The Presentation Will Begin at 2 p.m. CST

Evident

ICD-10 Readiness – Interoperability: Are You Prepared for the Transition?

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ICD-10 Readiness: Interoperability - Required Preparations for Transitioning Your Interfaces



CMS Mandated Transition to ICD-10

CMS has confirmed October 1, 2015 as the final date for the mandated transition to ICD-10



ICD-10 Historical Timeline



CMS and AMA Announce Efforts to Help Providers Get Ready for ICD-10



"Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10 code will be required on all claims starting on October 1, 2015."

- cms.gov

State Readiness List for Non-Covered Entities

WEDI ICD-10 Workers' Compensation State Readiness List as of 3/3/15							
States	Adopting ICD-10	Not Adopting ICD-10	Status Unknown	States	Adopting ICD-10	Not Adopting ICD-10	Status Unknowi
Alabama			X	Montana			X
Alaska			×	Nebraska			X
Arizona			×	Nevada			×
Arkansas			×	New Hampshire			x
California	×			New Jersey			×
Colorado	×			New Mexico	×		
Connecticut			×	New York	×		
Delaware			×	North Carolina	×		
Florida	×			North Dakota			X
Georgia	×			Ohio	×		
Hawaii			×	Oklahoma			X
Idaho	×			Oregon	×		
Illinois	×			Pennsylvania			X
Indiana			×	Rhode Island			X
Iowa			×	South Carolina			X
Kansas			×	South Dakota	×		
Kentucky			×	Tennessee	×		
Louisiana	×			Texas	×		
Maine	×			Utah			×
Maryland	×			Vermont			×
Massachusetts			×	Virginia			×
Michigan	×			Washington	×		
Minnesota	X			West Virginia			×
Mississippi	1		×	Wisconsin			×
					_		

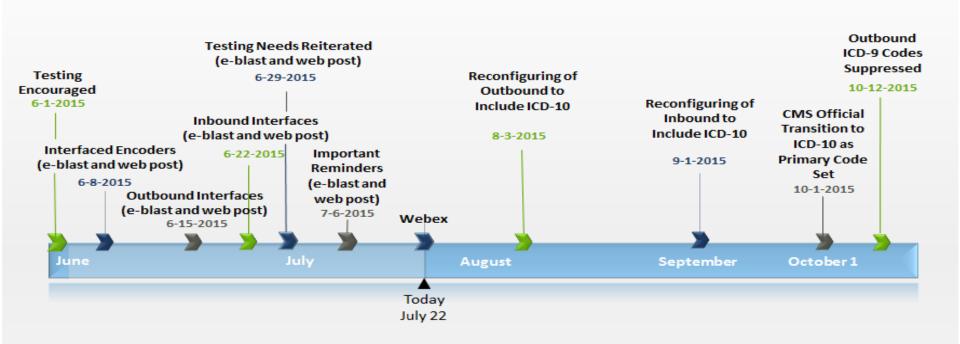
Missouri

Wyoming

Topics to Be Covered

- Evident prerequisites for ICD-10
- Review of preliminary testing
- Timeline for modifications
- Best practices

ICD-10 Interface Timeline



Resources Available: User Area - www.evident.com

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Facility Poll

Is your facility actively using the New Grouper to double-code accounts in both ICD-9 and ICD-10?

Yes

□No



Please submit your response here



Categories for Prerequisites

- Thrive EHR
- Encoder Interfaces
- Outbound Interfaces
- Inbound Interfaces

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Thrive EHR Prerequisites

- New Grouper
 (User Login enabled with appropriate Rule Based Security)
- Clinical Vocabulary
- Thrive Version 1919.19 (for latest development)

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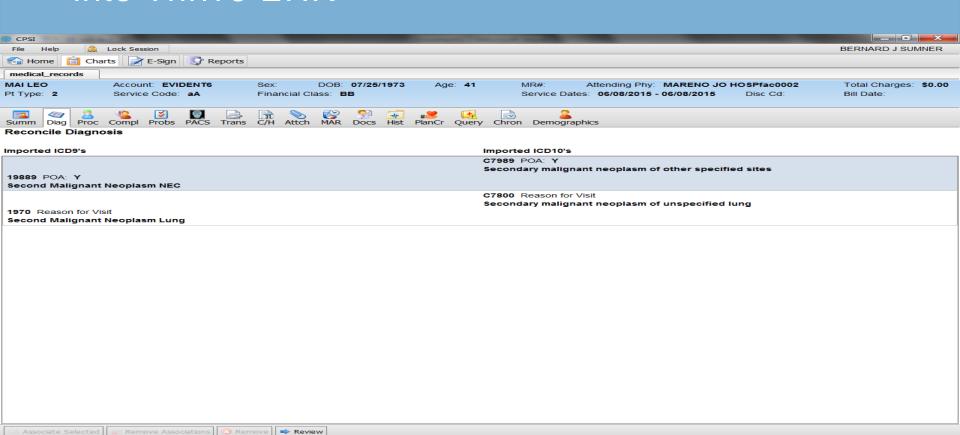
Encoder Interface Prerequisites

- New Grouper
 (User Login enabled using appropriate Rule Based Security)
- Thrive Version 1919.19 (for latest development)
- May require additional settings specific to your vendor to enable ICD-10 code set
- Double-coding (both ICD-9 and ICD-10)

Benefits to Double-Coding

- Allows coders to become familiar with the ICD-10 code set while still coding in ICD-9 for claim submission.
- Review of physician documentation to ensure necessary information available to meet ICD-10 specificity.
- Allows for DRG and reimbursement comparison between ICD-9 and ICD-10.

Reconciliation Required to Import Double-Codes into Thrive EHR

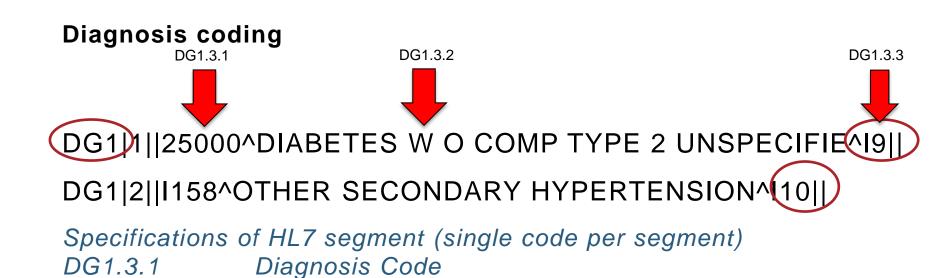


Outbound HL7 Interface Prerequisites

- New Grouper
 (User Login enabled with appropriate Rule Based Security)
- Thrive Version 1918.54
 (1919.19 for latest functionality and enhancements)
- Vendor readiness
- Reconfiguration of interface to include ICD-10

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Example Outbound HL7 Diagnosis (DG1)



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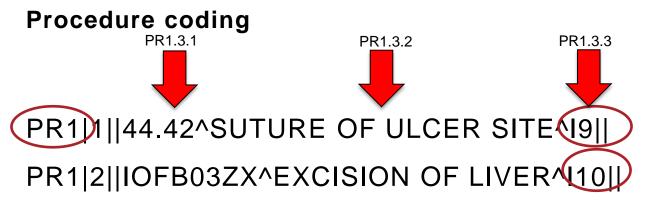
Description

Code Set Indicator

DG1.3.2

DG1.3.3

Example Outbound HL7 Procedure (PR1)



Specifications of HL7 segment (single code per segment)

PR1.3.1 Procedure Code

PR1.3.2 Description

PR1.3.3 Code Set Indicator

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Important Dates for Outbound Interfaces

- August 3, 2015 Evident will begin reconfiguration for sites that have not contacted us.
- At that time, outbound messages will include both ICD-9 and ICD-10.
- October 12, 2015 Outbound ICD-9 will be suppressed.

Inbound HL7 Interface Prerequisites

- Reconfiguration of interface to include ICD-10
- Thrive Version 1919.19
- New Grouper
 (User Login enabled with appropriate Rule Based Security)
- Vendor readiness and configuration

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Example Inbound HL7 Diagnosis (DG1)

Single Diagnosis Code

DG1|1||IOFB03ZX^EXCISION OF LIVER^I10||

Multiple Diagnosis Codes (single code per segment)

DG1]>||IOFB03ZX^EXCISION OF LIVER^I10||

DG1|3||IC9101^ACUTE LEUKEMIA^I10||

DG1|3||S9030XA|^CONTUSION OF UNSPEC FOOT^I10||

Inbound HL7 Interface – Important Notes

- Double-coding (both ICD-9 and ICD-10) for a single interface message is not supported.
- Each diagnosis or procedure code must be in it's own segment.
- Reconfiguration is required.

Review of Preliminary Interface Testing

- Testing proven to be successful.
- While some vendors are ready, others are not.
- Configuration for DG1/PR1 segments can be removed if vendor not using.

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Recommended Best Practices

- Double-coding an appropriate number of accounts each day using the New Grouper.
- Clinical Documentation should include key coding concepts.
- Take into consideration non-compliant payers.
- Validation of all interfaces.
- Communicate and Train!

Results from Poll

Is your facility actively using the New Grouper for

coding?





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Questions and Answers

Please submit your questions using the Q&A window on the right-side of your Webex session.



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Thank you

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