

ICD-10 Transition: Validation Testing of Encoders



The following steps are recommended as a part of the validation process prior to the transition to ICD-10 coding as mandated by CMS for any facility utilizing a third party encoder.

Double-coding in both ICD-9 and ICD-10 (for those encoders that support double-coding):

Note: This allows you the opportunity to code with ICD-9 for billing purposes as well as become familiar with the ICD-10 codes.

- Verify all ICD-9 and ICD-10 Diagnosis codes are updating Thrive and in the correct order.
- Verify all ICD-9 and ICD-10 Procedure codes are updating Thrive and in correct order.
- Verify Present on Admission (POA), dates and physicians are uploading as expected.
- Verify DRG is applying correctly.

Coding in ICD-10 only:

Note: Since ICD-10 is not accepted until Oct. 1, 2015, we suggest that you use test patient accounts ONLY for this testing and validation.

- Verify all ICD-10 Diagnosis codes are updating Thrive as expected and in the correct order.
- Verify all ICD-10 Procedure codes are updating Thrive as expected and in the correct order.
- Verify Present on Admission (POA), dates and physicians are uploading as expected.
- Verify DRG is applying correctly.

The coding of ICD-10s in Thrive requires the use of the CW5 grouper and access is controlled by UBL setup. It is suggested that coders have a second UBL configured to use the CW5 grouper (for ICD-10 coding) allowing the original UBL to be used for ICD-9 coding only.

If you need assistance with the UBL setup, please contact Evident Client Services.