updates begin Thursday, October 1, 2015 at 5 PM (details via separate e-mail blast)
  - Implementation rounding schedule beginning Thursday, October 1 between 9 AM and 2 PM.
  - Documentation added to ICD-10 AnTENna
    - DSM-V Coding Update
    - DSM User Guide
    - ICDx User Guide
    - Implementation guidance for transition period billing scenarios
    - Readiness session presentations

### Telephone Hotline

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

### Email

[icd-10help@nyp.org](mailto:icd-10help@nyp.org)

### Website

[ICD-10 AnTENna](#)

# 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 -Navigating ICD-10 AnTENna -Guidance Document Review -CMS resources (Road-to-ICD10)	23	24 Training -Reporting -Reconciliations -Forms/Reports to be converted -Daily Updates/ Org Wide	25	26
	27	28 <b>SUPPORT CENTER GO LIVE</b> 9AM-5PM <b>WE ARE HERE</b>	29 Support Center Hours 9AM-5PM	30 Support Center Hours 9AM-5PM	1 <b>ICD-10 GO LIVE</b> 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 <b>IP CLAIMS DROP</b> 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 <b>OP CLAIMS DROP</b> 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 <b>RECURRING SERVICES (SEPT D.O.S) CLAIMS DROP</b> 8AM-4PM

# 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

The image displays two screenshots of the ICD-10 AnTENna website. The left screenshot shows the homepage with a navigation bar, a header image of healthcare workers, and a main article titled "ICD-10 Project releases operating guidance for transition period code conversion activities". The right screenshot shows the "Support Center" page with a navigation bar, a header image, and a list of links including "Calendar of Support Center Operating Hours", "Implementation Guidance", "Technology Aids", "Provider Reference", "Organizational Updates", and "Implementation Issues". Both pages feature a "COUNTDOWN TO ICD-10" widget.

# Remember...

- ICD-10 is date of service/date of discharge sensitive.
- DO NOT enter decimal points when entering ICD-10 codes in Eagle
- ICD-10 diagnosis codes are 3 – 7 characters, alpha-numeric, and ALWAYS begin with a letter
- Remind providers of the documentation assistance tools available to them in SCM (ICDx), EPIC (Diagnosis Calculator), and Crown (???)
- 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, “ICD-10: A New Language for Healthcare” on their transcripts in the NYP Learning Center.
- E-mail inquiries to [ICD-10Help@nyp.org](mailto:ICD-10Help@nyp.org).

# Appendices

- Industry & Payer readiness
  - Medicare readiness & billing guidance
  - Medicaid readiness & billing guidance
- Contracted payer authorization requirements
- Implementation Guidance
  - Financial Clearance
  - Code Conversion
  - Recurring services registration
  - Transition period billing scenarios
- 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) - Updated

# 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
<b>Inpatient</b>	Scheduled (Elective )	ICD-10 diagnosis code	For Admissions between <b>September 23, 2015 and September 30, 2015</b> departments are expected to secure <b>both</b> an ICD-9 and ICD-10 diagnosis codes.
<b>Inpatient</b>	Unscheduled (Emergent )	ICD-10 diagnosis code	For Admissions between <b>September 23, 2015 and September 30, 2015</b> departments are expected to secure <b>both</b> an ICD-9 and ICD-10 diagnosis codes.
<b>Ambulatory Surgery</b>	Scheduled (Elective )	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on <b>September 30, 2015</b> departments are expected to secure <b>both</b> an ICD-9 and ICD-10 diagnosis codes.
<b>Ambulatory Surgery</b>	Unscheduled (Emergent )	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on <b>September 30, 2015</b> departments are expected to secure <b>both</b> an ICD-9 and ICD-10 diagnosis codes.
<b>Hospital Based Clinics</b>	Schedule (Elective )	As applicable, ICD-10 diagnosis code	Clinic Visits Prior to <b>October 1st</b> will require ICD9 coding. (Diagnosis codes will be assigned at the time service)
<b>Therapeutic Referred Ambulatory (e.g. – Physical/occupational therapy, chemotherapy, behavioral health, etc)</b>	Scheduled (Elective )	ICD-10 diagnosis code	Appointments which have been scheduled prior to <b>October 1, 2015</b> and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
<b>Diagnostic Referred Ambulatory aka DRA (e.g. – laboratory, radiology, etc)</b>	Scheduled (Elective )	ICD-10 diagnosis code	Appointments which have been scheduled prior to <b>October 1, 2015</b> and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
<b>Emergency Services</b>	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: Recurring service registration

*Note: This is an abbreviated version of the full implementation guidance previously distributed and available on the ICD-10 AnTENna website.*

## **Adding New Eagle Visit Records to an existing registration**

- Requires Eagle recurring visit maintenance (RLM) or some equivalent menu access for staff
- Requires a valid and appropriate ICD-10 diagnosis code to be assigned to the first visit record on or after October 1, 2015
- May convert existing ICD-9 diagnosis code(s) to a clinically equivalent ICD-10 code for an existing patient being seen in October for the same condition under the current plan of care

**OR**

## **Create a New Recurring Registration**

- It is recommended that site(s) voluntarily terminate the existing registration with a date of 9/30/15.
- New registration and subsequent visits requires a valid and appropriate ICD-10 diagnosis code(s)
- May convert existing ICD-9 diagnosis code(s) to a clinically equivalent ICD-10 code for an existing patient being seen in October for the same condition under the current plan of care
- Previously booked and pre-registered visits may require re-association to new registration identifier in applicable scheduling and/or registration system.
- Previously written orders and plans of care may require reassignment to new registration identifiers and/or conversion of ICD-9 diagnosis codes

# 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.

# 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:

dehydration

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](mailto:dab7001@NYP.org).

**NYP Terminology Services**

**Translate**

From:

78650

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](mailto:dab7001@NYP.org).

# 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 Patient Portal interface. At the top, it shows the patient's name 'PATIENTPORTAL, DAD' and other details. The main area is a 'Book View' calendar for August 2015. A 'Save Appointment -- Webpage Dialog' is open, showing appointment details for 'PATIENTPORTAL, DAD' on 08/18/2015 at 10:30 AM. Below this, there is a table for selecting appointments for visit association.

Visit Date	PIC	Age	Type	Adm Doctor	Visit #	FIC	Service	Entity	Clinic Code
05/14/2014	O	5			41341140	J		NYPWC	AGE219
04/24/2014	I	1			101064738	J	MED	NYPWC	
04/17/2014	O	5			413411328	J		NYPWC	AGE219
04/15/2014	O	5			413411442	J		NYPWC	AGE920
04/09/2014	O	5			413411328	J		NYPWC	AGE219
03/28/2014	O	5			413411441	J		NYPWC	AGE219
09/16/2013	I	1			101036233	B	MED	NYPWC	
09/11/2013	I	1			101035542	J	MED	NYPWC	
08/30/2013	I	1			101034131	J	MED	NYPWC	
08/28/2013	I	1			101033842	J	MED	NYPWC	
03/11/2013	O	5			411769775	J		NYPWC	AGE#11

# ICD-10 Updates for Soarian Scheduling

Diagnosis Codes are entered into this field. To use the lookup function, or to enter ICD-10 codes prior to October 1st, use the <- search button.

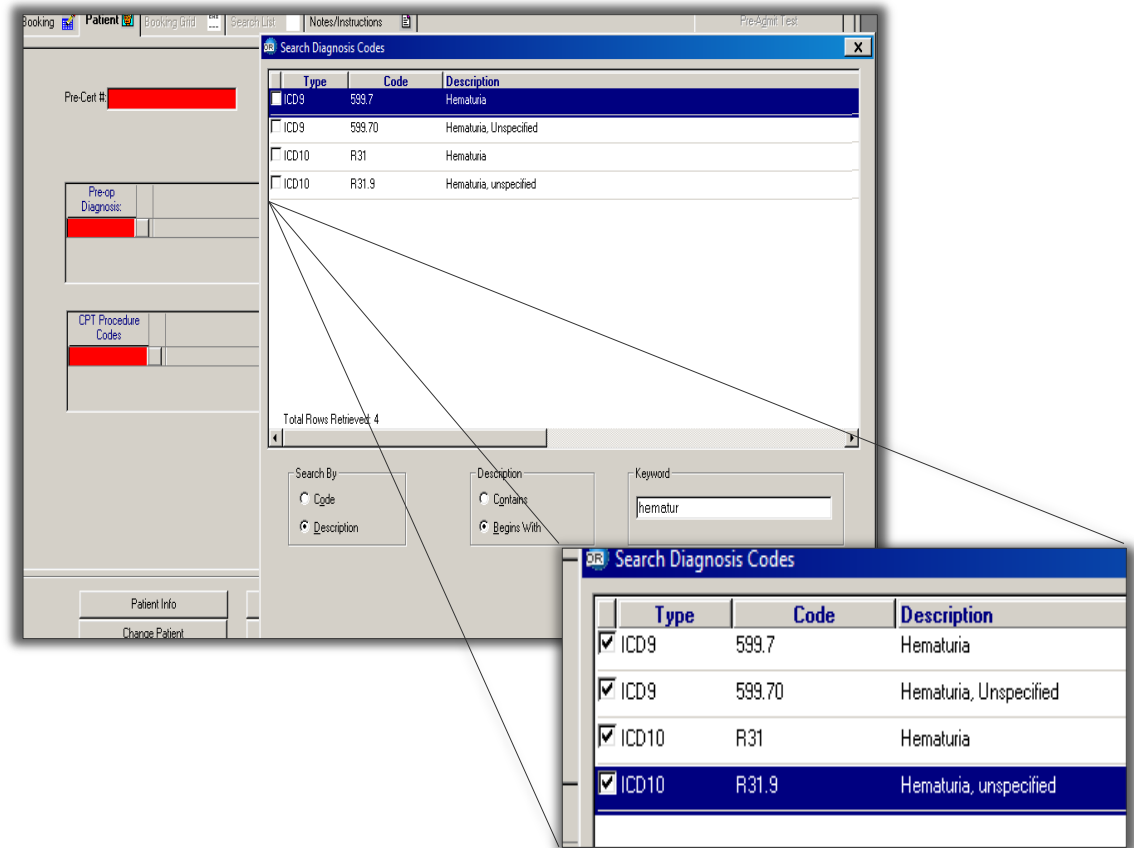
Use the ICD Revision dropdown to choose the desired ICD version. Prior to October 1st, this field will default to ICD-9. After October 1st, this field will default to ICD-10.

Use the code or description to find and select the code(s) needed. Then click the OK button.

ICD Code	Description	ICD9
I10.211	Absent aortic-type bypass or other aortic w/ valve pain, high leg	10
I70.229	Absent aortic-type bypass of the extrem w/ rest pain, unsp extrem	10
G50.1	Atypical facial pain	10
G69.0	Central pain syndrome	10
R07.1	Chest pain on breathing	10
R07.9	Chest pain, unspecified	10
G89.21	Chronic pain due to trauma	10
G89.4	Chronic pain syndrome	10
G89.22	Chronic post-thoracotomy pain	10

# 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

**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      MARTL: M  
MOTHER: UNKNOW      SS#:      MCAID#: AZ99999Y      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:  
PRM F/C: T08      SEC F/C: SLF  
ADMTSRC: AAN AISHEL AVRAHAM RESIDENTIA  
ADMTYPE: 33 ELECTIVE  
SERV: ACMD:      RMILOC: AG  
P-R-D: SUP-SVC:

EXPECTED -      SERIAL#: 500015531  
ADMDT: 03/03/15 TUE MAR 3 2015  
TIME: 11:33A

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-MNNN

NOTES1:  
NOTES2:  
SUFFIX :      ADV DIR:

Patient Name <HOM SUSSANMASUSIQQ> replaced by PMF field

&ADVANCE      &ALLMSG      &END      &NEW      &COPY      &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  
Notes 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
Tele#	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

**Diagnosis / Procedure**

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

**ROOM / SERVICE**

Nursing Station: [ ] Room: [ ] Bed: [ ] Location: [ ] Hospital Service Class: [ ] Accommodation Type: [ ] Supplementary Services: [ ]

**User Defined**

Ebola As: No Selection

Appar: [ ] Type: No Selection

Weight: [ ]

Adv Dir: No Selection

Pri: No Selection

Mnlerr: No Selection

Nhs: No Selection

**Prior Stay**

Prior Hospital: [ ]

Prior Admitting Date: [ ]

Prior Discharge Date: [ ]

Options: Collapse all sections, Expand all sections, 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: PRI:

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 #	212-585-6437	Address	334 E 38th St	Birth Date	10/23/1930		
Fn Class	SLF SLF	Location	C 4023 01 W90	Status	IA		

Service

Admission

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

Medical

Admitting Physician  
Code: C00123  
Name: Hom, Susan

Referring Physician  
Code: C00123  
Name: Hom, Susan

Attending Physician  
Code: C00123  
Name: Hom, Susan

Diagnosis

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

Facility-Defined

Ebola As: No Selection  
Apgar: [ ]  
Type: No Selection  
Weight: [ ]  
Adv Dir: \*None (N)  
Prt: No Selection  
Mhrr: No Selection  
Nfs: No Selection  
Gne/Im: No Selection

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

Messages displayed

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

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

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

1: 411.1  Diagnosis - ICD9  
 Intermed Coronary Synd

2:  No Selection

3:  No Selection

4:  No Selection

5:  No Selection

6:  No Selection

7:  No Selection

Visit Type Code

Closure Status: Active (A)

Charge Code

Operating Time

Anesthesia: No Selection

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 24/066
  
```

# 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
<b>Knee pain, bilateral</b>	<b>719.46</b>	<b>M25.561</b>		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

# ICDx

## Current State of Readiness

- In production and oriented to ICD-10 concepts across all notes and both campuses (excl. ambulatory care network)
- Progressive messaging system upon note save and based on use/lack of use.
- Voluntarily activated at any time using F7 key.
- User guide for providers available through ICD-10 Support Center
- Monitoring tools to determine efficacy

## ICDx Widget Overview

The screenshot displays the ICDx Widget Overview interface. At the top, three tabs are visible: "Problem View (current screen)", "Timeline View", and "My Frequent Diagnoses". Below the tabs, the main content area is divided into sections: "Acute Problems", "Chronic Problems", "Prior Problems", and "Family History". Each section contains a list of medical conditions with checkboxes and ICD-10 codes. A red box highlights the "INSERT INTO NOTE" button at the top left. A red box highlights the "Add New Problem" button on the right side of the "Chronic Problems" section. A red box highlights the "Display Filters" section at the bottom, which includes "Display", "Resolved", and "Deleted" options. A red arrow points to the "Display Filters" section with the label "Display Filters". A red arrow points to the "Add New Problem" button with the label "Add New Problem". A red arrow points to the "Preferences" button at the bottom left with the label "ICDx User Preferences". A red line on the left side of the screen is labeled "Diagnosis Categories".

# Core Technology Updates – Sunrise Clinical Manager (SCM)

Item	East Campus	West Campus
ICDx	<ul style="list-style-type: none"> <li>Progressive messaging upon note save and oriented to ICD-10 concepts in production at both campuses</li> </ul>	
Electronic Superbill	<ul style="list-style-type: none"> <li>Diagnosis codes are not posted into Eagle.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Decimal point issue resolved.</li> <li>Dual coding interface to be put into production this week.</li> </ul>
MLM & Order sets	<ul style="list-style-type: none"> <li>Diagnosis requirement for Radiology and EKG</li> <li>All ICD-9 based MLM criteria converted and in production</li> </ul>	

*Note: Items highlighted in bold red are updates from previous readiness sessions.*