The Presentation Will Begin at
2 p.m. CST

ICD-10 Readiness – ICD-10 Compliant Medical Necessity

Webinar Recordings – www.evident.com
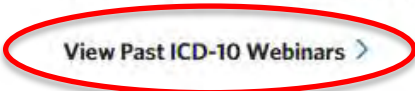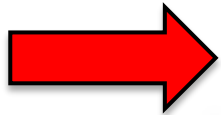
ICD-10 Transition

ICD-10 Compliance Date – 28 Days

- Clinical documentation review

- Double code using updated Grouper

- Communicate to Evident/TruBridge payers that will not accept ICD-10 on Oct. 1

ICD-10 Compliant Medical Necessity

Basis for Medical Necessity

- Social Security Act, section 1862(a)(1)(A)

- Care that is reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care

- Deny payment for unnecessary procedures

ICD-10 Compliant Medical Necessity

Payment Determinations

- National Coverage Determinations (NCDs)
- Local Coverage Determinations (LCDs)
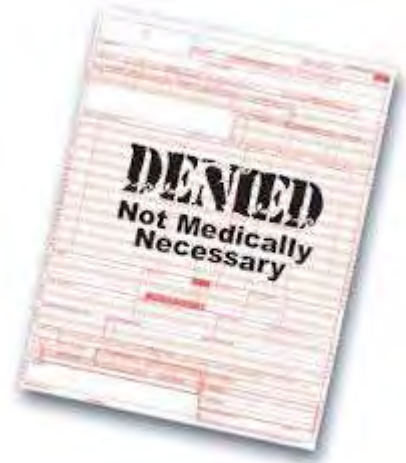
ICD-10 Compliant Medical Necessity

Financial Protections for Healthcare Providers

- Complete documentation

- Correct coding

- Medical Necessity Software

- Signed Advanced Beneficiary Notice (ABN)

ICD-10 Compliant Medical Necessity

Today's topics include:

- Status of Medical Necessity
- Medical Necessity demonstration
  - Security Settings
  - Tables
  - Launch Points
  - Demonstration of software
- Implementation

ICD-10 Compliant Medical Necessity

Status of Updated Medical Necessity

- Updated MN software complete - 1919

  - Prerequisite 1919.34 (security)

  - Contact Evident support

ICD-10 Compliant Medical Necessity

Status of Updated Medical Necessity

- CMS released policies in Spring 2015

- ICD-10 policies and programming to make determinations based on ICD-10 policies is in beta testing

- Future orders and Scheduling in programming

  - Will be released on 1920

Medical Necessity Security

Identity Management

- Rule Based Security

- Contact Evident to activate new software

- Activation will require use of the updated Medical Necessity software

Evident Community Hospital   Signed On Emp: MHH Dept: 001

Special Functions - Main

System Options

| System Management |
| Identity Management |
| Control Table |
| Release Notes |
| Audit Log |
| Exit |

🗄 Sys Mgmt

+

| Logins | Roles | Faclty | System | Filter |

Logins

○ All   ● Enabled   ○ Disabled   Search: | u | | Login ▾ |

Login	Name	Status
u00023	Susan Employee	Enabled
u002525	PRINE BLAKELY L	Enabled
u003059	GLENN CORRY MD	Enabled
u003315	Donna Weaver MD	Enabled
u00350	chuck holberg	Enabled
u003500	chuck doc	Enabled
u003592	ASHLEY MERCER	Enabled
u004407	Tom Gardner	Enabled
u00486	Bauer Jack	Enabled
u005005	Rocco Proulx MD	Enabled
u00998	HOLMES MARY NEIDRICK	Enabled
u019790	MCCRANEY ANGELA MD	Enabled
u02044	GLENN CORRY nurse	Enabled
u02296	JUNKINS ROBERT RpH	Enabled
u02382	JUNKINS ROBERT tech	Enabled
u033105	Wunschel Ceclie MD	Enabled
u03662	KIM FRAZIER	Enabled
u04070	DUMAS GREG RpH	Enabled
u041576	Denise Wilson physician	Enabled
u04466	Heather M Courtney	Enabled

Total: **144**

| ← | 📝 Edit | ⊕ New | 🔍 Show Locked Logins |

🗄 **Sys Mgmt**

u00486 ✕ | +

Login:	**u00486**	Status:	**Enabled**	Last Password Change:	**Jul 16, 2013 UTC/GMT**
Display Name:	**Bauer Jack**	Current Facility:	**CPSI Health System co 2**	Next Password Change:	**Apr 10, 2016 UTC/GMT**
		Current Role:	**Employee Group**		

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Application Control Security

Search: [   ]

Code	Description
EF	E-forms
EW	Enterprise Wide Scheduling
ES	Electronic Signature
HS	Home Screen
HO	Hospital Order
MD	Medication Reconciliation
OE	Order Entry
PO	POC Order Entry
RX	Prescription Writer
PL	Problem List
IF	Interface
CP	CPOE
TM	Table Maintenance
MA	MAR
SC	Security
DO	Documentation
RT	Resulting
	Converted Rules
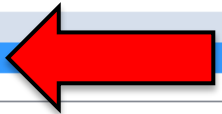
Total: **19**

Sys Mgmt

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Display Name:	**Bauer Jack**	Current Facility:	**CPSI Health System co 2**	Next Password Change:	**Apr 10, 2016 UTC/GMT**
		Current Role:	**Employee Group**		

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter
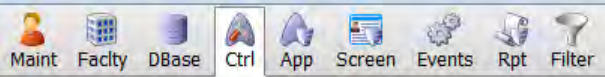
Bauer Jack - Behavior Control Security

Empty List

Total: 0

New   Add Rule   PDF

Sys Mgmt

u00486 ✕ ➕

Maint Faclty DBase Ctrl App Screen Events Rpt Filter

Behavior Control Security

Step 1: Select condition(s)   **Step 2: Select action(s)**

➕ Behavior Control is **Behavior Control**   ➕ Allow

➕ Facility is **Facility**   ➕ Deny

➕ Day is **Day**

➕ Time is > **Time**

➕ Time is < **Time**

Step 3: Edit rule

❌ Behavior Control is **Behavior Control**

⬅ 💾 Save   Delete   Associative   🔧 Just Like

Sys Mgmt

u00486 ✕ +

Login:	u00486	Status:	**Enabled**	Last Password Change:	**Jul 16, 2013 UTC/GMT**
Display Name:	**Bauer Jack**	Current Facility:	**CPSI Health System co 2**	Next Password Change:	**Apr 10, 2016 UTC/GMT**
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Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Behavior Control Security

Step 1: Select condition(s)   **Step 2: Select action(s)**

➕ Behavior Control is **Behavior Control**	➕ Allow
➕ Facility is **Facility**	➕ Deny
➕ Day is **Day**	
➕ Time is > **Time**	
➕ Time is < **Time**	

Step 3: Edit rule

| ❌ Behavior Control is **Behavior Control** |
| ❌   Allow |

⬅   💾 Save   ⬤ Delete   Duplicate   👤 Just Like

Sys Mgmt

u00486 ✕   +

Login:	u00486	Status:	Enabled
Display Name:	Bauer Jack	Current Facility:	CPSI Health System co 2
		Current Role:	Employee Group

Last Password Change: Jul 16, 2013 UTC/GMT
Next Password Change: Apr 10, 2016 UTC/GMT

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Behavior Control Security

Step 1: Select condition(s)

Step 2: Select action(s)

➕ Behavior Control is **Behavior Control**
➕ Facility is **Facility**
➕ Day is **Day**
➕ Time is > **Time**
➕ Time is < **Time**

➕ Allow
➕ Deny

Step 3: Edit rule

❌ Behavior Control is **Behavior Control**
❌   Allow

◀   💾 Save   Delete   Associate   🐾 Just Like

Sys Mgmt

u00486 ✕   +

Login:	u00486		Status:	Enabled		Last Password Change:	Jul 16, 2013 UTC/GMT
Display Name:	Bauer Jack		Current Facility:	CPSI Health System co 2		Next Password Change:	Apr 10, 2016 UTC/GMT
			Current Role:	Employee Group			

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Selected Behavior Controls

Application	Description

◄   ● Add   ✕ Remove

Sys Mgmt

u00486 X   +

Login:	u00486	Status:	Enabled	Last Password Change:	Jul 16, 2013 UTC/GMT
Display Name:	Bauer Jack	Current Facility:	CPSI Health System co 2	Next Password Change:	Apr 10, 2016 UTC/GMT
		Current Role:	Employee Group		

Maint Faclty DBase Ctrl App Screen Events Rpt Filter

Behavior Controls

Search: [   ]

Application	Description
Census	Create New Visit
Census	Admit Patient to Hospital
Census	Discharge Patient From Tracking Board
Census	Edit Medical Record Number
Census	Edit Subtype
Census	Edit Service Code
Census	Edit Discharge Code
Census	Edit Patient Type
Filter Builder	Edit existing filters
Filter Builder	Create new filters
Filter Builder	Modify preferences
Filter Builder	Modify value of a preference (checked, unchecked)
Health Information Resource	Allow Importing Documents
Plan of Care	Add/Edit Plan of Care
Phys Doc	View Unsigned Documents
Charge Entry	Change Charging Department
Charge Entry	Change Charge Entry Department
Medical Necessity	Prompt for Medical Necessity Check

Insert

Sys Mgmt

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Login: u00486   Status: Enabled   Last Password Change: Jul 16, 2013 UTC/GMT
Display Name: Bauer Jack   Current Facility: CPSI Health System co 2   Next Password Change: Apr 10, 2016 UTC/GMT
                                           Current Role: Employee Group

Maint Faclty DBase Ctrl App Screen Events Rpt Filter

Selected Behavior Controls

Application	Description
Medical Necessity	Prompt for Medical Necessity Check

⬅ ➕ Add ✖ Remove

Sys Mgmt

u00486 ✕ +
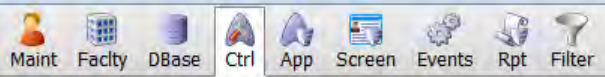
Login: u00486   Status: Enabled   Last Password Change: Jul 16, 2013 UTC/GMT
Display Name: Bauer Jack   Current Facility: CPSI Health System co 2 Next Password Change: Apr 10, 2016 UTC/GMT
                                          Current Role: Employee Group

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Behavior Control Security

Step 1: Select condition(s)   **Step 2: Select action(s)**

⊕ Behavior Control is **Behavior Control**   ⊕ Allow

⊕ Facility is **Facility**   ⊕ Deny

⊕ Day is **Day**

⊕ Time is > **Time**

⊕ Time is < **Time**

Step 3: Edit rule

✖ Behavior Control is **Prompt for Medical Necessity Check (Medical Necessity)**

✖   Allow

◀   💾 Save   Delete   Associative   👍 Just Like

Sys Mgmt

u00486 ✕   +

Login:	u00486	Status:	Enabled	Last Password Change:	Jul 16, 2013 UTC/GMT
Display Name:	Bauer Jack	Current Facility:	CPSI Health System co 2	Next Password Change:	Apr 10, 2016 UTC/GMT
		Current Role:	Employee Group		

Maint   Faclty   DBase   Ctrl   App   Screen   Events   Rpt   Filter

Input Prompt

Enter rule title:

Medical Necessity

✔ OK
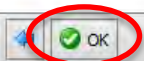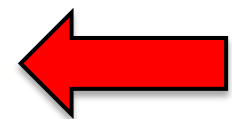
Medical Necessity Control Tables

Table Maintenance

- Hospital Base Menu > Master Selection > Business Office Tables > Table Maintenance > **B.O.**

- No maintenance of Control Tables should be required

Tables

Table Maintenance

Acct   B.O   Patient   Clinical   Control   HIM

Facility: Evident Community Hospital

Business Office

Accountant Category Codes

Charge Summary Codes

Charge Level Table

CPT Flat Fee Table

Receipt Table

Referring Facility

Referring Physician

Collections
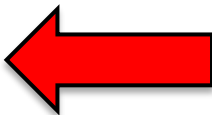
Collect Codes

Collections Table

Collections Settings

Collector Assignment

Patient Friendly Billing

A/R Statement Messages

Contract Billing Codes

Review Codes

Insurance

Clinic Table

Condition Codes

Medical Necessity

Contractor Table

Medical Necessity Settings

Medical Necessity Policies

📝 Tables

Medical Necessity Contractors ✕ | Table Maintenance

Contractors (Intermediaries)

Facility 2 : Evident Community Hospital

Type	Description	
Part-A	National Government Services, Inc.	270
Part-B	National Government Services, Inc.	274
Part-B	Novitas Solutions, Inc.	326
Part-A	Novitas Solutions, Inc.	328

⬅ | ✅ OK

✎ Tables

| Medical Necessity Control ✕ | Table Maintenance |

Medical Necessity Control Table

Facility 2 : Evident Community Hospital

Processing Rules

Ignore Medical Necessity for Contract Accounts: ☑

Grouper Screen Check: ☑

Update Grouper: ☐

Prompt if Supported: ☑

Prompt for Diagnosis on All Outpatients: ☐

ABN Notification: ☑

Update CPSI Database

Select Coverage Type: ◉ Part A ○ Part B

<u>Location of Imported Data</u>

Policies: C:/POLICY-A - Copy.TXT   🔍

CPTs: C:/CPT-A - Copy.TXT   🔍

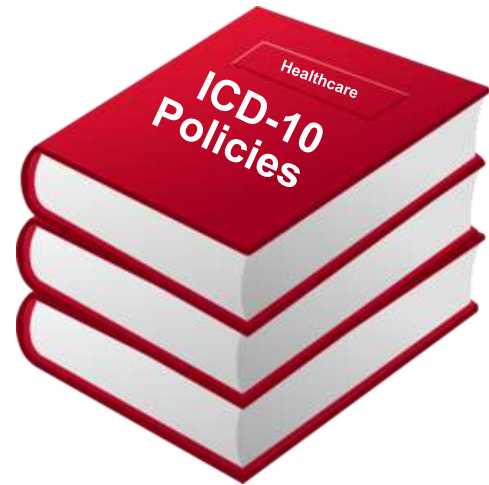Diagnoses: C:/ICD9-A - Copy.TXT   🔍

LCD Import Status:

💾 Save   ⬇ Import

Medical Necessity Policies

Medical Necessity Policies

- ICD-10 Policies must be obtained from TruBridge or another 3rd party vendor

Tables

Table Maintenance

Acct   B.O   Patient   Clinical   Control   HIM

Facility: Evident Community Hospital

Business Office

Accountant Category Codes	**Medical Necessity**
Charge Summary Codes	Contractor Table
Charge Level Table	Medical Necessity Settings
CPT Flat Fee Table	Medical Necessity Policies
Receipt Table	
Referring Facility	
Referring Physician	

Collections

Collect Codes

    Collections Table

    Collections Settings

    Collector Assignment

    Patient Friendly Billing

    A/R Statement Messages

Contract Billing Codes

Review Codes

Insurance

Clinic Table

Condition Codes

Insurance Companies

📝 Tables

Medical Necessity Coverage Determination ✕ | Table Maintenance

Medical Necessity Coverage Determinations

Facility 2 : Evident Community Hospital

Type: ◉ LCD   ○ NCD

ICD-9: ☑   ICD-10: ☑   ○ All Codes ◉ Procedure Code: [   ] 🔍
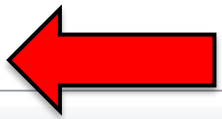
Policy	Code set	Status	Effective	Coverage

Total LCDs:

Total NCDs:

◀ | 🔍 View LCD Documentation | 🔍 View Policy Settings

📝 Tables

Medical Necessity Coverage Determination X | Table Maintenance

Item Procedure List Screen

Search: mammo | Item Description ▾ |

Item	CPT	Item Description
1037	G0206	MAMMO
1012	77051	MAMMO
11111	77052	MAMMO SCREENING
500463	70110	MAMMOGRAM BILATERAL
501463	76091	MAMMOGRAM BILATERAL DIAG
36000001	77052	MAMMOGRAM BILATERAL SCREEN
501465	77052	MAMMOGRAM BILATERAL SCREEN
500465	70110	MAMMOGRAM INITIAL SCREEN
500464	70110	MAMMOGRAM UNILATERAL
501466	76090	MAMMOGRAM UNILATERAL LT
501464	76090	MAMMOGRAM UNILATERAL RT

◀

📝 Tables

| Medical Necessity Coverage Determination ✕ | Table Maintenance |

Medical Necessity Coverage Determinations

Facility 2 : Evident Community Hospital

Type: ⦿ LCD   ◯ NCD
ICD-9: ☑   ICD-10: ☑   ◯ All Codes   ⦿ Procedure Code: [77052 🔍]

Policy	Code set	Status	Effective	Coverage
26890	ICD-9	Active	08/10/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/07/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	10/18/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	10/25/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	01/16/2014	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/01/2014	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/07/2013	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	10/18/2013	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	10/25/2013	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	01/16/2014	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/01/2014	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
35448	ICD-10	Active	10/01/2015	Part B Independent Diagnostic Testing Facility (IDTF)
35448	ICD-10	Active	10/01/2015	Part A Independent Diagnostic Testing Facility (IDTF)

Total LCDs: 13

Total NCDs: 1

◀   🔍 View LCD Documentation   🔍 View Policy Settings

NCD for Medicine: MAMMOGRAPHY SERVICES(220.4)

Codes from CPSI Code Listing that Support Medical Necessity

**Choose a corresponding code from the corresponding group that the CPT code resides in when selecting a code that supports Medical Necessity.

CPT

77052 - COMP SCREEN MAMMOGRAM ADD-ON - Freq limit amt: 1 Unit: year

77057 - MAMMOGRAM SCREENING - Freq limit amt: 1 Unit: year

G0202 - SCREENINGMAMMOGRAPHYDIGITAL - Freq limit amt: 1 Unit: year

Resolution Code 1: ICD-9 Codes Covered by Medicare.

V7611 - SCREEN MAMMO FOR HIGH RISK MALIG NE

V7612 - OTH SCREEN MAMMO FOR MAL NEOPLASM

📝 Tables

Medical Necessity Coverage Determination ✕ | Table Maintenance

Medical Necessity Coverage Determinations

Facility 2 : Evident Community Hospital

Type: ⦿ LCD   ○ NCD
ICD-9: ☑   ICD-10: ☑   ○ All Codes   ⦿ Procedure Code: | 77052 | 🔍

Policy	Code set	Status	Effective	Coverage
26890	ICD-9	Active	08/10/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/07/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	10/18/2013	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
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26890	ICD-9	Active	01/16/2014	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/01/2014	Part A Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
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26890	ICD-9	Active	01/16/2014	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
26890	ICD-9	Active	09/01/2014	Part B Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography
35448	ICD-10	Active	10/01/2015	Part B Independent Diagnostic Testing Facility (IDTF)
35448	ICD-10	Active	10/01/2015	Part A Independent Diagnostic Testing Facility (IDTF)

Total LCDs: 13

Total NCDs: 1

⬅   🔍 View LCD Documentation   🔍 View Policy Settings

📝 Tables

| Table Maintenance | Medical Necessity Policy Exclusion ✕ | Medical Necessity Coverage Determination |

Policy Exclusion

Facility 2 : Evident Community Hospital
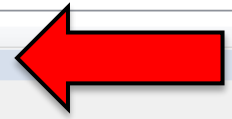
Policy: LCD35448

Policy Exclusions

Exclude Policy: ☑   Effective Date: 08/26/2015 📅

Procedure Exclusions

Procedure: 77052 ▾   Exclude Procedure: ☐

Frequency: 1   Frequency Type: ▾

Procedure	Included/Excluded	Frequency Limit	Frequency Type
77052	Included	1	Year

◀   💾 Save   ⊗ Delete

Medical Necessity Launch Points

Hospital Base Menu

Sign Off	Change Department	Patient List	Print Reports		Phys Phone/Fax

Enter Patient Account #: [   ]

Enable PHI Access

Patient Functions	Clinical Functions	Other Functions
Profile Listing	Miscellaneous Clinical Monitoring	Department Specific
Temporary Account Registration	Order Verification	Master Selection
Call Referral Registration	Incoming Orders and Reports	Charge Tables and Inventory
Appointment Scheduling		Communications
Medical Necessity Lookup		Patient Tracking
Release of Information	Electronic Signature for Images	Registration Edits
History Account Setup		Other Applications and Functions
		Whiteboard Check-In

Accounts Receivable - Registration and ADT

| ER Log | MSP | Patient Data | Note Entry | Images | Forms ▼ | ADT Functions ▼ | Misc Options ▼ | Biometrics |

Name: EVIDENT TEST PATIENT   Account: 36653665   Room:

Misc Options dropdown:
- MR Grouper
- Import from Inbox
- Electronic Forms
- Medical Necessity
- Census Edit
- CAH Log
- Psych Log

Patient | Contact | Guarantor/Ins | Stay | Clinical

Demographic Information

Field	Value
Stay Type:	2 O/P
Sub Type:	
Service Code:	LA BLD WORK
Last Name:	PATIENT
First Name:	EVIDENT
Mid Name:	TEST
Full Name:	EVIDENT TEST PATIENT
Maiden Name:	
Confidential:	N
Country:	US USA
Address1:	6600 WALL STREET
Address2:	
City:	MOBILE
State/Zip:	AL 36695

Field	Value
County:	MOB MOBILE
Phone:	251-555-1212
Cell Phone:	251-555-1313
Email:	patient@noemailaddy.com
Birth Date:	09/23/1970 44 YEARS
Birth Place:	MOBILE AL
SocSec #:	
MedRec #:	6960 New
Sex:	M
Marital:	D
AdvDir:	N
Military:	
Smokeless Tobacco:	
Smoker:	4 Never smoker
Smk StDt:	
Smk EndDt:	

Field	Value
	CATHOLIC
Race:	+ W WHITE
Ethnicity:	C CAUCASION
Language:	eng English
Expired Dt:	
Identifier:	

Employer Information

Field	Value
Employer:	Evident
Address1:	6600 Wall Street
Address2:	
City:	MOBILE
State/Zip:	AL 36695
Phone:	

V-1919-L

EVIDENT TEST PATIENT (36653665)

EVIDENT TEST PATIENT	Account: 36653665	Sex: F	DOB: 09/23/1970	Age: 44	MR#: 6960	Attending Phy: GRIFFIN GARY	Total Charges: $0.00
Pt Type: 2	Service Code: LA	Financial Class: MB			Service Dates: 08/25/2015 -	Disc Cd:	Bill Date:
BMI: 0 kg/m2	BSA: 0.00 m2	Admit Weight: 0 lbs 0.00 kg 0.00 g				

Summ Diag Proc Edits Compl Probs PACS Trans C/H Attch MAR Docs Hist PlanCr Query Chron Demographics MedNec VisHy Alrgy Immz Charges

Patient Summary

Finish Date:

Revised Date:

Admitting Diagnosis:

Principal Diagnosis:

Principal Procedure:

ICD9 Computed DRG:

ICD9 Relative Weight: 0.0000

ICD9 GLOS: 0.0000

ICD9 Reimbursement: 0.00

ICD10 Computed DRG:

ICD10 Relative Weight: 0.0000

ICD10 GLOS: 0.0000

ICD10 Reimbursement: 0.00

Calculation Method:

Receipted DRG:

Edit   Compute   Finish   APCVerify   PDF   Coding Summary

LABORATORY AHIS - Patient Functions

| Patient List | Schedule | Dept Specific | QI | Incoming Orders | Order Number | Spec Collection | Phys Phone/Fax |

EVIDENT TEST PATIENT   36653665   DOB: 9/23/70   Sex: M   Ht: Wt: Rm: MRSA: VRE:

Order Entry
- Laboratory AHIS
- Group Standing
- All Departments
- Transfer Ancil Orders

Result Entry
- Automated Results
- Batch Entry
- Batch File Maintenance
- Remote Account

Change to Account #:

Order Review
- All Orders MENU
- By Date MENU
- Outstanding Orders MENU
- Current Orders MENU

Other
- Report Location:
- Species:
- Reports MENU
- Temp Account Maintenance - N/A
- Label Options
- Charge Information MENU

Clinical Data
- Clinical Information
- Clinical Notes
- Clinical History (None Exists!)
- Patient Education
- Medical Records
- Medical Necessity
- Pharmacy Profile
- All Results
- Results By Test MENU
- Electronic Forms
- Scanned Image
- Transcribed Orders
- Previous Account

🏠 Home ▼   ▷

🏠 Home
📋 **Charts**
📝 E-Sign
📄 Reports
📇 E-Scribe
📅 Scheduling

Filter (71)
(3)
box (71)
RESULTS (28)
📁 TRANSCRIPTIONS (30)
📁 Esign Order (3)
📁 Queries (0)
📁 Other Users (41)
☑ CANDACE'S WORKFLOW

🔄 Address All   🔄 Refresh

## Personal inbox

⚠️ 03/06/2015 14:55 Patient: **SCHNUR DOROTHY**
Medication: **Ambien 10MG Oral Tablet**
Status: **Error**
Physician: **WILSON DENISE**
Facility: **Clinic /f02 Company 02 MPEMR4**

⚠️ 03/09/2015 12:38 Patient: **SCHNUR DOROTHY**
Medication: **Ambien 10MG Oral Tablet**
Status: **Error**
Physician: **WILSON DENISE**
Facility: **Clinic /f02 Company 02 MPEMR4**

⚠️ 03/09/2015 13:18 Patient: **SCHNUR DOROTHY**
Medication: **Ambien 10MG Oral Tablet**
Status: **Error**
Physician: **WILSON DENISE**
Facility: **Clinic /f02 Company 02 MPEMR4**

📄 Incomplete Physdoc Document: **Progress Note** Patient: **CANDACE K. WILSON 03/10/2015 11:00**

📄 Incomplete Physdoc Document: **Admission Note** Patient: **CANDACE K. WILSON 03/10/2015 11:00**

📄 Incomplete Physdoc Document: **History and Physical** Patient: **CANDACE K. WILSON 03/10/2015 11:00**

📄 Incomplete Physdoc Document: **Progress Note** Patient: **CANDACE K. WILSON 03/10/2015 11:01**

📄 Incomplete Physdoc Document: **Sales Note** Patient: **WILSON CANDACE K. 04/07/2015 11:59**

📄 Incomplete Physdoc Document: **Progress Note** Patient: **WILSON CANDACE K. 04/07/2015 11:59**

📄 Incomplete Physdoc Document: **Admission Note** Patient: **WILSON CANDACE K. 04/07/2015 11:59**

📝 Chart Communication: **Message**
Communication From: **Jennifer Rice**   Date/Time: **04/14/2015 10:49**
Patient Name: **YORK JENNIFER RICE**
Subject: **TEST**

Patient: **E0000702 - CPSI**   Admit: **2015-04-22**

Charts ▼   Search by Number ▼

Select Facility: Evident Community Hospital ▼

Patient Number: 36653665   Go
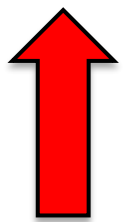
Charts ▼   ⊗ EVIDENT TEST PATIENT (36653665) ⊗ ▼   ⚠ Alerts   ▼   ▷

EVIDENT TEST PATIENT   MR#: 6960 ACCOUNT#: 3665   M   Current Weight: 0 lbs 0.00 kg 0.00 g
AGE: 44   CrCl: N/A Height: 0.00   : 0.00 m2 Admit Weight: 0 lbs 0.00 kg 0.00 g
RM: N/A Diagnosis: Allergies:

Patient Alerts

⚠ Alerts	
🧪 Lab Results	
☑ Problem List	
➕ Vitals	
🧍 Allergies	
🗂 Medication Reconciliation	
🖊 Prescription Entry	
💉 Patient Immunization History	
📄 Patient Education Documents	
🖼 PACS Images	
📋 Order Chronology	
📝 Transcriptions	
📋 Clinical History	
✒ Reports and Attachments	
🧩 Order Entry	
📋 MAR	
📑 Documentation	
✦ Health History	
🩺 Health Information Resource	
👥 Temporary Registration	
🩹 Plan of Care	
💲 Charges	
🖥 Location Maintenance	
👤 Demographics	

CDSAlertsNQF0421 - Body Mass Index Screening and Fo
EVIDENT TEST PATIENT   Account#: 36653665   Date:

CDSAlertsNQF0018 - Blood Pressure Assessment has n
EVIDENT TEST PATIENT   Account#: 36653665   Date:

CDSAlertsIdz0002 - Allergy List not addressed
EVIDENT TEST PATIENT   Account#: 36653665   Date:

ICD-10 Compliant
Medical Necessity Software

Evident™

Hospital Base Menu

| Sign Off | Change Department | Patient List | Print Reports | | Phys Phone/Fax |

Enter Patient Account #:

Patient Functions

- Profile Listing
- Temporary Account Registration
- Call Referral Registration
- Appointment Scheduling
- Medical Necessity Lookup
- Release of Information
- History Account Setup

Clinical Functions

- Miscellaneous Clinical Monitoring
- Order Verification
- Incoming Orders and Reports
- Electronic Signature for Images

Other Functions

- Department Specific
- Master Selection
- Charge Tables and Inventory
- Communications
- Patient Tracking
- Registration Edits
- Other Applications and Functions
- Whiteboard Check-In

Procedures

Procedures

Coverage: ☐ Part A   ☐ Part B

Insurance: 🔍

Date: 08/25/2015 📅

Cpt	Description	Status	Item	Price	Type

➕ Add | Remove | 🕮 Diagnosis | View... | 👤 Choose Patient | Find

Procedures

Item Procedure List

New Procedure

Filter: ● Item Description ○ CPT   Search: lipid

Item	CPT	Item Description		CPT	Item	Description
20080061	80061	LIPID PANEL				
3700349	80061	LIPID PANEL CB				
28000022	80061	LIPID PROF				
372284	80061	LIPID PROFILE				
7670017	80061	UPH LIPID PROFILE CPT 80061				

⬅   💾 Update

Procedures

Item Procedure List

New Procedure

Filter: ● Item Description   ○ CPT   Search: | lipid |

Item	CPT	Item Description		CPT	Item	Description
20080061	80061	LIPID PANEL				
3700349	80061	LIPID PANEL CB				
28000022	80061	LIPID PROF				
372284	80061	LIPID PROFILE				
7670017	80061	UPH LIPID PROFILE CPT 80061				

← | Update

Procedures

Item Procedure List

New Procedure

Filter: ◉ Item Description ◯ CPT   Search: [   ]

Item	CPT	Item Description

CPT	Item	Description
80061	372284	LIPID PROFILE

💾 Update

Procedures

Procedures

Coverage: ☐ Part A   ☑ Part B
Insurance: [   ] 🔍
Date: 08/25/2015 📅

Cpt	Description	Status	Item	Price	Type
80061	LIPID PANEL	Diagnosis Not Set	372284	89.90	Part-B

➕ Add   ❌ Remove   💬 Diagnosis   🗐 View Policy   👤 Choose Patient   🖨 Print

Procedures

Diagnosis List

New Diagnosis

Filter: ⦿ Description ◯ ICD9 ◯ ICD10   Search: | hyperlip |

Diagnosis Lookup List

ICD9	ICD10	SNOMED	Diagnosis Description
2724	E785	55822004	HYPERLIPIDEMIA
2724	E784	55822004	OTHER HYPERLIPIDEMIA
2724	*	55822004	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
2722	E782	267434003	MULTIPLE-TYPE HYPERLIPIDEMIA
2724	E785	3744001	HYPERLIPOPROTEINEMIA
2720	E780	190774002	GROUP A HYPERLIPIDEMIA
2721	E781	238085009	FAMILIAL HYPERLIPIDEMIA
2728	E783	275598004	HYPERLIPOPROTEINEMIA, TYPE I
2724	E785	402727002	SECONDARY HYPERLIPIDEMIA
V7791	Z13220	268552003	SCREENING FOR HYPERLIPIDEMIA
2721	E781	55822004	GROUP B HYPERLIPIDEMIA
2723	E783	55822004	GROUP D HYPERLIPIDEMIA
2722	E782	55822004	GROUP C HYPERLIPIDEMIA
2723	E783	238086005	FAMILIAL HYPERLIPOPROTEINEMIA TYPE I
2725	E783	403827000	FAMILIAL TYPE I HYPERLIPOPROTEINEMIA
2723	E783	34349009	FAMILIAL TYPE 5 HYPERLIPOPROTEINEMIA
2722	E782	398796005	FAMILIAL TYPE 3 HYPERLIPOPROTEINEMIA
2724	E784	426161002	CHEMICALLY INDUCED HYPERLIPIDEMIA
2724	E782	238088006	PRIMARY MIXED HYPERLIPIDEMIA
2724	E782	238089003	SECONDARY MIXED HYPERLIPIDEMIA
2722	E784	238040008	FAMILIAL COMBINED HYPERLIPIDEMIA

Selected Diagnosis

ICD9	ICD10	SNOMED	Diagnosis Description

← | 💾 Update

Procedures

Diagnosis List

New Diagnosis

Filter: ● Description ○ ICD9 ○ ICD10   Search: [   ]

Diagnosis Lookup List

ICD9	ICD10	SNOMED	Diagnosis Description

Selected Diagnosis

ICD9	ICD10	SNOMED	Diagnosis Description
2724	*	55822004	OTHER AND UNSPECIFIED HYPERLIPIDEMIA

Update

Procedures

Procedures

Coverage: ☐ Part A ☑ Part B

Insurance: 🔍

Date: 08/25/2015 📅

Cpt	Description	Status	Item	Price	Type
80061	LIPID PANEL	Frequency Limit	372284	89.90	Part-B

Procedures

Search

Lookup Type: Patient Name ▼
              Patient Name
              Patient Number

Patient Name: Select Facility: Evident Community Hospital ▼   11 records

EVIDENT BABY   Age: 1m   DOB: 07/10/2015   Sex: F   MULTI-FACILITY (SHARED)

EVIDENT CHASON   Age: 28   DOB: 11/08/1986   Sex: M   MULTI-FACILITY (SHARED)

EVIDENT HEALTH MN   Age: 44   DOB: 09/23/1970   Sex: M   MULTI-FACILITY (SHARED)

EVIDENT JAYME   Age: 25   DOB: 10/31/1989   Sex: F   MULTI-FACILITY (SHARED)

EVIDENT LANEY   Age: 30   DOB: 07/15/1985   Sex: F   MULTI-FACILITY (SHARED)

EVIDENT LUCY   Age: 51   DOB: 12/15/1963   Sex: F   MULTI-FACILITY (SHARED)

EVIDENT MARGARET   Age: 4m   DOB: 04/22/2015   Sex: F   MULTI-FACILITY (SHARED)

EVIDENT MARSHALL   Age: 45   DOB: 01/01/1970   Sex: M   MULTI-FACILITY (SHARED)

Procedures

EVIDENT LUCY   MR#: 11520   ACCOUNT#: E0000859   DOB: 12/15/1963   Sex: F   Current Weight: 0 lbs 0.00 kg 0.00 g
AGE: 51   CrCl: N/A   Height: 0.00 inches   BMI: 0 kg/m2   BSA: 0.00 m2   Admit Weight: 0 lbs 0.00 kg 0.00 g
RM: N/A   Diagnosis: Allergies: No Known Drug Allergies

Procedures

Coverage: ☐ Part A   ☑ Part B

Insurance: [   ] 🔍

Date: 08/28/2015 📅

Cpt	Description	Status	Item	Price	Type
80061	LIPID PANEL	Frequency Limit	372284	89.90	Part-B

💾 Update   ➕ Add   ❌ Remove   🔍 Diagnosis   📄 View Policy   👤 Choose Patient   🖨 Print

Procedures

EVIDENT LUCY   MR#: 11520   ACCOUNT#: E0000859   DOB: 12/15/1963   Sex: F   Current Weight: 0 lbs 0.00 kg 0.00 g

AGE: 51   CrCl: N/A   Height: 0.00 inches   BMI: 0 kg/m2   BSA: 0.00 m2   Admit Weight: 0 lbs 0.00 kg 0.00 g

RM: N/A   Diagnosis: Allergies: No Known Drug Allergies

Print ABN

ABN Language: ● English ○ Spanish

PDF

EVIDENT LUCY   MR#: 11520   ACCOUNT#: E0000859   DOB: 12/15/1963   Sex: F   Current Weight: 0 lbs 0.00 kg 0.00 g

AGE: 51   CrCl: N/A   Height: 0.00 inches   BMI: 0 kg/m2   BSA: 0.00 m2   Admit Weight: 0 lbs 0.00 kg 0.00 g

RM: N/A   Diagnosis: Allergies: No Known Drug Allergies

Evident Community Hospital

1513 RACE STREET
PHILADELPHIA   PA 01910
608-357-2000

Patient Name: **EVIDENT LUCY**   Identification Number: **E0000859**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for items or services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you need. We expect Medicare may not pay for the items or services below.

Items or Services:	Reason Medicare May Not Pay:	Estimated Cost:
LIPID PROFILE (Part B) 80061	Medicare does not pay for these tests if billed within the last 2 day(s)	.00

Export

Evident Community Hospital

1513 RACE STREET
PHILADELPHIA   PA 01910
608-357-2000

Patient Name: **EVIDENT LUCY**   Identification Number: **E0000859**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for items or services below, you may have to pay.

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Items or Services:	Reason Medicare May Not Pay:	Estimated Cost:
LIPID PROFILE (Part B) 80061	Medicare does not pay for these tests if billed within the last 2 day(s)	.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the items or services listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other
  insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

Procedures

EVIDENT LUCY   **MR#:** 11520 **ACCOUNT#:** E0000859 **DOB:** 12/15/1963 **Sex:** F   **Current Weight:** 0 lbs 0.00 kg 0.00 g

AGE: 51   **CrCl:** N/A   **Height:** 0.00 inches **BMI:** 0 kg/m2   **BSA:** 0.00 m2 **Admit Weight:** 0 lbs 0.00 kg 0.00 g

RM: N/A **Diagnosis:**   **Allergies:** No Known Drug Allergies

❓ Did Patient agree to sign the ABN?

✅ Yes   ❌ No

Procedures

Procedures

Coverage: ☐ Part A ☑ Part B

Insurance: [   ] 🔍

Date: 08/26/2015 📅

Cpt	Description	Status	Item	Price	Type
84443	ASSAY THYROID STIM HORMONE	Medically Necessary	28000042	100115.99	Part-B
84702	CHORIONIC GONADOTROPIN TEST	Not Medically Necessary	372239	95.00	Part-B
73550	X-RAY EXAM OF THIGH	No Local Coverage Policy	500207	67.00	Part-B
71020	CHEST X-RAY 2VW FRONTAL&LATL	Medical Review	501056	76.00	Part-B
80061	LIPID PANEL	Frequency Limit	20080061	75.00	Part-B

➕ Add ❌ Remove 📋 Diagnosis 📄 View Policy 👤 Choose Patient 🖨 Print

Home   Charts   E-Sign   Reports

EVIDENT LUCY (E0000859)

EVIDENT LUCY	Account: **E0000859**	Sex: **F**	DOB: **12/15/1963**	Age: **51**	MR#: **11520**	Attending Phy: **CROSSING RIVERS HEALTH**	Total Charges: **$0.00**
Pt Type: **3 3**	Service Code: **ER**	Financial Class: **P**			Service Dates: **06/18/2015 -**	Disc Cd:	Bill Date:
BMI: **0 kg/m2**	BSA: **0.00 m2**	Admit Weight: **0 lbs 0.00 kg 0.00 g**				

Summ Diag Proc Edits Compl Probs PACS Trans C/H Attch MAR Docs Hist PlanCr Query Chron Demographics **MedNec** VisHy Alrgy Immz Charges

View Existing ABN's

Date	Time	UBL	Printed	Signed
08/28/2015	17:18:44	MJL	Y	Y

New   View

Home   Charts   E-Sign   Reports

EVIDENT LUCY (E0000859)

EVIDENT LUCY	Account: E0000859	Sex: F	DOB: 12/15/1963	Age: 51	MR#: 11520	Attending Phy: CROSSING RIVERS HEALTH	Total Charges: $0.00
Pt Type: 3 3	Service Code: ER	Financial Class: P			Service Dates: 06/18/2015 -	Disc Cd:	Bill Date:
BMI: 0 kg/m2	BSA: 0.00 m2	Admit Weight: 0 lbs 0.00 kg 0.00 g				

Summ Diag Proc Edits Compl Probs PACS Trans C/H Attch MAR Docs Hist PlanCr Query Chron Demographics MedNec VisHy Alrgy Immz Charges

View ABN Details

Processed Date/Time: **08/28/2015 171844**
Employee: **MJL**
Printed: ☑
Signed: ☑

CPT	Diagnosis	Version	Description	Status	Coverage
80061		9	LIPID PROFILE	/Frequency Limit	PART-B
	2724	9	HYPERLIPIDEMIA NEC NOS		

New   Add Diagnosis   Print

Medical Necessity Resources – www.evident.com

Educational Resources

- Updated user guide

- Narrated presentation

ICD-10 Compliant Medical Necessity

Testing Medical Necessity

- Test server

Questions and Answers

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

Thank you

Michelle Lewis
Senior Manager / Compliance
Client Services

6600 Wall Street
Mobile AL 36695
T 800 711-2774

A CPSI Company