How to File Insurance Claims using the ICD-10 Diagnosis Codes

When ready to file your claims using ICD-10, Office Therapy must be upgraded to ICD-10 Mode.

This requires Office Therapy version 11.6.0 or higher. 11.6.1 or higher is recommended.

IF YOU ARE RUNNING VERSION 11.6.1 OR HIGHER:

You will not need to worry about activating ICD-10 Mode; it will be done automatically for you when you launch Office Therapy **on or after October 1, 2015**.

You must completely close and restart Office Therapy for the change to take effect.

IF YOU ARE RUNNING VERSION 11.6.0:

As of version 11.6.0, and **only on or after October 1**, ICD 10 Mode can be turned on by going to the top menu and going to Setup, Preferences, and clicking the Administrative tab, and checking the "Use ICD-10" check box. **This checkbox will not appear until October 1. It is best to activate ICD-10 mode before entering any new transactions on or after October 1, so that new transactions on or after October 1 can be billed as ICD-10.** The ICD 10 Mode works on a per-database basis, so if you have more than one database, you must activate ICD-10 mode for each database.

We strongly encourage updating to version 11.6.1 beforehand if you have not done so already to simplify this process.

The following instructions assume that you are working in an ICD-10 Mode enabled database.
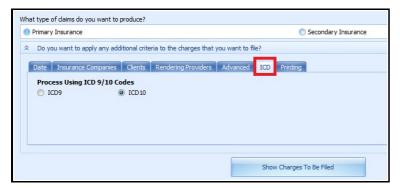
Until October 1, even after 11.6.0 or 11.6.1 is installed, Office Therapy will function the same as older versions when it comes to filing claims using ICD-9. You still need to populate the "legacy" ICD-9 codes (in the purple box on the right side of the client Diagnosis Setup) to file claims through Claims Manager. Only on or after October 1 will ICD-10 mode be available.

You will not need to change your workflow much at all at this time, and even after October 1. Once ICD-10 Mode is turned on, the next time you charge a client, take a look at the HCFA Details tab of the charge. You will see the Diagnosis Pointers area has been updated to reflect the 12 available codes. However, only 4 pointers can be tied (checked) to a specific charge.

There are very few changes to how to process your Claims in ICD-10 Mode. If you are not familiar with Claims Manager and the claims production process, please view the Claims Manager Training Video first:
http://www.docutracinc.com/recordings/ClaimsManagerTraining20140212.wmv

When selecting your claim search criteria, make sure the correct radio button is selected under the "ICD" tab. "**ICD10" will be selected by default when starting Claims Manager on or after October 1, 2015**. Continue selecting your claim criteria as needed.
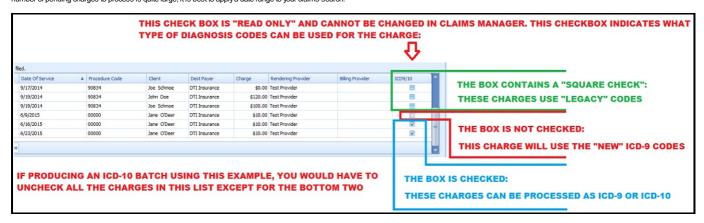

It is important to know that **on or after October 1st**, if you need to file claims for dates of service prior to October 1st, you must switch Claims Manager to use the ICD-9 codes under the ICD tab. Generally speaking, this means that you cannot generate a batch of claims with service dates before and after October 1st in one file. **You must file ICD-9 claims and ICD-10 claims in separate files.** Use the "Date" tab to specify a date range so

that there is little to no chance of overlapping ICD-9 charges with ICD-10 charges.

After you click "Show Charges To Be Filed", pay close attention to the new checkbox column on the far right. This column is labeled "ICD9/10". **This checkbox is read-only.** An unchecked box means this transaction can **only** be billed as ICD-9. A checked box means that this transaction can be billed using ICD-10 (but can also be processed as ICD-9 if needed). (A checkbox with a "square" is a charge that was created with the "legacy" codes and will continue to use the "legacy" ICD-9 codes).

The graphic below illustrates the possibilities when filing claims, after clicking the "Show Charges to be Filed" button. In the sample below, all charges except for the bottom two would have to be processed as ICD-9. After those charges are filed, you would then produce a second batch in ICD-10 mode with only the bottom two charges selected. To avoid this situation of "splitting" the batches like this by hand, especially when the number of pending charges to process is quite large, it is best to apply a date range to your claims search.

You cannot mix ICD-9 only charges with ICD-10 charges when trying to produce an ICD-10 claim batch. If your claim search results include charges that have the far right column checked and have other charges that are not checked, you must process these claims separately. Attempting to mix ICD-9 claims with ICD-10 claims in the same batch will result in the claims being rejected.

Other than making sure that only the selected charges are either ICD-9 or ICD-10 and that the correct ICD-9 or ICD-10 radio button is selected in the ICD tab, you will process and submit your claims the same way.