

Evident is dedicated to making your transition to ICD-10 as seamless as possible. In an effort to assist our customers with implementing the software necessary to obtain ICD-10 compliance, Evident has created the following general guidelines.

Below is a list of items that are categorized by discipline. Each facility will need to complete these items in order to ensure ICD-10 compliance.

Information Technology

- To ensure a smooth transition to the ICD-10 code set, all coders should now be double-coding multiple patient accounts every day (coding in both ICD-9 and ICD-10). In order to double-code patient accounts, appropriate security access must be granted to all coders (hospital, clinic, home health, etc.). Information regarding security controls can be found below.
- Evident recently created two new behavior controls that will add more flexibility when assigning access to the Grouper. These behavior controls are **Edit HIM Diagnosis and Procedure Information** and **Edit Non-HIM Diagnosis and Procedure Information**. With the addition of these behavior controls, view-only access may now be given to the Grouper.
- These new behavior controls will be available on update 1919.21. After this update is loaded, all new and existing Coding behavior controls will be available under the Converted Rules section on the Ctrl (Control) screen. In addition, the new behavior controls will be added to existing logins based on the information below.
 - Logins that currently have the behavior control **Code by HIM** or **Code by TruBridge** set to **Allow** will be given the behavior control **Edit HIM Diagnosis and Procedure** set to **Allow**.
 - Logins that currently have the behavior control **Code by Insurance** or **Code by Lab** set to **Allow** will be given the behavior control **Edit non-HIM Diagnosis and Procedure** set to **Allow**.
 - The Health Information Management role will be given a default rule for the behavior control **Edit HIM Diagnosis and Procedure** set to **Allow**.
- Multiple combinations of the Coding behavior controls may be used to limit or grant access to the Grouper. Listed below are the combinations of behavior controls that may be used to assign access to the Grouper for both medical records staff and insurance billers. The path to access these behavior controls is: **Special Functions > Identity Management > Logins > select a Login > Ctrl > Converted Rules**.
 - Users who require view-only access to the Medical Records Grouper should be given the following behavior controls:
 - **Code by HIM** set to **Allow**
 - No rule for **Edit HIM Diagnosis and Procedure Information** OR **Edit HIM Diagnosis and Procedure Information** set to **Deny**
 - Coders who require access to view and edit the Medical Records Grouper should be given the following behavior controls:
 - **Code by HIM** set to **Allow**
 - **Edit HIM Diagnosis and Procedure Information** set to **Allow**
 - Coders who require access to view and edit the Medical Records Grouper AND access to view the Insurance Grouper should be given the following behavior controls:
 - **Code by HIM** set to **Allow**
 - **Code by Insurance** set to **Allow**
 - **Edit HIM Diagnosis and Procedure Information** set to **Allow**

- Coders who require access to view and edit the Medical Records Grouper AND access to view and edit the Insurance Grouper should be given the following behavior controls:
 - **Code by HIM** set to **Allow**
 - **Code by Insurance** set to **Allow**
 - **Edit HIM Diagnosis and Procedure Information** set to **Allow**
 - **Edit Non-HIM Diagnosis and Procedure Information** set to **Allow**
- Insurance Billers who require view-only access to the Insurance Grouper should be given the following behavior controls:
 - **Code by Insurance** set to **Allow**
 - No rule for **Edit Non-HIM Diagnosis and Procedure Information** -or- **Edit Non-HIM Diagnosis and Procedure Information** set to **Deny**
- Insurance Billers who require access to view and edit the Insurance Grouper should be given the following behavior controls:
 - **Code by Insurance** set to **Allow**
 - **Edit Non-HIM Diagnosis and Procedure Information** set to **Allow**
- Insurance Billers who require access to view and edit the Insurance Grouper AND access to view the Medical Records Grouper should be given the following behavior controls:
 - **Code by Insurance** set to **Allow**
 - **Code by HIM** set to **Allow**
 - **Edit Non-HIM Diagnosis and Procedure Information** set to **Allow**
- If a user's login is not assigned to the Health Information Management (HIM) role, his/her login must also be given access to the Applications listed below. The path to access the Application rules for a login is: **Special Functions > Identity Management > Logins > select a Login > App.**
 - **Coding** set to **Allow**
 - **Health Information Management** set to **Allow**
 - **Table Maintenance** set to **Allow**
 - *NOTE: Access to the Table Maintenance application will only need to be granted if a user needs the ability to edit the Medical Records or Insurance Grouper.*
- Clinical Vocabulary is required for ICD-10 compliance. All facilities that have achieved or are attempting to achieve Meaningful Use have already installed Clinical Vocabulary. IT staff is encouraged to ensure that their facility has installed Clinical Vocabulary. If it has not been purchased, the facility should contact its Evident Sales Account Manager.
- IT staff should ensure that all hospital, physician clinic and home health employees are prepared for the transition to ICD-10.
- Ensure that facility is current on software updates.
- Routinely monitor the "ICD-10 Information" page within the User Area at evident.com.

Health Information Management

- In order to ensure a smooth transition to ICD-10, HIM coders should already be using the updated Grouper screen and double-coding patient accounts. Failure to test or implement the updated Grouper screen prior to the compliance date may have a significant impact on coder productivity.

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- HIM coders who have not begun to use the updated Grouper screen, are encouraged to view the HIM Coding Grouper presentation that is available at evident.com.
 - To double-code patient accounts, the HIM coder should log in with the login that provides access to the updated Grouper screen. If a login does not exist that provides this access, the coder should contact an IT staff member at the facility.
 - Note: When using a login that has the updated Grouper screen activated, coders will be required to code in the updated Grouper. Coding in the “DRG Grouper and Maintenance” screen will not be allowed.
 - The HIM coder should double-code patient accounts using the login that has the updated Grouper screen activated.
 - After the selected accounts have been double-coded, the coder should completely exit the software and log back in using his/her original login. This will allow him/her to resume coding in the DRG Grouper and Maintenance screen. Accounts that were coded in the updated Grouper screen should not be accessed by the old DRG Grouper and Maintenance screen as this will remove the coded data.
- HIM coders should begin coding in ICD-10 all accounts that are discharged on or after Oct. 1, 2015.

Insurance/Electronic Billing

- To ensure insurance submissions are uninterrupted, insurance staff should contact every payer to confirm that they will accept ICD-10 codes beginning Oct. 1, 2015. If a payer does not plan to accept ICD-10 codes on October 1, 2015, an Evident Insurance Support Representative should be immediately informed.
- When Evident is notified that a payer will continue to accept ICD-9 codes after Oct. 1, 2015, a billing table will be created and distributed that will continue to pull the ICD-9 codes to the hard copy claims and the electronic billing file.
- If Evident is not notified that a payer will continue to accept ICD-9 codes, ICD-10 codes will be pulled to all claims and billing files.
- If possible, recurring and long-term accounts should be double coded prior to Oct. 1, 2015 to include ICD-10 codes. Effective Oct. 1, 2015, all recurring and long-term accounts will need to be reviewed to ensure that ICD-10 codes are present. Accounts that have only been coded in ICD-9 will need to be recoded in ICD-10. It is Evident’s recommendation that this be done as part of the Create Claims by Charge Period process as this will allow for easy identification of long term and recurring accounts that may need to be recoded. When processing claims for October 2015, the Exceptions Report at the end of the Create Claims by Charge Period Report can be given to Health Information Management for review. Prior to running this option, please ensure that the “MR Complete” field on page 1 of the Insurance Company Table is set to a “Y” on all recurring and long-term financial classes and that the Finish Date on the account’s Grouper screen has been updated. For more information, please contact an Evident Insurance Support Representative.

Physician Problem List

- The physician or employee who enters Problems via the Physician Problem List should ensure that they select a problem that contains an ICD-9 code and an ICD-10 code. Accounts that contain a Problem that only has an ICD-9 code will have to be re-coded with a Problem that contains both an ICD-9 and ICD-10 code. After Oct. 1, 2015, the employee or physician can select a Problem that only contains an ICD-10 code.

Medical Practice EHR

- As the implementation of ICD-10 approaches, customers should anticipate changes to the Medical Practice EHR electronic superbill. On the electronic superbill is a section dedicated to storing diagnosis codes that have been loaded in the MP-EHR Menu in Thrive's Business Office Tables. In order to expand the capability of the superbill to accommodate the ICD-10 code set, we will be removing the hardcoded diagnosis section as well as the ability to manually add an ICD-9 code to an "other" box.
- In Medical Practice EHR, it is the best practice to add all diagnosis codes in the Physician Problem List as this is a requirement to meet Meaningful Use. As long as the diagnosis is added to the Problem List and the addressed date matches the date of service, it will pull to the electronic superbill. After the provider reviews and posts the entries, they can be viewed in Transaction Entry.
- The above software change is complete and contained on the 1919.19 Thrive software update. Evident requests that all clinics utilizing the Medical Practice EHR software be informed of this impending programming change.
- In order to code ICD-10 in Medical Practice EHR, coders must have the "Code by HIM" Behavior Control activated. Please refer to the Information Technology section on page one of this document for instructions on how to activate this control. Coding in ICD-10 requires the use of the updated Grouper screen.

NOTE: This change is already incorporated into Thrive Provider EHR and, therefore, does not apply to facilities utilizing that platform.

Clinical Documentation

- In preparation for ICD-10 compliance, Evident recommends that all customers ensure their clinical documentation captures key coding concepts, such as:
 - Laterality – (left versus right)
 - Whether the visit is due to an initial or subsequent encounter for an injury
 - Pregnancy – trimester and weeks of gestation
 - Details about diabetes and related complications
 - Types of fractures (detailed information on fractures)

- With the increased specificity of the ICD-10 code set, the information above is contained in the actual ICD-10 diagnosis codes. If the information is not documented, HIM coders will be required to follow-up with the healthcare provider in order to obtain the information. Capturing the information on the front end will maximize productivity for coders and providers.

Home Health

- Home Health coders should have coding behavior controls activated (refer to section 1, Information Technology).
- The Home Health Control Record will need to be updated from ICD-9 to “Both” in order to double-code accounts. The path to the control is:
 - **Home Health Base Menu > System Control > Business Office Table Maintenance > Home Health Control**
- This change will activate double-coding in the Referral and the Plan of Treatment. The 2nd daily password is required to change the field. Please contact Evident to obtain this password.

Interoperability Considerations for ICD-10 and Interfaces

- **Encoders**
 - For those facilities utilizing a third-party encoder, it is imperative that you begin immediate testing of the ICD-10 code set (double-coding); and validate that the codes are uploading to Thrive EHR as expected.
- **Outbound HL7 Interfaces**
 - Each outbound HL7 interface must be evaluated for potential configuration changes to accommodate reporting of both ICD-9 and ICD-10 codes. It is important that the assigned representative for your facility confirm that third-party vendor(s) who are receiving messages with diagnosis and procedure codes have made modifications on their end and are applying the codes appropriately in their system(s).
 - Unless other accommodations have been discussed with your facility, please note that all outbound interfaces utilizing the Interface Management System (IMS) will be reconfigured to include ICD-10 beginning Aug. 3, 2015.
- **Inbound HL7 Interfaces**
 - Any interface sending diagnosis and/or procedure codes to Evident must be evaluated in order to determine appropriate handling of ICD-9 and ICD-10 codes. Facilities should contact any third-party vendor(s) to ascertain their plans for sending ICD-10 codes.
 - In an effort to assist our facilities and vendors with the configuration necessary for Evident to apply ICD-10 codes received via HL7 messages, a general specification document is available for review and use with validation testing.
 - Unless other accommodations have been discussed with your facility, please note that all inbound interfaces utilizing the Interface Management System (IMS) will be reconfigured to include ICD-10 beginning Sept. 1, 2015.

For further information regarding specifications for interfaces and ICD-10, please log in to the User Area at evident.com and select “ICD-10 Information.”