

Medisoft

A 12-Month Plan to Prepare Your Practice for ICD-10 - Medisoft

Business Performance Services
August 2014



Produced in Cork, Ireland



**BUSINESS
CARE
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Table of contents

Chapter 1 - A 12-Month Plan to Prepare Your Practice for ICD-10 – Introduction	1
A 12-Month Plan to Prepare Your Practice for ICD-10 - History	2
How did we get here?	2
Can we just go straight to ICD-11?	2
What do we do now?	3
Moving Toward ICD-10 Timeline	4
September 2014	4
October 2014 (one year from ICD-10 Implementation Date)	4
November 2014	4
December 2014	4
January 2015	4
February 2015	5
March 2015	5
April 2015	5
May 2015	5
June 2015	6
July 2015	6
August 2015	6
September 2015	6
Sample Implementation Plan	7
Step 1: Continue to move forward with upgrading your Electronic Medical Record (EMR) and Practice Management (PM) Systems	7
Step 2: Get organized with your ICD-10 Implementation effort	8
Step 3: Create a training plan for your practice	8
Step 4: Audit current medical documentation to ensure it is sufficient to meet ICD-10 requirements	11
Step 5: Review processes and workflows in your practice for changes due to the ICD-10 Implementation	11
Step 6: Focus on collecting outstanding Accounts Receivable (A/R)	12
Step 7: Contact your contracted payers for any contract changes due to ICD-10	13
Step 8: Be prepared to test internal systems and external systems, including clearing-houses or payers	14
Step 9: Plan financially; budget	15
ICD-10 Frequently Asked Questions	16
ICD-10 Resources	21
 Chapter 2 - Don't continue to hit the Snooze Button on ICD-10. Embrace the delay! . .	 23
1. Run the Primary Diagnoses Ranking by ICD-9 report	23
2. Create and map your diagnosis codes	28
Create ICD-10 Mapping Utility	28
Encoder Pro	32
3. Set existing insurance carriers to ICD-9	39
Optional Steps for setting the ICD-10 Effective Date	40
4. Start using ICD-10 codes	42
Revenue Management	42
Medisoft Mobile	43

Setting up a superbill template	44
Entering and submitting charges.	49

Chapter 1 - A 12-Month Plan to Prepare Your Practice for ICD-10 – Introduction

The beginning of 2014 saw many preparing for the implementation of ICD-10 on October 1st. Even though the industry seemed destined to move forward with this date vendors, payers and providers were expressing concerns about the readiness for this change. On Mar. 31, 2014 the United States Congress addressed these concerns and voted on a bill to delay the implementation of ICD-10 to a date no earlier than Oct, 1, 2015.

McKesson is committed to continuing to help our customers as they move toward the implementation of ICD-10, helping them to keep on track with their plans even with the delay to 2015. This book contains the following information:

- A brief history of why the delay occurred and what will happen next
- A one year timeline to assist in ICD-10 planning
- A sample implementation plan that can be adapted to any practice
- Frequently Asked Questions about ICD-10
- A listing of resources available for updates on ICD-10 and training options
- Information regarding McKesson products and ICD-10 readiness

It is our hope, at McKesson, that you will use this document on a daily basis to assist you on the path to a successful transition to the new ICD-10 coding structure in 2015.

A 12-Month Plan to Prepare Your Practice for ICD-10 - History

How did we get here?

In 2009, the U.S. Department of Health and Human Services published the first ICD-10 final rule requiring the adoption of the new code sets for services rendered on and after Oct. 1, 2013. The initial proposed date was Oct. 1, 2011, however, industry representatives requested the date be moved back claiming additional time was necessary to effectively and properly implement the changes.

Other priorities were focused on, such as conversion to the new 5010 transaction versions and in late 2011 and 2012 several organizations began pressuring for another delay in the implementation of ICD-10. And in 2012 CMS relented and published a final rule making the new deadline Oct. 1, 2014.

Many observed that in spite of being given the extra year many in the industry continued to lag behind in their preparations for ICD-10. Vendors were slow to deliver solutions, providers were slow to perform impact assessments, and plans were slow to publish new policies or create end-to-end testing plans.

So on March 31, 2014, the United States Congress addressed ICD-10 implementation one more time. On this date they passed the *“Protecting Access to Medicare Act of 2014 (H.R. 4302).”* Though this bill primarily addressed the Sustainable Growth Rate which was set to go in to effect and would affect physician compensation from Medicare, the bill also contained the following:

“The Secretary of Health and Human Services may not, prior to Oct. 1, 2015, adopt ICD-10 codes sets as the standard for code sets.”

And just like that ICD-10 was delayed for at least one more year.

Finally on May 1, 2014, CMS released the following statement:

“On April 1, 2014, the Protecting Access to Medicare Act of 2014 was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date would require the use of ICD-10 beginning October 1, 2015. The rule will also required HIPAA-covered entities to continue to use ICD-9-CM through September 30, 2015.”

Can we just go straight to ICD-11?

In 2007 the World Health Organization (WHO) began working on the ICD-11 code set. They have plans to present that code set to the world in 2017. Some industry experts, however, are predicting that a useable ICD-11 code set would not be available until 2020. If we skip ICD-10 and wait for ICD-11 we are looking at using an antiquated code set (ICD-9) for at least 6 more years.

ICD-11 is a building block for ICD-10. ICD-11 is only for diagnosis codes. ICD-10 coding is divided into diagnosis codes (ICD-10-CM) and procedure codes (ICD-10-PCS). Both sets of

codes are needed to accomplish the goals of ICD-10 – to report advances in technology and procedures, to capture more specific documentation, to improve quality, to reduce fraud and abuse and to improve public health tracking.

For these reasons it makes it almost impossible to forego ICD-10 for ICD-11.

What do we do now?

As a practice you have been given this time and it should be used wisely to fully prepare for ICD-10 implementation.

If you have started planning – don't stop. Continue forward with the knowledge that you have the time to refine your plan but also have time to continue to focus on the other initiatives (i.e., Meaningful Use, etc) that may be occurring in your practice.

If you have not started planning – here is your opportunity to start right now. ICD-10 is coming. Preparation is the key to success for ICD-10. Now instead of 6 months you have more than a year to get your practice ready for this significant change.

At McKesson, we want to see you succeed. On the following pages you will find a training plan that includes many of the items you will need to consider when getting ready for the change to ICD-10 next year. This tool and others that you may have already identified can provide the guidance that will help you make this transition to ICD-10 a smooth one.

Moving Toward ICD-10 Timeline

The next twelve months can be used to as a time to fully prepare your practice for the transition to ICD-10. There are many tasks that need to be accomplished and this timeline is meant as a guide to help plan your time for the year leading up to Oct. 1, 2015. Each task in the timeline is detailed in the Implementation Plan included in this book.

Tasks are listed with a specific month only to spread them out over time to allow for easier accomplishment. Some tasks will take longer than a month, so we recommend staying on track as much as possible

September 2014

- By this time have Electronic Medical Record (EMR) and Practice Management (PM) systems upgraded
- Establish an Implementation Team for your practice; identify a Team Lead
- Identify all staff members who will need training on ICD-10 (Basic to advanced training)

October 2014 (one year from ICD-10 Implementation Date)

- Review budget for 2015, factoring in costs related to ICD-10
- Schedule regular meetings with staff for ICD-10 updates (i.e., current news on ICD-10, changes coming in your practice due to ICD-10, etc). If you already have regular staff meetings, make this a regular agenda item.
- Create a training plan for staff

November 2014

- Begin training for Advanced users of ICD-10
- Contact your major contractual payers (insurances) inquiring about any changes that may occur to your contract due to ICD-10

December 2014

- Select top 50-100 codes used in your practice and begin crosswalk between ICD-9 and ICD-10 for these codes; this can be done to assess impact of ICD-10 on your practice
- Continue:
 - o Training for Advanced users in order to have completed by end of year

January 2015

- Begin audits of medical record documentation (this is why Advanced user training needs to be completed)

- Contact other vendors your systems work with (i.e., outside lab system, other order entry system, hospital system, etc) and confirm their ICD-10 readiness and any plans to test between your two systems

February 2015

- Conduct regular meetings with providers on documentation needs based on audit results (continue these meetings thru date of ICD-10 Implementation)
- Continue:
 - o Audits of medical record documentation (Advanced users)

March 2015

- Begin training for Basic and Intermediate users of ICD-10 (Advanced users)
- Begin the review of processes, workflows and forms that will need to be revised due to ICD-10
- Create a plan for working on and reducing the old/outstanding Accounts Receivable
- Continue:
 - o Audits of medical record documentation

April 2015

- Continue:
 - o Audits of medical record documentation (Advanced users)
 - o Working on old/outstanding Accounts Receivable
 - o Training for Basic and Intermediate users of ICD-10
 - o Review of processes, workflows and forms

May 2015

- Complete training for Basic and Intermediate users of ICD-10
- Create testing scenarios that can be used by staff to enter new codes into PM system for practice
- Continue:
 - o Audits of medical record documentation (Advanced users)
 - o Working on old/outstanding Accounts Receivable

June 2015

- Make a decision on provider's schedules – will they be blocked at time of implementation to allow more documentation time for provider initially; block schedules if needed
- Have ICD-10 review material available for Basic and Intermediate users to keep current on what they have learned
- Continue:
 - o Audits of medical record documentation (Advanced users)
 - o Working on old/outstanding Accounts Receivable

July 2015

- Conduct a final assessment of your practice readiness for ICD-10 Implementation
 - o Training completed?
 - o Documentation audits being done and feedback given?
 - o Testing started/completed with clearinghouse or payers, as available?
 - o All processes, workflows and forms updated?
- Continue:
 - o Audits of medical record documentation (Advanced users)
 - o Working on old/outstanding Accounts Receivable
 - o Review training for Basic and Intermediate users

August 2015

- Continue:
 - o Audits of medical record documentation (Advanced users)
 - o Review training for Basic and Intermediate users

September 2015

- Review final plans with billing staff or billing company for any process changes for:
 - o Claims requiring ICD-9 codes and
 - o Claims requiring ICD-10 codes
 - o How rejected/denied claims with ICD-10 issues will be worked (may require more time with the provider initially)
- Continue:
 - o Audits of medical record documentation (Advanced users)

- o Review training for Basic and Intermediate users

Sample Implementation Plan

The next several pages contain a sample Implementation Plan that can be used to help your practice prepare for the ICD-10 change to occur on Oct. 1, 2015. This plan contains the details behind the various tasks that are listed on the Moving Toward ICD-10 Timeline.

Step 1: Continue to move forward with upgrading your Electronic Medical Record (EMR) and Practice Management (PM) Systems

Time to complete: 2-3 months

Since the original date for ICD-10 Implementation was set for October 1, 2014, upgrades to your systems should have been budgeted for this year. By moving forward with the upgrades you allow yourself several advantages when planning for the delayed ICD-10 Implementation date:

- More flexibility in planning 2015 finances since budget for upgraded systems will not be needed
- Additional time for testing of ICD-10 submission with clearinghouses and/or payers, as the opportunities present
- Additional time for staff training on the system
 - o Prevent staff from having to learn a new system and implement new ICD-10 coding structure at same time
 - o Allow key entry staff time to become more comfortable with alpha-numeric entry of diagnosis codes vs. current method of primarily numeric entry
- Upgrade for the additional new features that will be part of the release, not ICD-10 related

Task - Upgrade Systems	Task Leader	Date Started	Date Completed	Notes
Obtain and review release notes for upgrade				
Contact VAR or Account Manager to schedule upgrade date				

Educate staff on changes that will occur for current processes when upgrade is completed				
If available, test upgrade prior to install				
Prepare for any downtime during the upgrade				
On and after upgrade date, inform staff who to report issues to				

Step 2: Get organized with your ICD-10 Implementation effort

Time to complete: 1 month

- As a team it will be important that you are familiar with the new ICD-10 features and requirements. This will help in the planning that will need to occur on how ICD-10 will affect your practice specifically.
- If you are in a small practice it may be more of a team effort, but ultimately someone needs to be in charge to keep everyone on track.

Task - Get Organized	Task Leader	Date Started	Date Completed	Notes
Get familiar with new ICD-10 requirements				
Identify a leader(s) for your team effort				
Schedule regular meetings for the team or other key personnel who need to be kept current on Implementation effort				

Step 3: Create a training plan for your practice

Time to complete: 1 month

Training will be a critical part of your ICD-10 Implementation Plan. Even though the implementation of ICD-10 is over a year away, it is not too early to begin training for some of the staff in your practice. One recommendation is to purchase an ICD-10 Coding Book now. This will

allow staff the opportunity to begin familiarizing themselves with the layout and structure of the new book.

Training can be gotten from a variety of resources. We recommend you review the Resources section of this book for some suggestions for free training that can provide some basic ICD-10 training for your staff. For coders we recommend working with your preferred Coding Certification body for this training.

Task - Create training plan	Task Leader	Date Started	Date Completed	Notes
Identify who will need training				
Identify levels of training needed				
Determine how each level of training will be delivered				
Begin staff training				
Plan for staff time away from practice during training				
Include new employees in ICD-10 training plan				
Continue training after ICD-10 Implementation date with review sessions				

Recommendations for creating training levels:

- Basic Level of Training (recommend webinar or reading)
 - o ICD-10 Awareness type training (i.e., why we are moving toward ICD-10, differences between ICD-9 & ICD-10, how ICD-10 will affect your practice, etc)
- Intermediate Level of Training (recommend webinar or reading)
 - o Information in Basic Level of Training
 - o More training on the new features of ICD-10 (i.e., laterality, specificity, combination codes, structure (chapters) of the new ICD-10 coding book, etc)
 - o Examples of specific codes, used in your practice, and how they will change with ICD-10

- Advanced Level of Training (recommend classroom style for coding training)
 - o Information in Basic and Intermediate Levels of Training
 - o Anatomy and Physiology review
 - o Specific training on ICD-10 codes to become proficient in coding when reading documentation and for billing purposes

Example of spreadsheet to track staff training:

Staff Name	Level of Training Needed	Training Date(s)	Training Completed	Notes
Dr. Bob Smith	Advanced	03/01/2015		
Office Mgr Jane	Intermediate	07/01/2014		
Coder Mary	Advanced	07/01/2014		3 day Coding Seminar in Atlanta
Receptionist Ann	Basic	03/01/2015		

Step 4: Audit current medical documentation to ensure it is sufficient to meet ICD-10 requirements

Time to complete: 6-8 months (continuous process)

Many industry experts and ICD-10 consultants state that documentation will be one area that providers will need to address with the implementation of ICD-10. Much of today's documentation would not support the information needed to properly code with the new ICD-10 coding structure.

Task – Audit documentation	Task Leader	Date Started	Date Completed	Notes
Cross reference most commonly used DX codes to ICD-10				
Determine who will audit documentation				
Schedule weekly audits of X # of records				
Schedule regular meetings to review results with providers				
Determine any additional training needs due to documentation audit				

Step 5: Review processes and workflows in your practice for changes due to the ICD-10 Implementation

Time to complete: 2-3 months

Task – Review processes & workflows	Task Leader	Date Started	Date Completed	Notes
Registration				
Eligibility Checks				
Posting of payments				
Referrals/Prior Authorizations				
Order Entry				
Superbills/Encounter Forms				
Medical Record Documentation				
Claim Entry/Submission				
Follow-up on rejected or denied claims				
Have all affected processes or workflows been documented?				

Step 6: Focus on collecting outstanding Accounts Receivable (A/R)

Time to complete: 4-6 months

By focusing on the outstanding Accounts Receivable for your practice will create two benefits:

- Success in collecting on these older balances will produce additional funds that can be set aside to assist with financial planning for 2015 and the ICD-10 Implementation.
- Cleaning up the outstanding/older balances will give staff the time needed at the time of ICD-10 Implementation to focus on any challenges that may arise with the new coding structure (staff learning curve on working denials, increased rejection/denials from payers, more time spent with providers getting answers for re-filing of claims).

Task – Collect outstanding A/R	Task Leader	Date Started	Date Completed	Notes
Create report of current A/R, in particular balances greater than 90 days				
Create a plan to work outstanding A/R, oldest balances first				
Monitor A/R going forward to stay current on collections				

Step 7: Contact your contracted payers for any contract changes due to ICD-10

Time to complete: 1-2 months

Task – Contact payers	Task Leader	Date Started	Date Completed	Notes
Will there be changes to the fee schedule due to ICD-10?				
Will there be changes to authorization or pre-certification requirements due to ICD-10?				
Will there be changes to the covered diagnoses for special procedures done by your practice?				
Will there be changes to timely filing limits due to ICD-10?				
Will there be changes to prompt payment guidelines due to ICD-10?				

Communicate payer plan changes to office staff so these can be monitored for accuracy once ICD-10 claims are being submitted				
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Step 8: Be prepared to test internal systems and external systems, including clearinghouses or payers

Time to complete: 3-4 months

Not every payer will test ICD-10. And for those who will do testing, some will have a selected group of clearinghouses or providers to test for them. However, if the opportunity is given to test with your clearinghouse or with a payer you file to, take this opportunity to participate. This will help build your confidence your systems and the payer systems who will process your claims.

Task – Test internal and external	Task Leader	Date Started	Date Completed	Notes
Create testing scenarios to be entered in to PM system to allow staff practice in entering the new coding structure				
Test your EHR and PM systems for ability to enter and accept ICD-10 codes				
Test transactions with clearinghouse or payers – for their ability to receive ICD-10 transactions				
Review test results for clearinghouse or payer – identify any issues and correct				

Contact other external systems and verify their ICD-10 readiness and availability to test with your systems (i.e., lab, xray, etc, etc)				
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Step 9: Plan financially; budget

Time to complete: 2-3 months

Task – Audit documentation	Task Leader	Date Started	Date Completed	Notes
Budget for training that will need to occur to prepare for ICD-10 implementation (2014 and 2015 budget item)				
Budget for forms that may need to be revised				
Consider establishing a line of credit prior to implementation date to cover any interruptions or delays in claim processing and reimbursement				
Budget monthly for 2015 to set aside funds to help with same delays listed above				
Consider provider schedules at time of implementation: will they need to be blocked allowing provider extra documentation time; figure cost in to budget				

ICD-10 Frequently Asked Questions

Index of Questions	
Question # 1	For patients who are in the hospital at the time of ICD-10 implementation (over the dates of 09/30-2015 thru 10/01/2015) how will their claims need to be submitted in regards to diagnosis information?
Question# 2	If a patient has been seen for a condition in September 2015 and returns in October 2015 for another visit on the same condition, if a diagnosis code is used that has the “subsequent” extension, would that be the diagnosis used?
Question # 3	Is there significance/meaning to the letters that ICD-10 codes begin with?
Question # 4	Is there a recommendation for when to purchase an ICD-10 coding book? Practices are concerned about purchasing books too early to include all updates and having to spend additional funds to purchase book again.
Question # 5	ICD-9 books were available by specialty. Will ICD-10 books be also?
Question # 6	Even though this is not directly related to ICD-10, can you tell us when the new HCFA 1500 claim form goes into effect?
Question # 7	Is it true that ICD-10 will not apply to Auto and Work Comp carriers?
Question # 8	Will the effective date of ICD-10 implementation be based on date of service or date of process? For example, if I receive on 10/05/2015 a charge for date of service 06/14/2015, which code set, ICD-9 or ICD-10, would be used for this charge?
Question # 9	Where can we get on-line training?
Question # 10	What about CPT® Codes? Will these be changing on October 1, 2015?
Question # 11	What about timely filing rules for payers? Also, for clean electronic claims that should be processed in 14 or 30 days by the payer, if the payer is delayed in processing will they have to pay a penalty fee?
Question # 12	Does McKesson have a sample (format) of a superbill using ICD-10?
Question # 13	In ICD-10 is the number 0 (zero) and the letter “O” both used?

Question # 1 – For patients who are in the hospital at the time of ICD-10 implementation (over the dates of 09/30-2015 thru 10/01/2015) how will their claims need to be submitted in regards to diagnosis information?

Answer: The distinction for these charges will be professional (physician) billing vs. facility billing. For physician inpatient services two separate claims are submitted: one through 09/30/15 and a second d claims for 10/01/15 dates-of-service forward. However, facility/hospital “Part A” services using ICD-9 vs. ICD-10 will be based on date of discharge; therefore, if an admission spans the 09/30/2015 – 10/01/2015 date, then all those services are coded with ICD-10, even those provided before 10/01/2015.

Question # 2 – If a patient has been seen for a condition in September 2015 and returns in October 2015 for another visit on the same condition, if a diagnosis code is used that has the “subsequent” extension, would that be the diagnosis used?

Answer: The concept of a subsequent visit is a CPT code for professional services. Those codes aren’t changing (other than regular updates). A physician could choose a CPT subsequent visit code for the E&M (evaluation and management) encounter/doctor’s visit and the ICD-10-CM diagnosis code which might have a relevant initial/subsequent/sequela component.

1. The subsequent portion of the CPT code relates to the physician providing ANY service to that patient previously.
2. The subsequent, etc. portion of the ICD-10-CM code relates ONLY to that specific diagnosis.

Question # 3 – Is there significance/meaning to the letters that ICD-10 codes begin with?

Answer: Yes, there are 21 chapters arranged by body system or nature of injury or disease.

Chapter	Code Range	Title
1	A00-B99	Certain infectious and parasitic diseases
2	C00-D49	Neoplasms
3	D50-D89	Diseases of the blood and blood-forming organs and certain disorders
4	E00-E89	Endocrine, nutritional and metabolic diseases
5	F01-F99	Mental and behavioral disorders
6	G00-G99	Diseases of the nervous systems
7	H00-H59	Diseases of the eye and adnexa
8	H60-H95	Diseases of the ear and mastoid process
9	I00-I99	Diseases of the circulatory system

10	J00-J99	Diseases of the respiratory system
11	K00-K94	Diseases of the digestive system
12	L00-L99	Diseases of the skin and subcutaneous tissue
13	M00-M99	Diseases of the musculoskeletal system and connective tissue
14	N00-N99	Diseases of the genitourinary system
15	O00-O9A	Pregnancy, childbirth and the puerperium
16	P00-P96	Certain conditions originating in the perinatal period
17	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
18	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19	S00-T88	Injury, poisoning and certain other consequences of external causes
20	V01-Y95	External causes of morbidity
21	Z00-Z99	Factors influencing health status and contact with health services

Source: http://hhic.org/library/documents/audioconferences/icd-10/icd-10-cm_chapters.pdf.pdf

Question # 4 – Is there a recommendation for when to purchase an ICD-10 coding book?

Practices are concerned about purchasing books too early to include all updates and having to spend additional funds to purchase book again.

Answer: Recommendation is to purchase an ICD-10 coding book NOW, so you can start using it and familiarizing yourself with it. Waiting until October to buy a 2015 book will put you behind.

Question # 5 – ICD-9 books were available by specialty. Will ICD-10 books be also?

Answer: Depending on the publisher, specialty coding books for ICD-10 should be able to be purchased if the complete ICD-10 book is not desired.

Question # 6 – Even though this is not directly related to ICD-10, can you tell us when the new HCFA 1500 claim form goes into effect?

Answer: In June 2013 the new HCFA 1500 form was approved. Facts regarding the new form:

- New form is referred to as HCFA 1500 02/12 (old form is HCFA 1500 08/05)
- January 6, 2014 – Payers begin receiving and processing paper claims submitted on the revised 02/12 1500 claim form.
- January 6, 2014 thru March 31, 2014 –
- Dual use period; both versions (08/05 and 02/12) of the 1500 claim form can be submitted.
- **April 1, 2014** – Payers receive and process paper claims submitted on the revised 02/12 1500 claim form **only**
- Additional information on the timeline and claim form changes can be found on the National Uniform Claim Committee website,

www.nucc.org

Question # 7 – Is it true that ICD-10 will not apply to Auto and Work Comp carriers?

Answer: Non-covered entities are not covered under HIPAA. This includes workers' compensation and auto insurance companies that use ICD-9-CM. However, because ICD-9-CM will no longer be maintained after ICD-10 is implemented, it is in the non-covered entities' best interest to use the new coding system. The increased detail in ICD-10 is of significant value to non-covered entities. Hopefully, many workers' compensation and auto insurance companies will implement ICD-10 along with the covered entities.

Source: www.aapc.com

We recommend staying in touch with the major auto carriers and Work Comp providers in your state. Some have begun to indicate they will transition to the ICD-10 code set on October 1, 2015.

Question # 8 – Will the effective date of ICD-10 implementation be based on date of service or date of process? For example, if I receive on 10/05/2015 a charge for date of service 06/14/2015, which code set, ICD-9 or ICD-10, would be used for this charge?

Answer: ICD-10 Implementation will be based on a charge's date of service. Therefore, the only charges that will have ICD-10 codes applied to them will be ones with a date of service October 1, 2015 or greater. (See Question # 1 for additional information regarding dates of services between September 2015 and October 2015.)

In the example given, the charge for date of service 06/14/2015 would need to be coded with ICD-9 codes. Even though it was received after the ICD-10 implementation date, because the implementation of ICD-10 is based on the charge's date of service the charge for June of 2015 would still need to be submitted using ICD-9 code(s).

Question # 9 – Where can we get on-line training?

Answer: There are numerous resources available to obtain training on ICD-10. Some of those resources include:

- American Academy of Professional Coders – www.aapc.com

American Health Information Management Association –
www.ahima.org

Medical Group Management Association –
www.mgma.com

PAHCOM and CMS – go to
www.youtube.com

- o Enter PAHCOM in the search field
- o Look for CMS Partnership Webinar recordings

- Centers for Medicare and Medicaid Services – www.cms.gov

Your local medical society

Each of these resources will offer basic to more extensive training. Researching these sites can help you determine the best and most cost effective training for your office.

Question #10 – What about CPT Codes? Will these be changing on October 1, 2015?

Answer: Annually minor changes are made to the CPT coding set, adding codes for new services and procedures. The same minor changes will occur for CPT in 2015. No major changes are planned for CPTs.

Question # 11 – What about timely filing rules for payers? Also, for clean electronic claims that should be processed in 14 or 30 days by the payer, if the payer is delayed in processing will they have to pay a penalty fee?

Answer: As ICD-10 approaches payers will be reviewing their contracts for changes that may be necessary to items such as timely filing, covered services, authorization and referral requirements. As a provider you will want to stay in close contact with your major payers and closely review any contract changes they may make due to the ICD-10 transition. If the new terms of the contract are not satisfactory you would want to propose changes that you would deem fair for you and the payer.

Question # 12 – Does McKesson have a sample (format) of a superbill using ICD-10?

Answer: McKesson does not have an example of a superbill that has been converted from ICD-9 to ICD-10. If you need assistance with this please contact your Account Manager or VAR for options on this service.

However, on the AAPC website, there is an example of a Family Practice Superbill that has had this done.

Go to www.aapc.com . Under the ICD-10 tab at the top of the page, select ICD-10 Codes. On the ICD-10 Codes page select the link to “ICD-9 to ICD-10 Crosswalks”

You will find the sample Family Practice Superbill that AAPC converted. Additionally, you will find, available for purchase, crosswalks with the top 50 codes for many specialties. You may want to review and consider if it would be helpful to order for your office.

Question # 13 – In ICD-10 is the number 0 (zero) and the letter “O” both used?

Answer: Diagnosis code A0100 (using zeroes) is the ICD-10 code for Typhoid Fever, unspecified. Also, diagnosis code O000 (using both the letter “O” and the number zero) is for Abdominal Pregnancy.

As you can see it will be important to distinguish between the two characters to ensure diagnosis codes are entered correctly in order to prevent rejected or denied claims.

ICD-10 Resources

Source and Link	Description	Recommended Attendees/Reviewer
www.mckessoncanhelp.com	Listing of resources and information on ICD-10 from McKesson sources	All
www.aapc.com	Website for the American Academy of Professional Coders; lists training resources and other information regarding ICD-10	All
PAHCOM and CMS www.youtube.com Enter PAHCOM in the Search field on You Tube Look for CMS Partnership Webinar Recordings	Recommended: Video # 5 – ICD-10, The Provider Perspective And Video # 6 – Clinical Documentation, Supporting Good Patient Care and Proper Coding in an ICD-10 Environment	Providers Office Managers
AHIMA http://www.aihc-assn.org/Default.aspx?tabid=1233	Specialty Coding Courses – online courses available for a variety of specialties at a cost of \$125.00 per course	Providers, Coders, Billers
McKesson/Med3000 http://www.med3000.com/webinars	Free webinars available for different specialties – on ICD-10 impact Free webinar on ICD-10 Impact on Your Operations	Providers, Coders, Billers Office Manager

Source and Link	Description	Recommended Attendees/Reviewer
ICD-10 Watch http://www.icd10watch.com/	Web site giving frequent updates to the ICD-10 implementation status and other related articles pertinent to ICD-10 (Recommend signing up to receive email updates)	All
CMS – ICD-10 Industry Updates http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html	Sign up to receive email updates from CMS on ICD-10 (If you are already on CMS' email list, you simply need to update your profile to receive ICD-10 updates)	All
ICD-10 Monitor http://icd10monitor.com/	Web site giving frequent updates to the ICD-10 implementation status and other related articles. Has a Talk Ten Tuesday series – a streaming broadcast every Tuesday with up-to-the minute news and analysis on ICD-10.	All

Chapter 2 - Don't continue to hit the Snooze Button on ICD-10. Embrace the delay!

Transitioning your practice to ICD-10 with Medisoft v19 is easy and you can spread the process out over the next several months as the deadline for ICD-10 approaches.

4 Simple Steps to Get Your Practice Ready for ICD-10

Medisoft v19 is the ICD-10 ready release.

1. Run the Primary Diagnoses Ranking by ICD-9 Report.

- o Run the Primary Diagnoses Ranking by ICD-9 Report by either Case or Charge. This will show you all of your existing codes ranked by use in your practice. This way, you can identify the most used diagnosis codes and create ICD-10 equivalents for those first.

2. Map your most used diagnosis codes

- o Use the ICD-10 utility to map your most used diagnosis codes.
- o You can also use Encoder Pro® for creating ICD-10 codes and mapping them to ICD-9 codes.

3. Confirm your insurance carriers are set to use ICD- 9 codes.

- o Use the Set ICD Utility to confirm your insurance carriers are set to use ICD-9 codes.

4. Start coding with your ICD-10 codes.

- o Now that your insurance carriers are set and you have mapped your most used diagnosis codes, it is safe to start using your practice's ICD-10 codes.

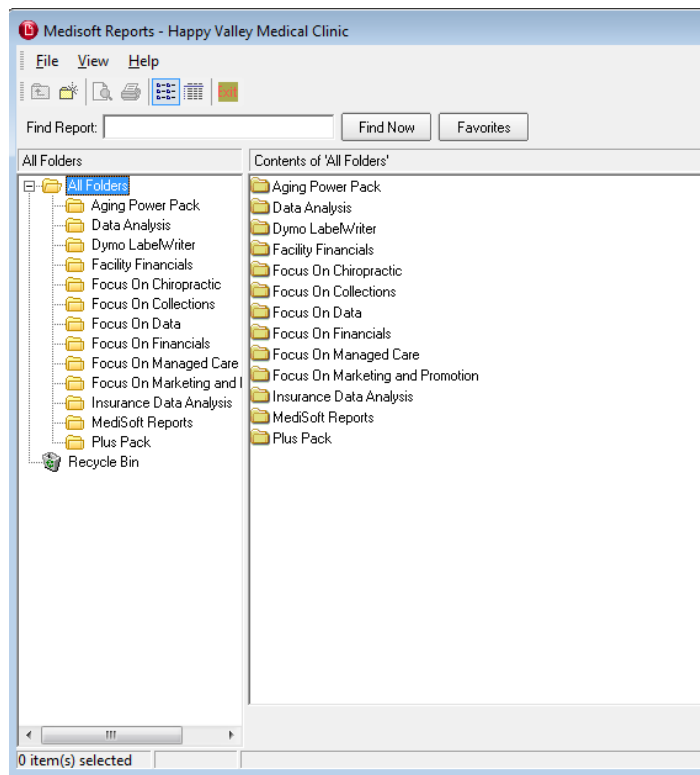
Below are detailed steps for each of these processes.

1. Run the Primary Diagnoses Ranking by ICD-9 report

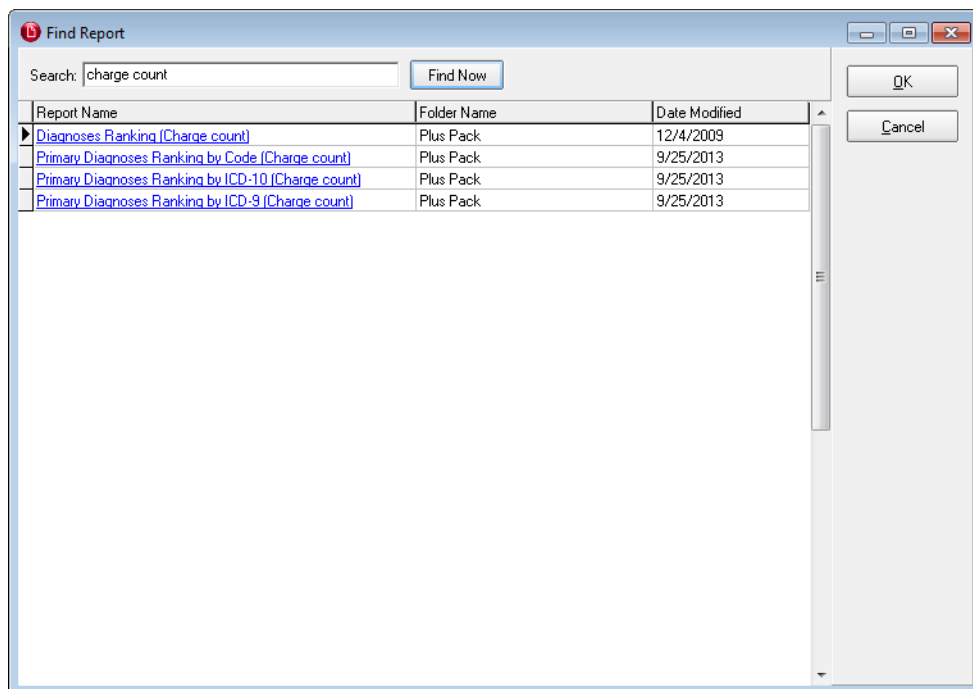
Evaluating this report will allow you to spend your time focusing on the ICD-9 codes that are

critical to your practice and revenue.

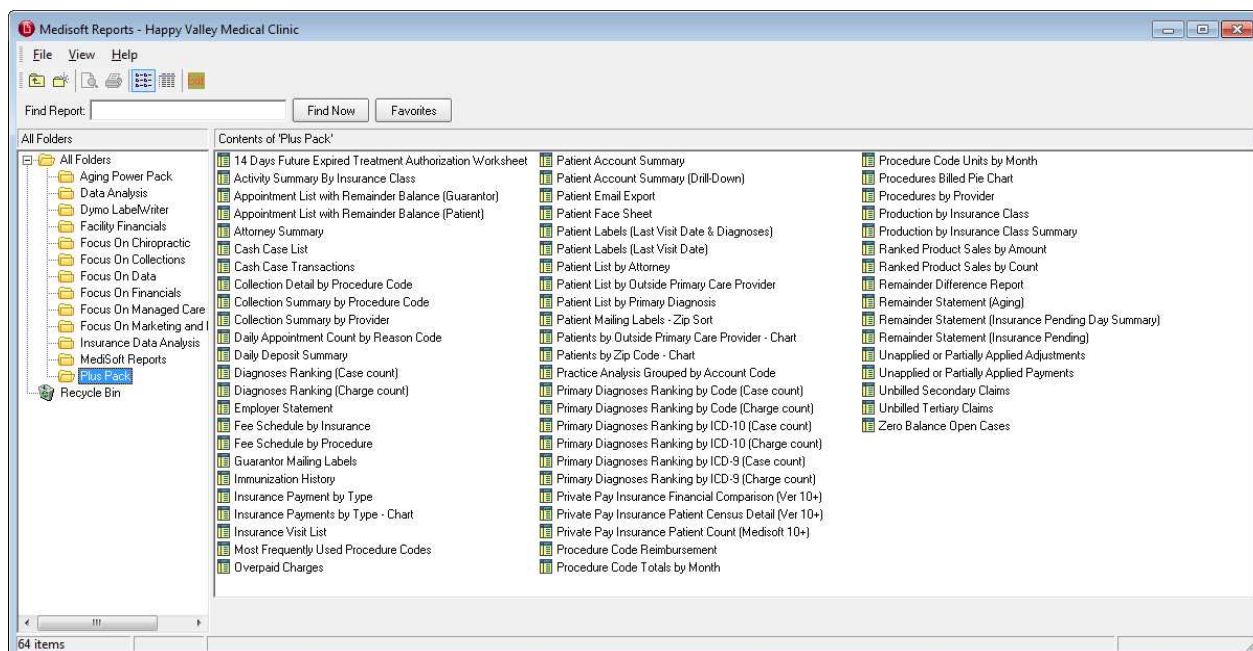
1. On the Reports menu in Medisoft v19, click **Medisoft Reports**.
2. The Medisoft Reports window opens.



3. In the Find Report field, enter "case count" or "charge count" and click **Find Now**. The Find Report window appears.



4. Click **Primary Diagnosis Ranking by ICD-9**. The listing of reports appears.



5. Double-click either report. The Search window for the report appears.

Search

Show all data where the **Date From** is between [] and []

☒ Show all values of the Date From field.

and the **Attending Provider** is between [] and []

☒ Show all values of the Attending Provider field.

and the **Date Created** is between [] and []

☒ Show all values of the Date Created field.

OK Cancel

6. Enter any selection criteria you want.

Helpful Hint: Leaving the fields blank will show you all of the data in the system, giving a more accurate idea of which codes are most used.

7. Click **OK**. The report appears and you can see which diagnosis codes you use the most.

Print Preview

Close

Diagnoses Ranking by ICD-9
(count based on charge primary diagnosis)
Happy Valley Medical Clinic

Rank	ICD-9	ICD-9 Description	Count
1.	847.2	Back Spasm	19
	Code: 847.2	Back Spasm	
2.	465.9	Upper Respiratory Infection, AC	4
	Code: 465.9	Upper Respiratory Infection, AC	
3.	401.9	Hypertension	4
	Code: 401.9	Hypertension	
4.	737.30	Scoliosis, Acquired Postural	3
	Code: 737.30	Scoliosis, Acquired Postural	
5.	719.47	Pain, Ankle	3
	Code: 719.47	Pain, Ankle	
6.	487	Influenza	3
	Code: 487	Influenza	
7.	E996	Injury due to war operations by nuclear weapons	2
	Code: E996	Injury due to war operations by nuclear weapons	
8.	959.4	Injury, Hand	2
	Code: 959.4	Injury, Hand	
9.	782.1	Rash	2
	Code: 782.1	Rash	
10.	486	Pneumonia	2
	Code: 486	Pneumonia	
11.	464.0	Laryngitis, Acute	2

In this practice, code 847.2 is the most used code. We'll follow the process of creating an ICD-10 equivalent for this code in Step 2.

8. To print the report, click the little printer icon in the top left of the page.

Helpful Hint: This report is also available for ICD-10 codes. After the ICD-10 implementation, you should run this report to understand your top ICD-10 diagnosis codes. Analyzing the report will ensure you are focused on billing the correct codes for maximum reimbursement.

We recommend that you use the chart below to help you get started on which codes you have updated and when you updated them. Write the codes down here or create a chart of your own.

	Code	Start Date	Completed Date	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2. Create and map your diagnosis codes

The transition to ICD-10 is going to be disruptive to your practice workflow. In order to minimize this disruption, it is important to prepare for ICD-10 in manageable steps. After analyzing the report in Step 1, identify the codes that you use in your practice on a daily basis. From those codes, select a few that you use often and map those codes to ICD-10. Remember, your practice has time to learn the new codes at a manageable pace, so don't feel pressured to map more codes than you feel comfortable with. Medisoft v19 allows you to take advantage of the learning curve by providing you with two ways to incorporate ICD-10 into your practice today.

Helpful Hint: The higher degree of specificity in the ICD-10 code set will require more documentation and more coding precision. By starting to map the most frequently used ICD-9 codes for your practice or facility to their corresponding ICD-10 codes you can quickly identify areas needing increased documentation and evaluate how additional specificity may impact your revenue.

These two ways of incorporating ICD-10 are:

- **Create ICD-10 Mapping Utility:** Medisoft v19 features a mapping tool based on CMS's General Equivalent Mappings (GEM) that can help you map some ICD-9 codes to ICD-10. Enter an ICD-9 code and Medisoft v19 will provide a mapping to the appropriate ICD-10 code(s), where applicable. This helps you compare and map data during the ICD-10 transition process.

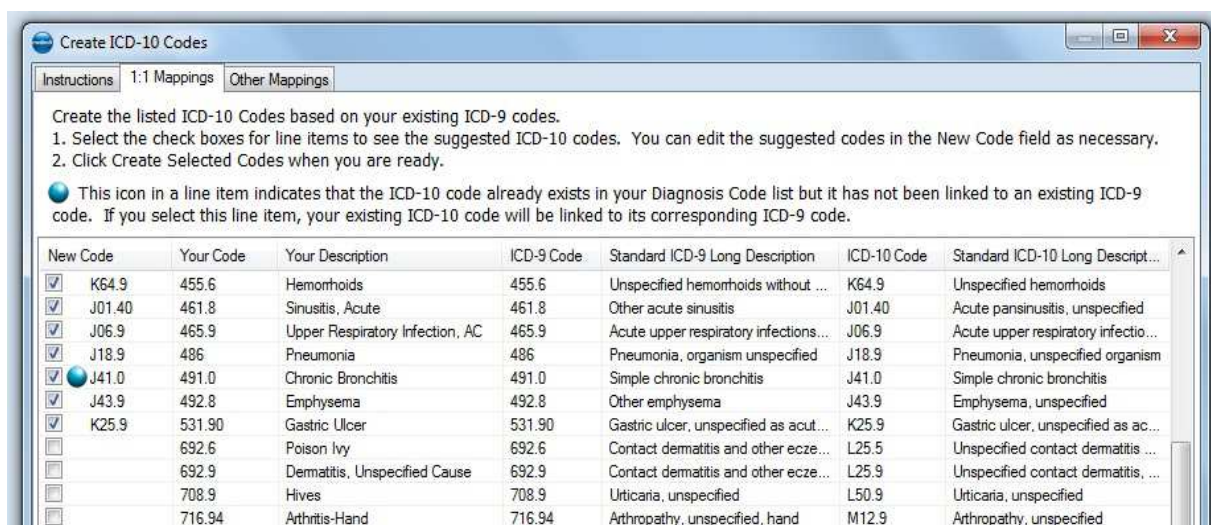
Helpful Hint: Not all ICD-9 codes can be mapped to one ICD-10 code. In many instances one ICD-9 code will map to multiple ICD-10 codes. You should spend time evaluating the ICD-9 codes that have multiple ICD-10 mappings. This will ensure that you are picking the most relevant ICD-10 code for your practice. You will find your ICD-9 codes that have multiple ICD-10 mappings on the Other Mappings tab in the Create ICD-10 Mapping Utility.

- **Encoder Pro:** Encoder Pro enables you to use Ingenix®'s powerful coding and reference software to locate an appropriate code, and then return it to Medisoft v19. Encoder Pro offers ICD-10 to ICD-9 mapping. You can map ICD-10 codes to ICD-9 codes using Encoder Pro and bring back both the ICD-9 and ICD-10 codes to create a new code in the Medisoft Diagnosis table. You can also create a new code with just an ICD-10 with no ICD-9 mapping. When editing an existing ICD-10 code, you can search for it, map it, and bring back the mapped ICD-9 to update the record. Starting with CMS's GEM files as a basis, Encoder Pro developed systematic algorithms and incorporated clinical expertise to create its mapping files. The value-added files increase the number of one-to-one crosswalk matches by identifying Optum™ ICD-10 MapSelects and provide additional map alternatives not contained in GEMs. Mapping data is available for ICD-10 to ICD-9. This can reduce the clinical resource needs when reviewing or creating mappings.

Create ICD-10 Mapping Utility

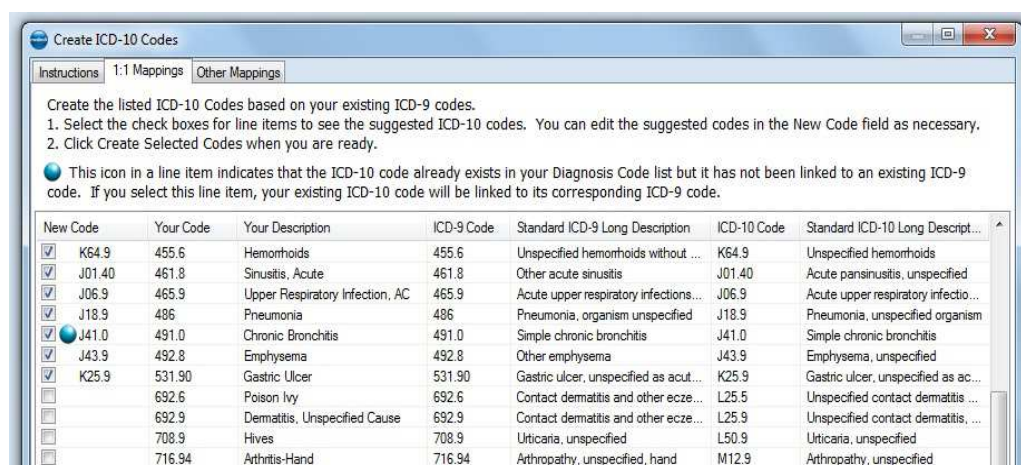
Once you have your listing of most used ICD-9 codes, you can begin mapping those codes to ICD-10 codes using the Create ICD-10 Mappings tool.

- On the Tools menu in Medisoft v19, point to Services, and click **Create ICD-10 Mappings**. The Create ICD-10 Codes utility opens. Be sure to read the information on the first tab. The second and third tabs show you:
 - 1:1 Mappings—shows the ICD-10 and ICD-9 codes that can be mapped automatically
 - Other Mappings—ICD-9 codes for which there is more than one mapping available



NOTE: Mappings are based on CMS General Equivalency Maps (GEMs).

- Select the **1:1 Mappings** tab.
- Select the check boxes on the left for the items to see the ICD-10 codes that are suggested.
 - You can change the ICD-10 in the New Code field.
 - The blue icon will display for ICD-10 codes in your diagnosis list that already exist, but are not mapped to an ICD-9.



NOTE: For instances where multiple ICD-9s can map to a single ICD-10, Medisoft v19 will auto-append these when they are created. For example, ICD-10 code "I10," when mapped to two different ICD-9s, will result in code "I10" and code "I10a."

For our example, we have chosen ICD-9 code 847.2 (back spasm).

Create ICD-10 Codes

Instructions 1:1 Mappings Other Mappings

Create the listed ICD-10 Codes based on your existing ICD-9 codes.

1. Select the check boxes for line items to see the suggested ICD-10 codes. You can edit the suggested codes in the New Code field as necessary.
2. Click Create Selected Codes when you are ready.

This icon in a line item indicates that the ICD-10 code already exists in your Diagnosis Code list but it has not been linked to an existing ICD-9 code. If you select this line item, your existing ICD-10 code will be linked to its corresponding ICD-9 code.

New Code	Your Code	Your Description	ICD-9 Code	Standard ICD-9 Long Description	ICD-10 Code	Standard ICD-10 Long Description
<input type="checkbox"/>	845.12	Sprain and strain of metatarsop...	845.12	Sprain of metatarsophalangeal (joi...	S93.529A	Sprain of metatarsophalangeal j...
<input type="checkbox"/>	845.13	"Sprain and strain of interphala...	845.13	Sprain of interphalangeal (joint), toe	S93.519A	Sprain of interphalangeal joint o...
<input type="checkbox"/>	845.19	Other foot sprain and strain	845.19	Other sprain of foot	S93.699A	Other sprain of unspecified foot...
<input type="checkbox"/>	846.0	Sprain and strain of lumbosacra...	846.0	Sprain of lumbosacral (joint) (ligam...	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	846.1	Sprain and strain of sacroiliac (li...	846.1	Sprain of sacroiliac ligament	S33.6XXA	Sprain of sacroiliac joint, initial e...
<input type="checkbox"/>	846.2	Sprain and strain of sacrospinat...	846.2	Sprain of sacrospinatus (ligament)	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	846.3	Sprain and strain of sacrotuber...	846.3	Sprain of sacrotuberous (ligament)	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	846.8	Other specified sites of sacroilia...	846.8	Sprain of other specified sites of s...	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	846.9	Unspecified site of sacroiliac re...	846.9	Sprain of unspecified site of sacro...	S33.9XXA	Sprain of unspecified parts of lu...
<input checked="" type="checkbox"/>	S33.5XXA	847.2 Back Spasm	847.2	Sprain of lumbar	S33.5XXA	Sprain of ligaments of lumbar sp...
<input type="checkbox"/>	847.3	Sprain and strain of sacrum	847.3	Sprain of sacrum	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	847.4	Sprain and strain of coccyx	847.4	Sprain of coccyx	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	847.9	Sprain and strain of unspecified...	847.9	Sprain of unspecified site of back	S23.9XXA	Sprain of unspecified parts of th...
<input type="checkbox"/>	848.0	Sprain and strain of septal cartil...	848.0	Sprain of septal cartilage of nose	S03.1XXA	Dislocation of septal cartilage o...
<input type="checkbox"/>	848.1	Sprain and strain of jaw	848.1	Sprain of jaw	S03.4XXA	Sprain of jaw, initial encounter
<input type="checkbox"/>	848.2	Sprain and strain of thyroid region	848.2	Sprain of thyroid region	S13.5XXA	Sprain of thyroid region, initial e...
<input type="checkbox"/>	848.3	Sprain and strain of ribs	848.3	Sprain of ribs	S23.41XA	Sprain of ribs, initial encounter
<input type="checkbox"/>	848.40	"Sprain and strain of sternum, u...	848.40	Sprain of sternum, unspecified site	S23.429A	Unspecified sprain of sternum, i...
<input type="checkbox"/>	848.41	Sprain and strain of sternoclavi...	848.41	Sprain of sternoclavicular (joint) (l...	S23.420A	Sprain of sternoclavicular (joint)...
<input type="checkbox"/>	848.42	Sprain and strain of chondroste...	848.42	Sprain of chondrosternal (joint)	S23.421A	Sprain of chondrosternal joint, i...
<input type="checkbox"/>	848.49	Other sprain and strains of stern...	848.49	Sprain of sternum, other	S23.428A	Other sprain of sternum, initial e...
<input type="checkbox"/>	848.5	Pelvic sprain and strains	848.5	Sprain of pelvic	S33.8XXA	Sprain of other parts of lumbar s...
<input type="checkbox"/>	848.9	Unspecified site of sprain and s...	848.9	Unspecified site of sprain and strain	T14.90	Injury, unspecified
<input type="checkbox"/>	850.0	Concussion with no loss of consci...	850.0	Concussion with no loss of consci...	S06.0X0A	Concussion without loss of consci...
<input type="checkbox"/>	850.11	"Concussion, with loss of consci...	850.11	Concussion, with loss of consciou...	S06.0X1A	Concussion with loss of consci...

Select / De-Select All Create Selected Code Close


4. Click the **Other Mappings** tab. This tab allows you to see ICD-9 codes for which multiple ICD-10 codes can be mapped. For our example of code 847.2, there are no multiple possible mappings.

Create ICD-10 Codes

Instructions | 1:1 Mappings | **Other Mappings**

The following ICD-9 codes have more than one possible ICD-10 mapping.

1. Click a line item in the top grid to see the suggested mappings in the bottom grid.
2. Select the check boxes for line items to see the suggested ICD-10 codes. You can edit the suggested codes in the New Code field as necessary.
3. Click Create Selected Codes when you are ready.

 This icon in a line item indicates that the ICD-10 code already exists in your Diagnosis Code list but it has not been linked to an existing ICD-9 code. If you select this line item, this ICD-10 code will be linked to its corresponding ICD-9 code.

Your Code	Your Description	ICD-9 Code	Standard ICD-9 Long Description
<input type="checkbox"/> 842.13	Sprain and strain of interphalangeal (joint) of hand	842.13	Sprain of interphalangeal (joint) of hand
<input type="checkbox"/> 843.9	Sprain and strain of unspecified site of hip and thigh	843.9	Sprains and strains of unspecified site of hip and thigh
<input type="checkbox"/> 844.8	Sprain and strain of other specified sites of knee and...	844.8	Sprains and strains of other specified sites of knee and leg
<input type="checkbox"/> 844.9	Sprain and strain of unspecified site of knee and leg	844.9	Sprains and strains of unspecified site of knee and leg
<input type="checkbox"/> 845.00	Sprain Ankle	845.00	Sprain of ankle, unspecified site
<input type="checkbox"/> 845.09	Other ankle sprain and strain	845.09	Other sprains and strains of ankle
<input type="checkbox"/> 845.10	Sprain and strain of unspecified site of foot	845.10	Sprain of foot, unspecified site
<input type="checkbox"/> 847.0	Neck sprain and strain	847.0	Sprain of neck
<input type="checkbox"/> 847.1	Thoracic sprain and strain	847.1	Sprain of thoracic
<input type="checkbox"/> 848.8	Other specified sites of sprains and strains	848.8	Other specified sites of sprains and strains
<input type="checkbox"/> 850.2	Concussion with moderate (1-24 hours) loss of consc...	850.2	Concussion with moderate loss of consciousness
<input type="checkbox"/> 851.09	"Cortex (cerebral) contusion without mention of open...	851.09	Cortex (cerebral) contusion without mention of open intracranial wound, with concussio...
<input type="checkbox"/> 851.29	"Cortex (cerebral) laceration without mention of open...	851.29	Cortex (cerebral) laceration without mention of open intracranial wound, with concussio...
<input type="checkbox"/> 851.40	"Cerebellar or brain stem contusion without mention ...	851.40	Cerebellar or brain stem contusion without mention of open intracranial wound, unspecif...
<input type="checkbox"/> 851.41	"Cerebellar or brain stem contusion without mention ...	851.41	Cerebellar or brain stem contusion without mention of open intracranial wound, with no l...

New Code	ICD-10 Code	Standard ICD-10 Long Description	ICD-9 Code	Standard ICD-9 Long Description

Select / De-Select All Create Selected Code Close

5. Select the check box for a listed item. Possible mappings appear in the grid at the bottom.

The following ICD-9 codes have more than one possible ICD-10 mapping.

1. Click a line item in the top grid to see the suggested mappings in the bottom grid.
2. Select the check boxes for line items to see the suggested ICD-10 codes. You can edit the suggested codes in the New Code field as necessary.
3. Click Create Selected Codes when you are ready.

This icon in a line item indicates that the ICD-10 code already exists in your Diagnosis Code list but it has not been linked to an existing ICD-9 code. If you select this line item, this ICD-10 code will be linked to its corresponding ICD-9 code.

Your Code	Your Description	ICD-9 Code	Standard ICD-9 Long Description
<input checked="" type="checkbox"/> 005.89	Other bacterial food poisoning	005.89	Other bacterial food poisoning
<input type="checkbox"/> 014.80	"Tuberculosis of intestines, peritoneum, and mesente...	014.80	Other tuberculosis of intestines, peritoneum, and mesenteric glands, unspecified
<input type="checkbox"/> 014.81	"Tuberculosis of intestines, peritoneum, and mesente...	014.81	Other tuberculosis of intestines, peritoneum, and mesenteric glands, bacteriological or h...
<input type="checkbox"/> 014.82	"Tuberculosis of intestines, peritoneum, and mesente...	014.82	Other tuberculosis of intestines, peritoneum, and mesenteric glands, bacteriological or h...
<input type="checkbox"/> 014.83	"Tuberculosis of intestines, peritoneum, and mesente...	014.83	Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli fou...
<input type="checkbox"/> 014.84	"Tuberculosis of intestines, peritoneum, and mesente...	014.84	Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not ...
<input type="checkbox"/> 014.85	"Tuberculosis of intestines, peritoneum, and mesente...	014.85	Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not ...
<input type="checkbox"/> 014.86	"Tuberculosis of intestines, peritoneum, and mesente...	014.86	Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not ...
<input type="checkbox"/> 015.90	"Tuberculosis of unspecified bones and joints, confir...	015.90	Tuberculosis of unspecified bones and joints, unspecified
<input type="checkbox"/> 015.91	"Tuberculosis of unspecified bones and joints, bacte...	015.91	Tuberculosis of unspecified bones and joints, bacteriological or histological examination...
<input type="checkbox"/> 015.92	"Tuberculosis of unspecified bones and joints, bacte...	015.92	Tuberculosis of unspecified bones and joints, bacteriological or histological examination...
<input type="checkbox"/> 015.93	"Tuberculosis of unspecified bones and joints, tuber...	015.93	Tuberculosis of unspecified bones and joints, tubercle bacilli found (in sputum) by micro...
<input type="checkbox"/> 015.94	"Tuberculosis of unspecified bones and joints, tuber...	015.94	Tuberculosis of unspecified bones and joints, tubercle bacilli not found (in sputum) by m...
<input type="checkbox"/> 015.95	"Tuberculosis of unspecified bones and joints, tuber...	015.95	Tuberculosis of unspecified bones and joints, tubercle bacilli not found by bacteriologic...
<input type="checkbox"/> 015.96	"Tuberculosis of unspecified bones and joints, tuber...	015.96	Tuberculosis of unspecified bones and joints, tubercle bacilli not found by bacteriologic...

New Code	ICD-10 Code	Standard ICD-10 Long Description	ICD-9 Code	Standard ICD-9 Long Description
<input checked="" type="checkbox"/> A05.4	A05.4	Foodborne Bacillus cereus intoxication	005.89	Other bacterial food poisoning
<input checked="" type="checkbox"/> A05.8	A05.8	Other specified bacterial foodborne intoxications	005.89	Other bacterial food poisoning

Select / De-Select All Create Selected Code Close

6. Select the check boxes in the bottom grid for the potential codes you want to map. All will be checked by default.
7. When you are done selecting codes on the tabs, click **Create Selected Codes**. This will create the ICD-10 codes and the mappings.

Helpful Hint: Be sure to update this book or any paper chart you are keeping on which codes you have updated.

Encoder Pro

You can also use Encoder Pro to search for ICD-10 codes and map them to ICD-9 codes.

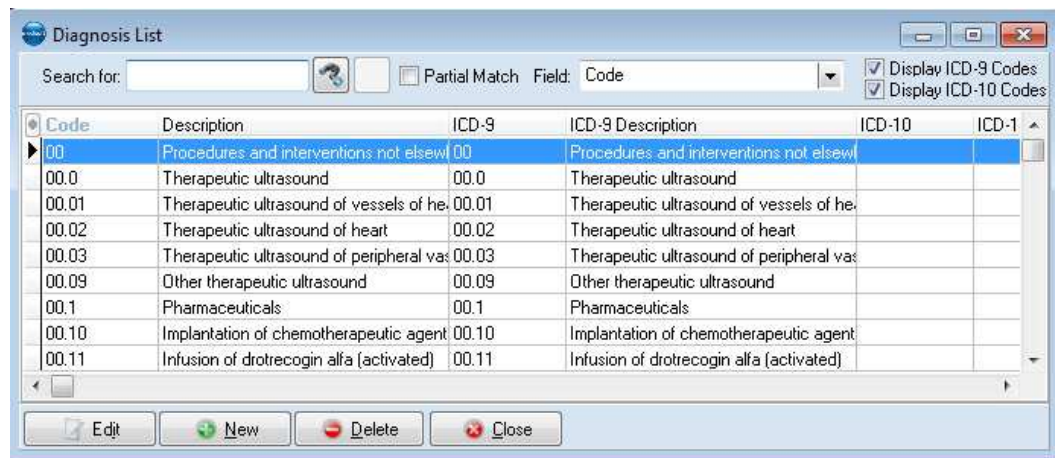
Encoder Pro is purchased separately. Contact your Value Added Reseller for more information on purchasing Encoder Pro.

Once you purchase and install Encoder Pro, use these steps to create an ICD-10 code and map it to an ICD-9 code.

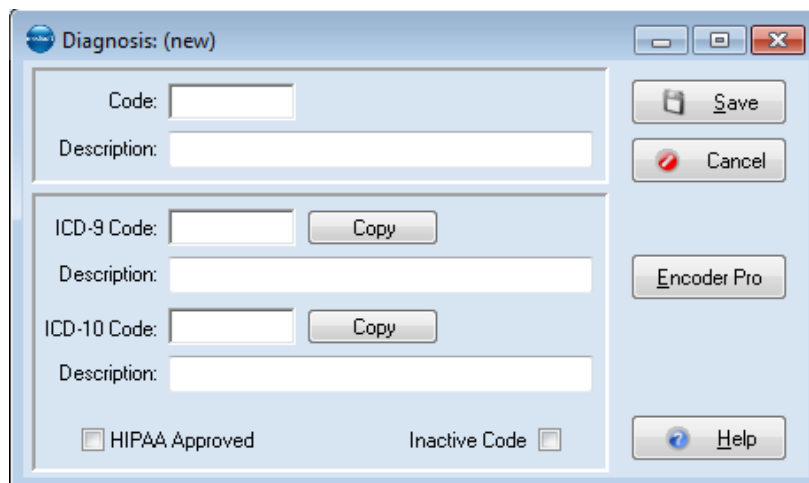
1. On the Lists menu in Medisoft v19, click **Diagnosis Codes**. The Diagnosis Codes List window opens.

Helpful Hint: Medisoft v19 allows you change the display of your diagnosis codes in the Diagnosis List. Do you only want to see your ICD-10 or ICD-9 codes? All you need to do is check Display ICD-10 codes or Display ICD-9 codes on your diagnosis list. Do you need to quickly search and find a code? Type what you are looking for and click the

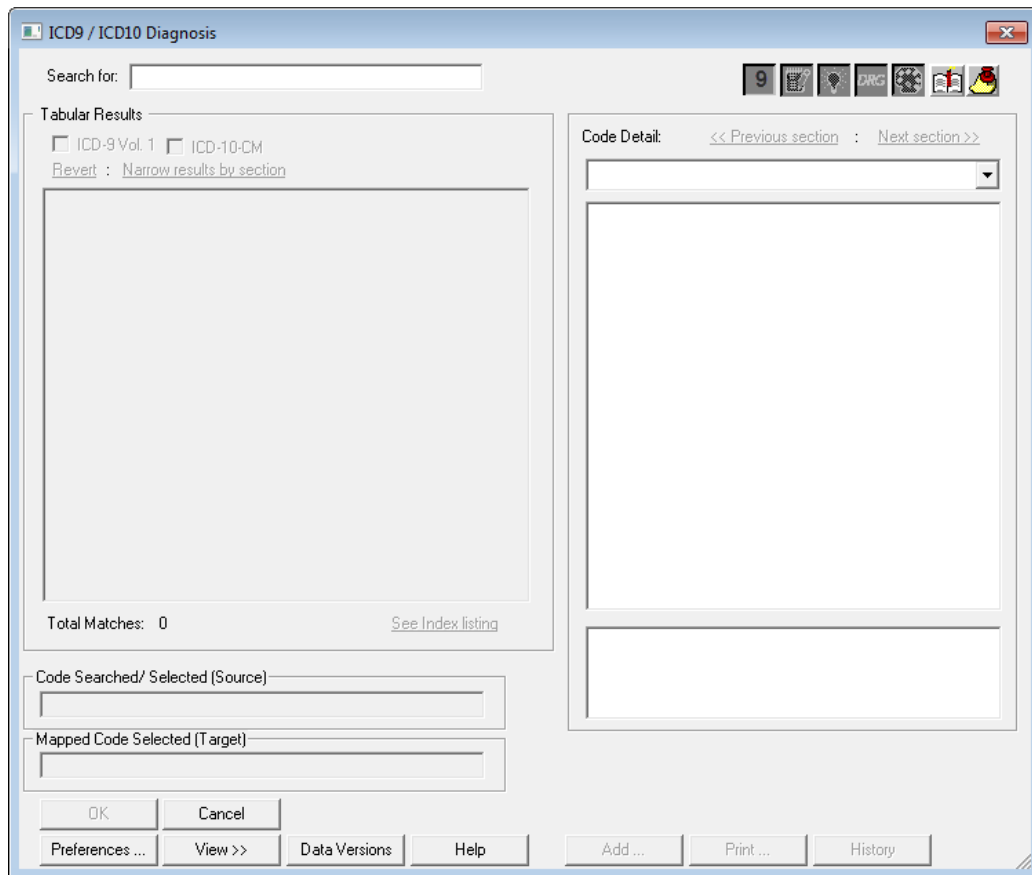
partial match check box. This will allow you to quickly find the diagnosis code you are searching for.



2. Click **New**. The Diagnosis (new) window opens.



3. Click the **Encoder Pro** button. Encoder Pro launches.



4. Enter the ICD-10 code you want to create and map in the **Search for** box. For our example of Back Spasm, we'll search for S33.5XXA.

5. Press the **Enter** key. The results appear in the box on the right.

The screenshot shows the 'ICD9 / ICD10 Diagnosis' window. The search bar at the top left contains 'S33.5XXA'. Below it, the 'Tabular Results' section is empty, with 'Total Matches: 0' and a 'See Index listing' link. The 'Code Detail' section on the right shows a list of codes under 'Chapter 19 - Injury, Poisoning and Certain Other I'. The code 'S33.5XXA Sprain of ligaments of lumbar spine, initial encounter' is highlighted in blue. The 'Code Searched/ Selected (Source)' field contains 'S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter'. The 'Mapped Code Selected (Target)' field is empty. At the bottom, there are buttons for 'OK', 'Cancel', 'Preferences ...', 'View >>', 'Data Versions', 'Help', 'Add ...', 'Print ...', and 'History'.

ICD9 / ICD10 Diagnosis

Search for: S33.5XXA

Tabular Results

☐ ICD-9 Vol. 1 ☐ ICD-10-CM

Revert : [Narrow results by section](#)

Total Matches: 0 [See Index listing](#)

Code Searched/ Selected (Source)

S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter

Mapped Code Selected (Target)

OK Cancel

Preferences ... View >> Data Versions Help

Code Detail: << Previous section : Next section >>

Chapter 19 - Injury, Poisoning and Certain Other I

S33.39XD Dislocation of other parts of lumbar spine and pelvis, subsequent encounter

S33.39XS Dislocation of other parts of lumbar spine and pelvis, sequela

S33.4 Traumatic rupture of symphysis pubis

S33.4XXA Traumatic rupture of symphysis pubis, initial encounter

S33.4XXD Traumatic rupture of symphysis pubis, subsequent encounter

S33.4XXS Traumatic rupture of symphysis pubis, sequela

S33.5 Sprain of ligaments of lumbar spine

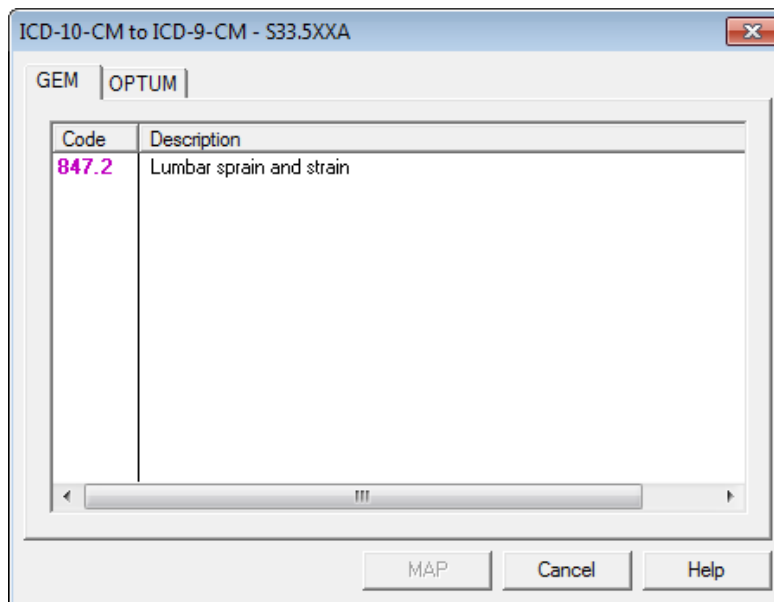
S33.5XXA Sprain of ligaments of lumbar spine, initial encounter

S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter

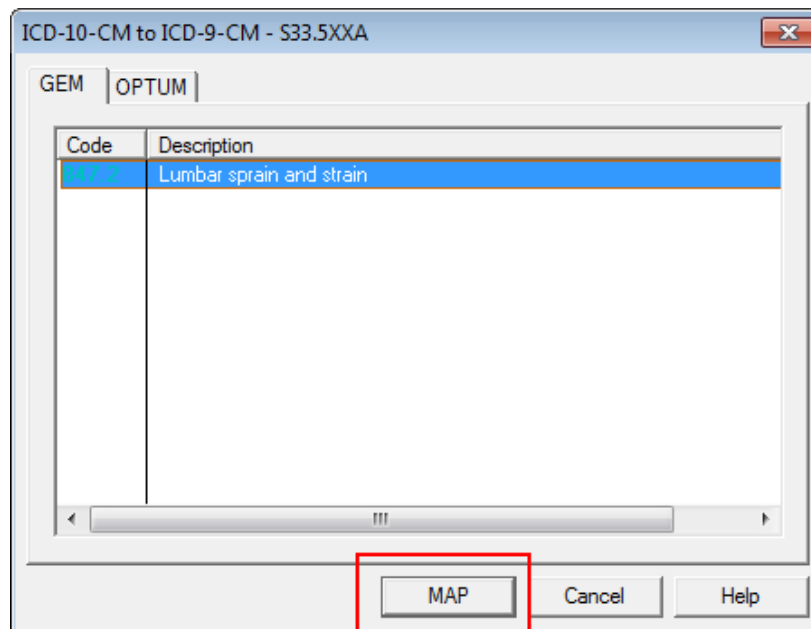
S33.5XXS Sprain of ligaments of lumbar spine, sequela

Add ... Print ... History

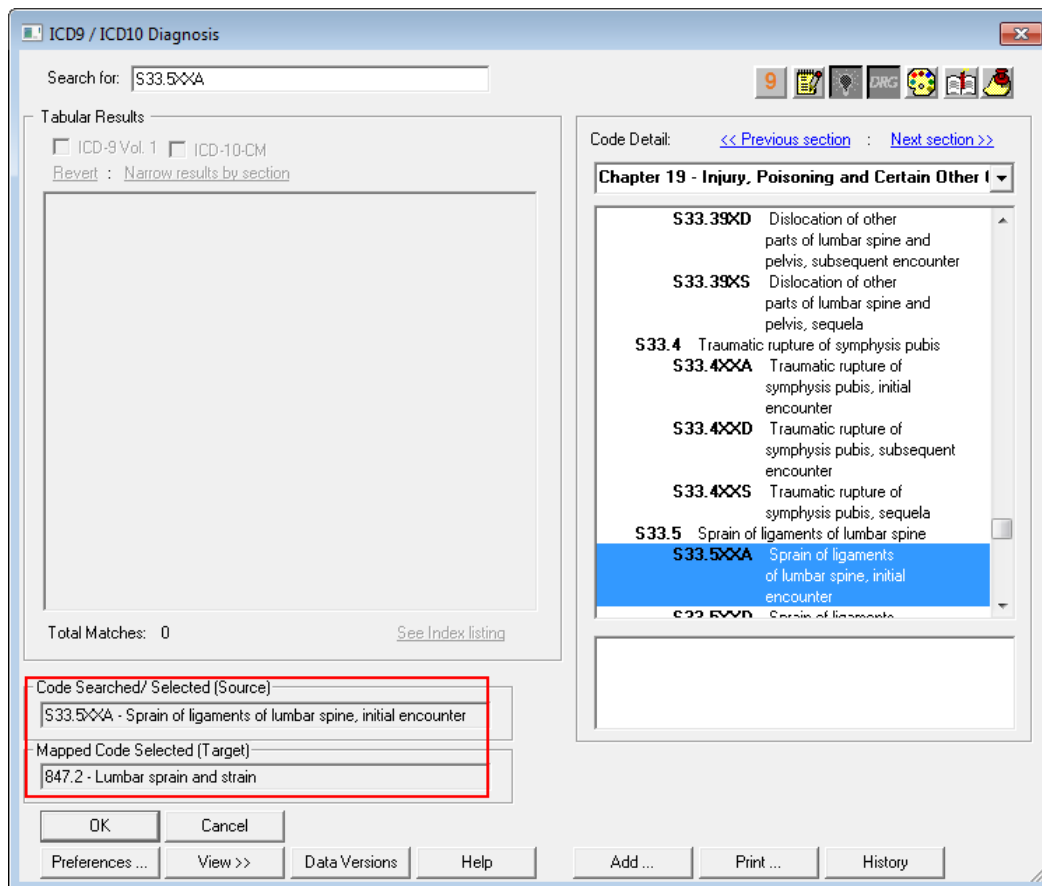
6. Click the **9** icon button in the top right. The ICD-10-CM to ICD-9-CM window opens. This window shows you the possible ICD-9 codes that you can map your new ICD-10 code to. You can select either the GEM or Optum™ code, if available.



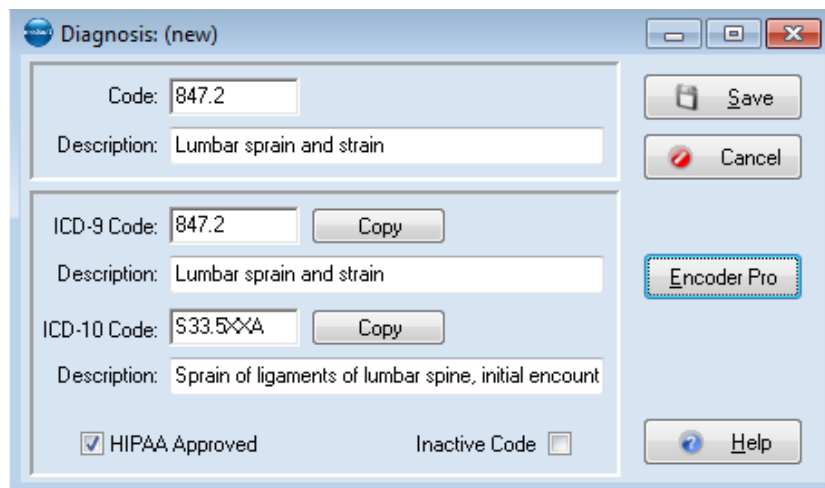
7. Click the line item you want to map. The MAP button is enabled.



8. Click the **MAP** button. The code is copied into the Mapped Code Selected (Target) field on the main Encoder Pro window.



9. Click **OK**. The code values are copied into the Diagnosis (new) window.



10. Click **Save** to save the new code.

Helpful Hint: Make sure to review the Optum tab when using Encoder Pro. The Optum tab shows the value of Encoder Pro. Ingenix incorporated clinical expertise to create its mapping files. The value-added files increase the number of one-to-one crosswalk matches by identifying Optum ICD-10 MapSelects and provide additional map alternatives not contained in GEMs.

Helpful Hint: Be sure to update this book or any paper chart you are keeping on which codes you have updated.

3. Set existing insurance carriers to ICD-9

Medisoft v19 allows you to learn and begin coding in ICD-10 while still continuing to submit claims using ICD-9 codes. This is accomplished by using the Set ICD Version utility. In Step 2, you mapped ICD-9 codes to ICD-10 codes. In this step, you will configure Medisoft v19 to only send ICD-9 codes on your claims. This means when you select an ICD-10 diagnosis code for your patient, Medisoft v19 will place the ICD-9 equivalent on your claim.

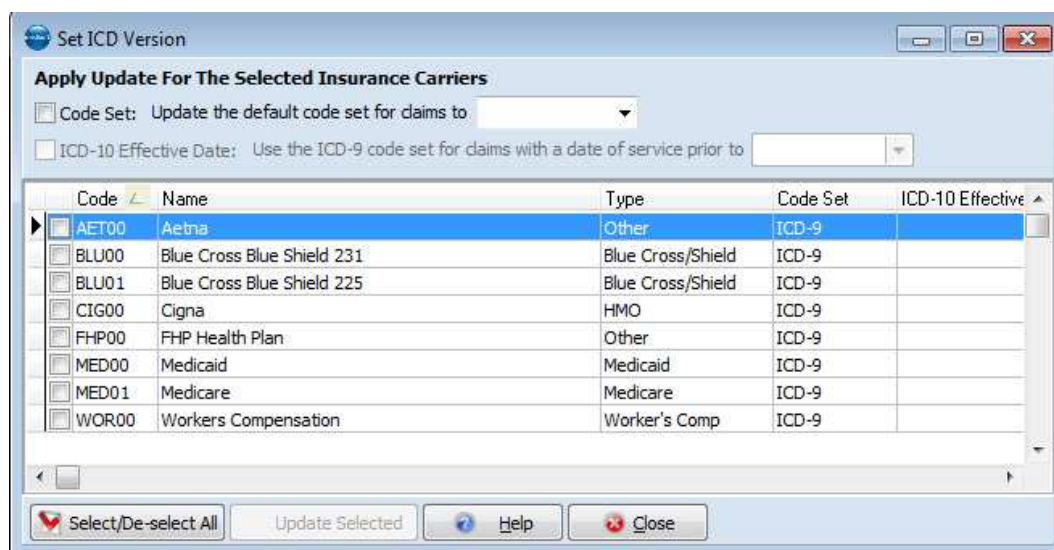
To ensure that your claims go out with ICD-9 codes, you can use the Set ICD Version utility to set all of your insurance carriers to ICD-9. This utility allows for ICD-10 to be toggled on/off for **EACH** carrier on your insurance carrier list. In addition, it can

- Update carriers to ICD-10 in bulk
- Assign effective dates. (Allows prior configuration to Oct 1, 2015)

Helpful Hint: You can update all your Insurance Carriers to ICD-10 at once and assign the effective date, making system configuration simple and allowing you to focus your practice's ICD-10 implementation. Remember, you can go ahead and configure your system to send ICD-10 on 10-15-2015!

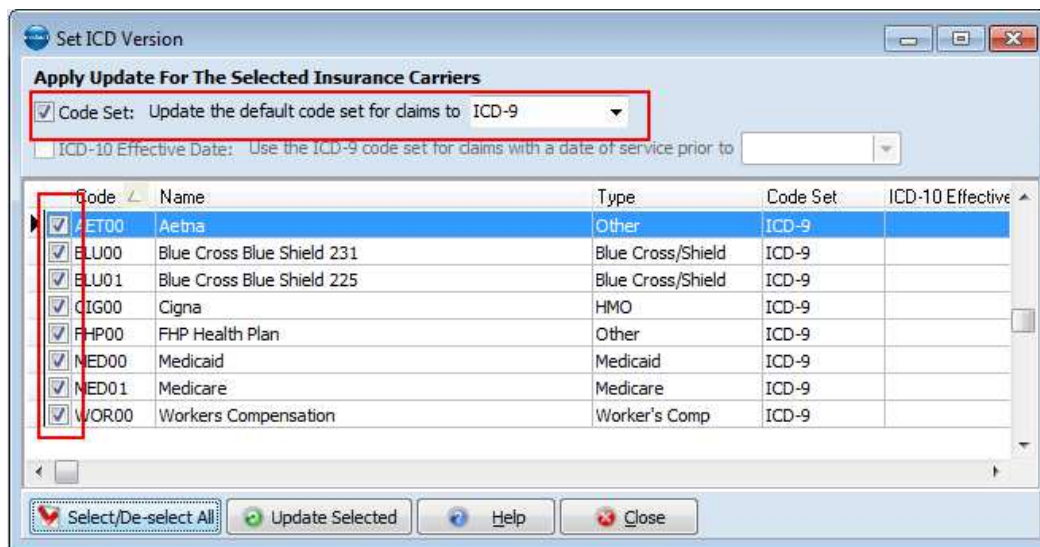
To use this utility:

1. On the Tools menu in Medisoft v19, point to Services, and click **Set ICD Version**. The Set ICD Version utility opens.



2. Select the **Code Set** check box and select ICD-9 in the **Update the default code set for claims to**. Note: All of your carriers may already be set to ICD-9.

3. Click the **Select/De-select All** button in the bottom left.



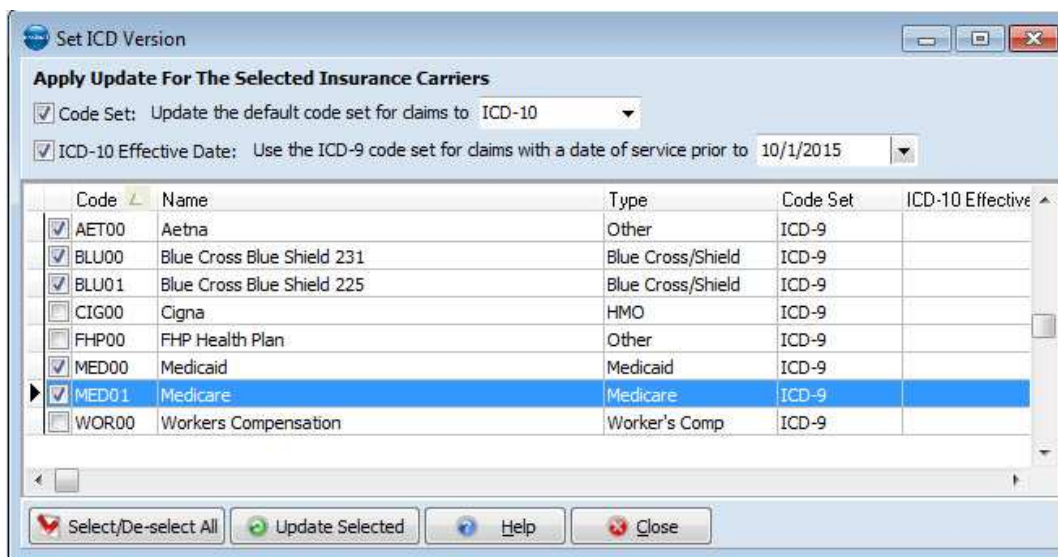
4. Click **Update Selected**. Now all of your carriers are set to use ICD-9 codes.

Optional Steps for setting the ICD-10 Effective Date

If you already know the date that a carrier will switch to ICD-10, you can set that up now. To do so:

1. On the Set ICD Version window, select the **Code Set** check box.
2. Select ICD-10 in the **Update the default code set for claims to** field.
3. Select the **ICD-10 Effective Date** check box.
4. Enter the date that the carrier(s) will switch to requiring ICD-10 codes in the field for **Use the ICD-9 code set for claims with a date of service prior to**.

5. Select the carriers that will switch to that date.



6. Click the **Update Selected** button. Now, when you enter transactions for those carriers and the date of service is the date you selected or after, Medisoft v19 will put ICD-10 codes on the claim. Otherwise, it will continue to use ICD-9 codes.

Helpful Hint: You do not have to use this utility to change your Insurance Carrier's default code set. You can also individually change the default code set on the Options and Codes tab of the insurance carrier's record (in Medisoft, select Lists, point to Insurance Carriers, and click Options and Codes). Here you can set the insurance carrier's diagnosis code set.

4. Start using ICD-10 codes

Moving forward, start selecting the ICD-10 codes you created. This will get you into the habit of selecting the new codes and it's safe to do because you've set all of your insurance carriers to use the ICD-9 codes on claims. When you are comfortable with your ICD-10 progress, continue mapping more of your ICD-9 codes to their ICD-10 equivalents.

Helpful Hint: Did you accidentally enter an ICD-10 code that did not have an ICD-9 equivalent mapping? That is ok. Medisoft v19 will alert you by showing the diagnosis code in Red in Transaction Entry and showing you a message when you try to save your transaction.

Transaction Entry

Chart: AUSAN000 | Patient: Austin, Andrew (1/1/1950)

Cage: 6 | Procedure: Annual Exam

Last Payment Date: | Last Payment Amount: \$0.00
 Last Visit Date: 4/1/2014
 Visit: 1 of A 100
 Global Coverage Unit:

Charges:

Aetna Patient	
Co-pay Overdue: \$0.00	
0-30	31-60 61-90 91+
0.00	\$0.00 \$0.00 \$0.00
Total: \$0.00	
Policy Copay: 0.00	OA: 0.00 YTD: \$0.00
Annual Deductible: 0.00	

Financial Summary:

Charges:	\$0.00
Adjustments:	\$0.00
Subtotal:	\$0.00
Payment:	\$0.00
Balance:	\$0.00
Account Total:	\$0.00

☒ Calculate Totals

Date	Procedure	Units	Amount	Total	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8
4/1/2014	0005F	1	0.00	0.00	V700	S33.5XXA						

Buttons: New, Delete, MultiLink, Note, EDI Notes, Details, Tag, Update All, Quick Receipt, Print Receipt, Print Claim, View Statements, Close, Save Transactions

Payments, Adjustments, And Comments:

Date	Pay/Adj Code	Who Paid	Description	Provider	Amount	Check Number	Unapplied

Diagnosis Code Set Warning

The Diagnosis Code Set mapped for your primary insurance is missing for the following diagnosis codes: S33.5XXA.

Any claim created without a diagnosis code will be rejected by the insurance company. Do you want to save this transaction?

Buttons: Yes, No

Revenue Management

Revenue Management will properly send diagnosis codes in ICD-10 format. You do not need to make any changes to your system to send ICD-10 codes in Revenue Management.

Medisoft Mobile

If you are using the Medisoft Mobile app on your mobile device, know that it is ICD-10 ready. You can use this app for entering and sending charges so you can eliminate the massive paper superbill, all with simple taps to your mobile device.

Helpful Hint: Use Medisoft Mobile to learn your ICD-10 codes. You can add any of your mapped ICD-10 codes to your mobile device. This eliminates the need to have any current paper superbill in your office updated. It also allows you to learn ICD-10 at your pace since you can add the ICD-10 codes to your superbill at any time.

Using your mobile device, you can:

- Create a mobile superbill that includes procedure codes and diagnosis codes
- Enter charges.

- Submit charges with the tap of a button

The screenshot displays the Medisoft Mobile app interface on an iPad. The top status bar shows 'iPad', signal strength, '10:38 AM', and '6%' battery. The app header includes a 'Logout' button, the title 'Default', and buttons for 'Add Section', 'Save', 'Save As', and 'Settings'. The main content area is divided into several sections:

- Comprehensive**: A list of charges with codes.

Comprehensive	99204
Comprehensive (new patient)	99205
- ICD-10**: A list of ICD-10 codes and descriptions.

Essential (primary) hypertension	I10
Acute pansinusitis, unspecified	J01.40
Acute upper respiratory infection, unspecified	J06.9
Pneumonia, unspecified organism	J18.9
Simple chronic bronchitis	J41.0
Emphysema, unspecified	J43.9
back spasm	S33.5X06A
Allergy, unspecified, initial encounter	T78.40XA
- X-Ray Codes**: A list of X-ray codes and descriptions.

X-Ray, Ankle, Complete	73610
X-Ray, Laryngography	70373
X-Ray, Chest, Min 4 Views	71030
X-Ray, Neck	70360
X-Ray, Hand, Min 3 Views	73130
X-Ray, Knee, Mn 3 Views	73562
X-Ray, Ankle, Complete	73610
X-Ray, Laryngography	70373
- Links**: A list of links.

Patient Education	>
eRx	>
- Discharge Instructions**: A list of discharge instructions.

Come back in 2 weeks
Come back in 4 weeks
Come back in 6 weeks
Come back in 8 weeks
- ICD 9**: A list of ICD 9 codes and descriptions.

Food Poisoning, Unspecified	005.9
Chicken Pox	052.9
Vitamin Deficiency	269.2
Headache-Migraine	346.9
Hypertension	401.9
Varicose Veins	454.9
Heart Disease	422.9
Upper Respiratory Infection, AC	465.9

The bottom of the screen features a navigation bar with icons for 'Schedule', 'Pharmacy', and 'Setup'.

Notices

For instructions on how to set up Medisoft Mobile, see the Medisoft Installation guide available on your Medisoft Installation DVD.

Setting up a superbill template

Before you start entering charges from your mobile device, configure a template that you will use to display the information you want on the Enter Charges screen.

1. On the mobile device, launch the Medisoft app and log in.

2. Tap Setup at the bottom of the screen.

Logout Default Add Section Save Save As Settings

Office Visit (New)		Office Visit (Est)	
Problem focused	99201	Minimal	99211
Expanded problem focused	99202	Expanded problem focused	99212
Detailed	99203	Detailed	99213
Comprehensive	99204	Comprehensive	99214
Comprehensive (new patient)	99205	Comprehensive (new patient)	99215

Diagnosis		X-Ray Codes	
Food Poisoning, Unspecified	005.9	X-Ray, Ankle, Complete	73610
Chicken Pox	052.9	X-Ray, Laryngography	70373
Vitamin Deficiency	269.2	X-Ray, Chest, Min 4 Views	71030
Headache-Migraine	346.9	X-Ray, Neck	70360
Hypertension	401.9	X-Ray, Hand, Min 3 Views	73130
Varicose Veins	454.9	X-Ray, Knee, Mn 3 Views	73562
Heart Disease	422.9	X-Ray, Ankle, Complete	73610
Upper Respiratory Infection, AC	465.9	X-Ray, Laryngography	70373
Family Planning	V2509		
Dermatitis, Unspecified Cause	692.9		
Sunburn	692.71		
Gastric Ulcer	531.90		
Chronic Bronchitis	491.0		
Bronchitis	490.0		

Links

- Patient Education >
- eRx >

Discharge Instructions

- Come back in 2 weeks
- Come back in 4 weeks

Schedule Charges Setup

3. Begin setting up your template by adding a section. Tap Add Section at the top of the screen.

Cancel Add New Section Done

Name

Allow edit during charge entry

4. Enter a title for your new section, as well as indicate if you want to allow edit during charge entry, and tap Done. The new section appears on the screen.

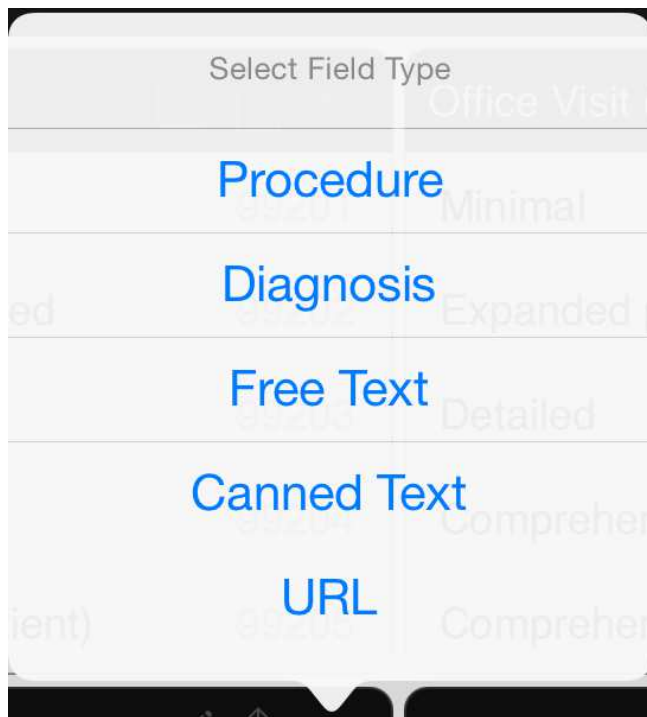
Office Visit (New)		Office Visit (Est)	
Problem focused	99201	Minimal	99211
Expanded problem focused	99202	Expanded problem focused	99212
Detailed	99203	Detailed	99213
Comprehensive	99204	Comprehensive	99214
Comprehensive (new patient)	99205	Comprehensive (new patient)	99215

Procedure		X-Ray Codes	
Food Poisoning, Unspecified	005.9	X-Ray, Ankle, Complete	73610
Chicken Pox	052.9	X-Ray, Laryngography	70373
Vitamin Deficiency	269.2	X-Ray, Chest, Min 4 Views	71030
Headache-Migraine	346.9	X-Ray, Neck	70360
Hypertension	401.9	X-Ray, Hand, Min 3 Views	73130
Varicose Veins	454.9	X-Ray, Knee, Mn 3 Views	73562
Heart Disease	422.9	X-Ray, Ankle, Complete	73610
Upper Respiratory Infection, AC	465.9	X-Ray, Laryngography	70373
Family Planning	V2509		
Dermatitis, Unspecified Cause	692.9		
back spasm	847.2		
Gastric Ulcer	531.90		
Chronic Bronchitis	491.0		

Links	
Patient Education	>
eRx	>

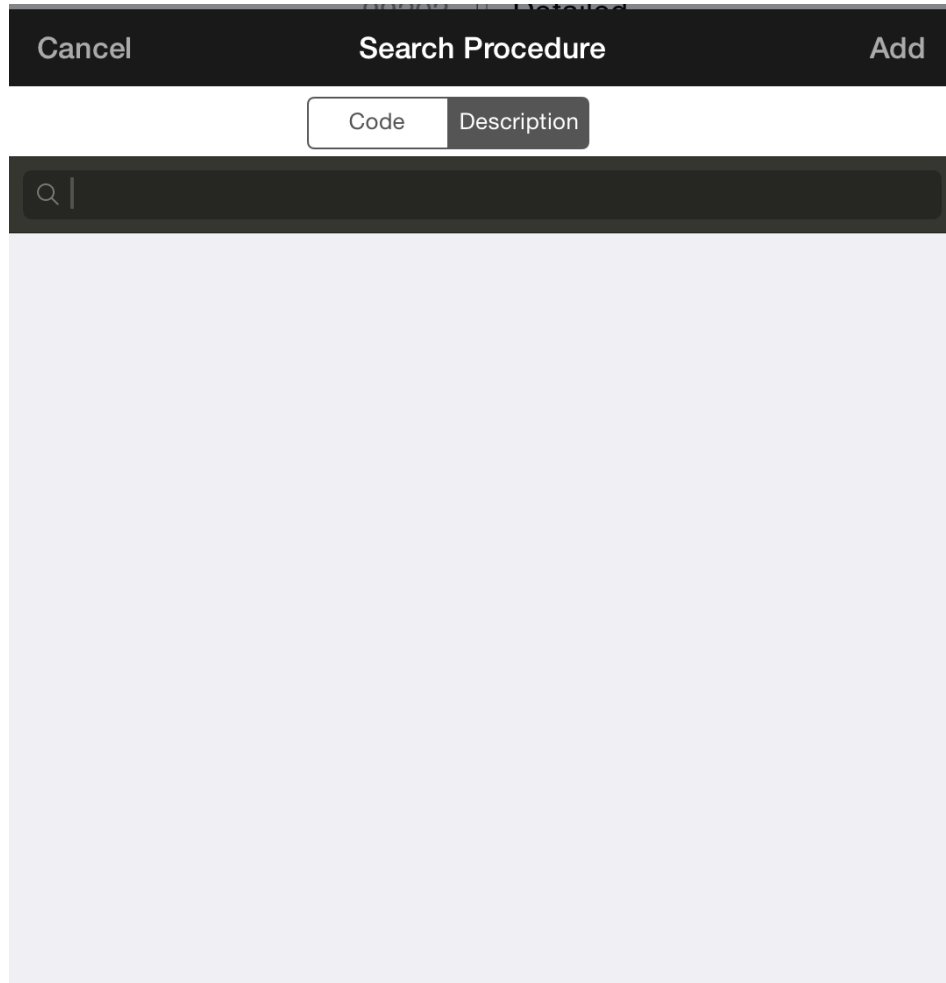
Discharge Instructions	
Come back in 2 weeks	
Come back in 4 weeks	

5. Next, add items to the new section. To do so, tap the + icon on the new section. The Select Field Type menu appears.



You can select from a procedure or diagnosis, enter text, or enter a URL that will appear as a link.

6. Tap the item you want to add. The Search screen for that type of item appears.



7. Enter characters to search for the item and tap Search. The list of items appears.
8. Tap the item you want and tap Add. The item appears in your new section.



9. Continue adding sections and items until your superbill template is complete.
10. Tap Save to save the template.
11. You can create additional templates in the same manner.

Entering and submitting charges

With a few simple taps, you can enter charges and send them to the biller from Medisoft Mobile.




To do so:

1. On the main window, tap **Enter Charges**. Your template appears.

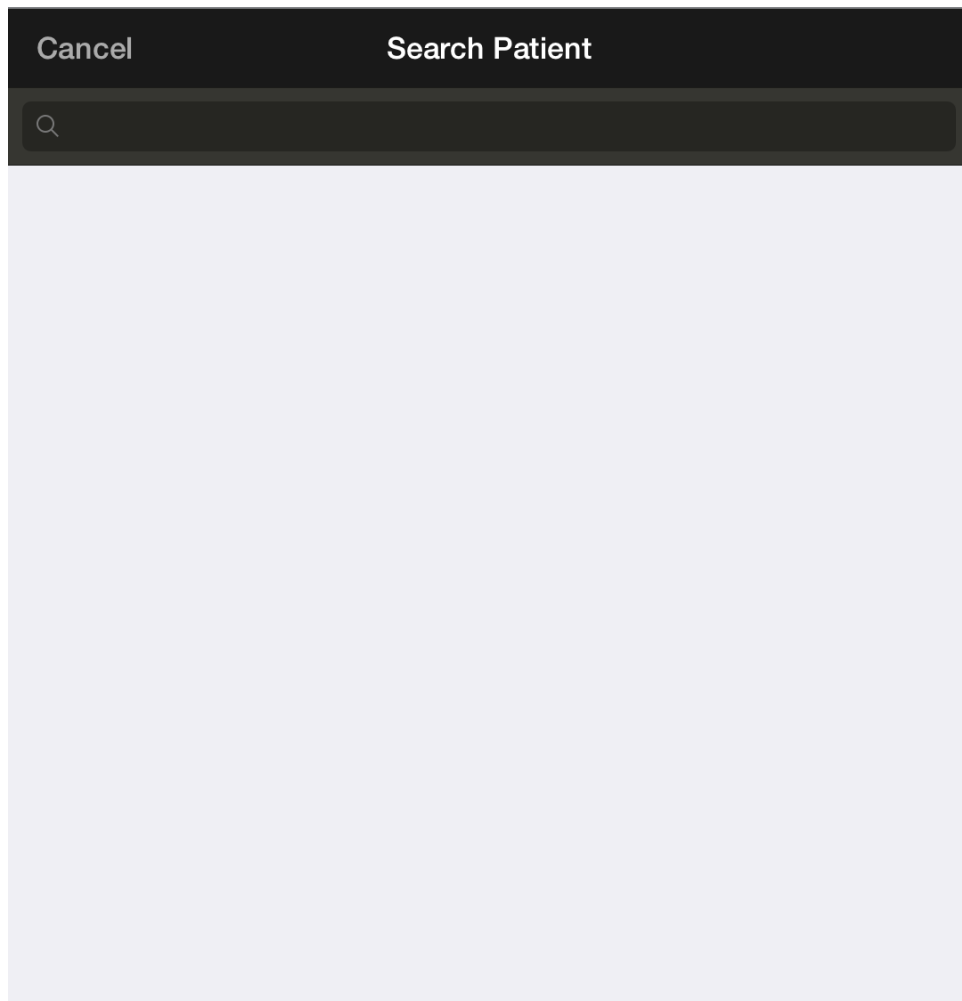
Logout		Clear Facility Provider Select Patient Submit	
Date of Service	5/23/2014	Insurance	
Patient		Copay	
Address		Guarantor Balance	
		Referring Provider	
Phone			
DOB	Age	Sex	Physician
Appointment Reason			

Office Visit (New)		Office Visit (Est)	
Problem focused	99201	Minimal	99211
Expanded problem focused	99202	Expanded problem focused	99212
Detailed	99203	Detailed	99213
Comprehensive	99204	Comprehensive	99214
Comprehensive (new patient)	99205	Comprehensive (new patient)	99215

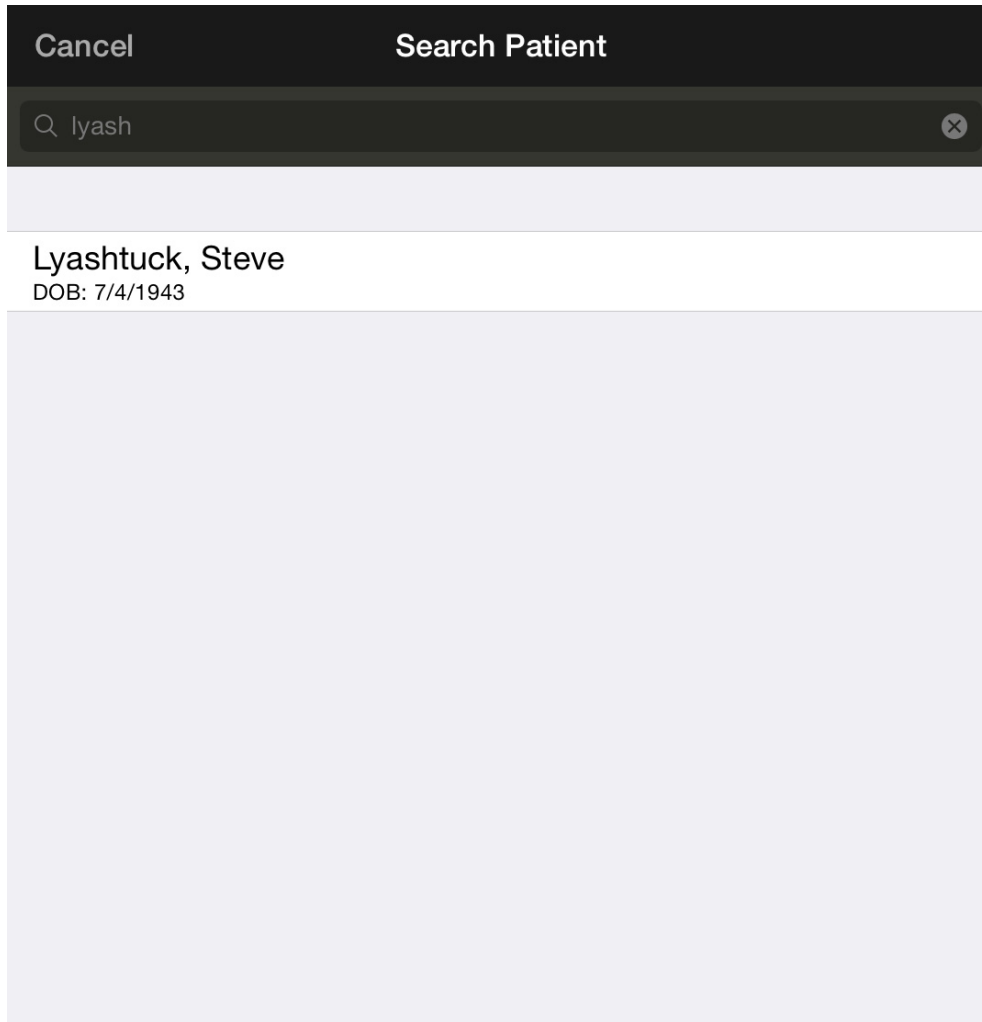
Diagnosis		X-Ray Codes	
Food Poisoning, Unspecified	005.9	X-Ray, Ankle, Complete	73610
Chicken Pox	052.9	X-Ray, Laryngography	70373
Vitamin Deficiency	269.2	X-Ray, Chest, Min 4 Views	71030
Headache-Migraine	346.9	X-Ray, Neck	70360
Hypertension	401.9	X-Ray, Hand, Min 3 Views	73130
Varicose Veins	454.9	X-Ray, Knee, Mn 3 Views	73562
Heart Disease	422.9	X-Ray, Ankle, Complete	73610
Upper Respiratory Infection, AC	465.9	X-Ray, Laryngography	70373
Family Planning	V2509		

Links	
 27	
Schedule	Charges
	
	Setup

2. Tap **Select Patient**. The Search Patient window appears.



3. Enter the last name of the patient and click **Search**. The result appears.



The screenshot shows a mobile application interface for searching patients. At the top, there is a dark header bar with the text "Cancel" on the left and "Search Patient" in the center. Below the header is a search bar with a magnifying glass icon on the left, the text "lyash" in the center, and a close button (an 'x' in a circle) on the right. Below the search bar, the results are displayed. The first result is "Lyashtuck, Steve" in a bold font, followed by "DOB: 7/4/1943" in a smaller font. Below the results, there is a large, empty light gray rectangular area.

4. Tap the name of the patient to select.

[Logout](#)
[Clear](#)
[Facility](#)
[Provider](#)
[Select Patient](#)
[Submit](#)

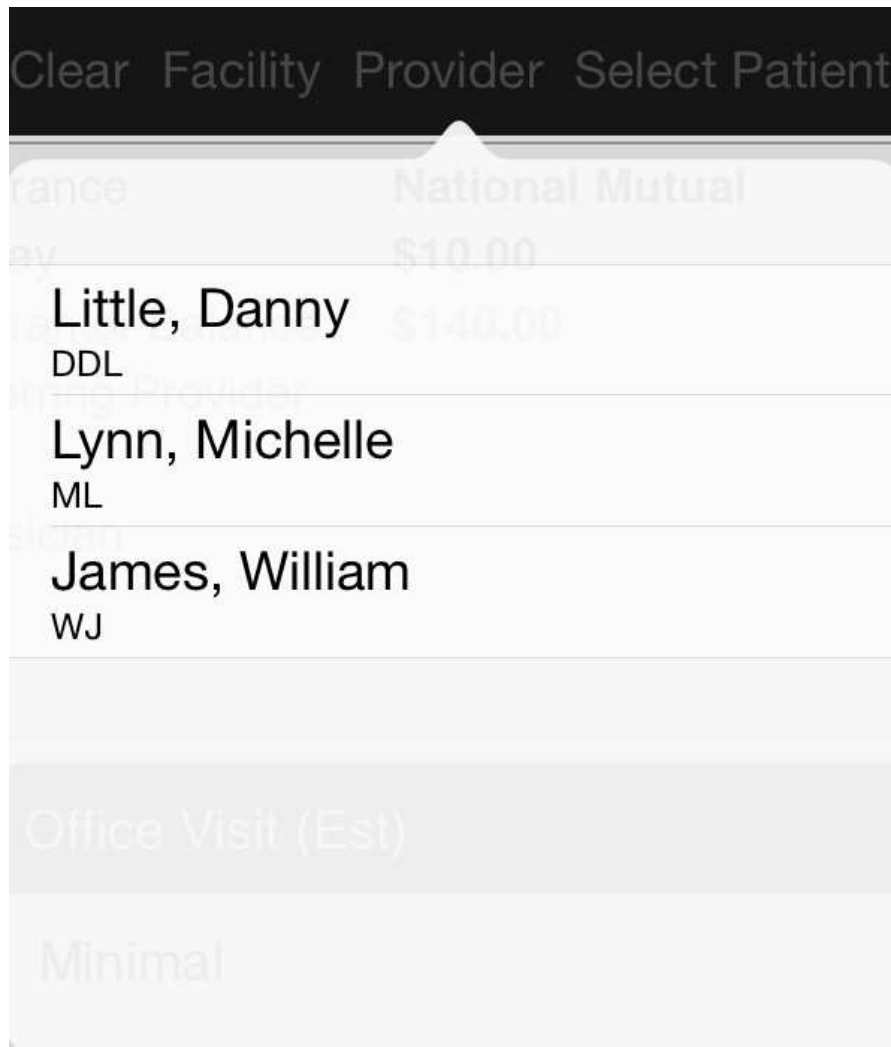
Date of Service	5/23/2014	Insurance	National Mutual
Patient	Lyashtuck, Steve	Copay	\$10.00
Address	123 Bradford Way, Hollywood, CA 12345-6789	Guarantor Balance	\$140.00
Phone	(808) 555-4444	Referring Provider	
DOB	7/4/1943	Age	70
Sex	Male	Physician	
Appointment Reason			

Office Visit (New)	Office Visit (Est)
Problem focused 99201	Minimal 99211
Expanded problem focused 99202	Expanded problem focused 99212
Detailed 99203	Detailed 99213
Comprehensive 99204	Comprehensive 99214
Comprehensive (new patient) 99205	Comprehensive (new patient) 99215

Diagnosis	X-Ray Codes
Food Poisoning, Unspecified 005.9	X-Ray, Ankle, Complete 73610
Chicken Pox 052.9	X-Ray, Laryngography 70373
Vitamin Deficiency 269.2	X-Ray, Chest, Min 4 Views 71030
Headache-Migraine 346.9	X-Ray, Neck 70360
Hypertension 401.9	X-Ray, Hand, Min 3 Views 73130
Varicose Veins 454.9	X-Ray, Knee, Mn 3 Views 73562
Heart Disease 422.9	X-Ray, Ankle, Complete 73610
Upper Respiratory Infection, AC 465.9	X-Ray, Laryngography 70373
Family Planning V2509	

[Schedule](#)
[Charges](#)
[Setup](#)

5. Next, select a provider. Tap **Provider**. The list of providers appears.



6. Tap a provider to select.
- Helpful hint: You can also select a Facility.*
7. On the template window, tap the procedure codes to select them.

8. Tap diagnosis codes to select them.

[Logout](#)
[Clear](#)
[Facility](#)
[Provider](#)
[Select Patient](#)
[Submit](#)

Date of Service	5/23/2014	Insurance	National Mutual
Patient	Lyashtuck, Steve	Copay	\$10.00
Address	123 Bradford Way, Hollywood, CA 12345-6789	Guarantor Balance	\$140.00
Phone	(808) 555-4444	Referring Provider	
DOB	7/4/1943	Age	70
Sex	Male	Physician	Lynn, Michelle
Appointment Reason			

Office Visit (New)

Problem focused	99201
Expanded problem focused	99202
Detailed	99203
Comprehensive	99204
Comprehensive (new patient)	99205

Office Visit (Est)

Minimal	99211
Expanded problem focused	99212
Detailed	99213
Comprehensive	99214
Comprehensive (new patient)	99215

Diagnosis

Back Spasm	847.2
Chicken Pox	052.9
Vitamin Deficiency	269.2
Headache-Migraine	346.9
Hypertension	401.9
Varicose Veins	454.9
Heart Disease	422.9
Upper Respiratory Infection, AC	465.9
Family Planning	V2509

X-Ray Codes

X-Ray, Ankle, Complete	73610
X-Ray, Laryngography	70373
X-Ray, Chest, Min 4 Views	71030
X-Ray, Neck	70360
X-Ray, Hand, Min 3 Views	73130
X-Ray, Knee, Mn 3 Views	73562
X-Ray, Ankle, Complete	73610
X-Ray, Laryngography	70373

Schedule

Charges

Setup

9. When you have completed selecting procedure and diagnosis codes and entering any notes, tap **Submit**. The Review Charges window appears.

iPad 10:56 AM 39%

[Cancel](#) Review Charges [Confirm](#)

Provider Lynn, Michelle >

Date of Service 05/23/14 10:56 AM

Facility None >

DETAILED (99203)

Mod 1 Enter Modifier 1

Mod 2 Enter Modifier 2

Mod 3 Enter Modifier 3

Mod 4 Enter Modifier 4

Units 0

Food Poisoning, Unspecified 005.9

NOTES

10. When you are ready, tap **Confirm**. The charges will be sent to Medisoft and the biller can create a claim.

