AccuCare Billing Updated to Incorporate ICD-10 Codes

The ICD-10 Diagnosis Code implementation is scheduled for October 1, 2015. In response to the diagnosis code changes AccuCare has updated the process for assigning and using a diagnosis code for billing purposes. This document will provide information and instructions for using ICD-10 diagnosis codes and related changes in AccuCare Billing.

**AccuCare Billing Main Menu:**
On the Main Menu the client section there are two new icons.

1. **Client Intake icon:** This icon will take you to the main Client Intake screen. This will provide easier access to the Client Intake area from the Billing module.
2. **Client Diagnosis:** This new area is a centralized client diagnosis module. This area will store all of the diagnosis codes that have been assigned to an individual client in AccuCare.
**Client Billing Information:**
If you had diagnosis codes listed/assigned to clients, all of the “existing” diagnosis codes that were setup for a client will be moved from the Client Billing Information to the Client Diagnosis Area automatically when AccuCare is updated to version 9.8.5.0. Any diagnosis code that was saved in the “Primary Diagnosis” Code field in the Client Billing Information will be saved in the Client Diagnosis area as the “Default for Billing” diagnosis. All other diagnosis will be saved in no particular order in the Client Diagnosis. Client Billing Information will no longer contain any diagnosis codes for the clients. The Client’s Condition field set has a different layout.
**Diagnosis Code Setup:**
This initial diagnosis setup code area was to allow users to setup a global and filtered list of ICD-9 diagnosis codes that AccuCare users can access when selecting a diagnosis code. With the update of AccuCare version 9.8.5.0, this setup area is no longer applicable when assigning a diagnosis code for client in the Client Diagnosis, Service Processing and the Billing Transfer area. Temporarily, you may still see this filtered ICD-9 list in the Transaction Register as a drop down.

![Diagnosis Code Setup](image)

**Service Processing:**
A drop down list has been added to the Service Processing screen. This drop down list is for the client’s diagnosis.

![Service Processing](image)
If you have assigned client diagnosis codes to a client in the Client Diagnosis screen, then you will see the list of diagnosis codes for the selected client when they are chosen in Service Processing. If you have a diagnosis code in the Client Diagnosis area flagged as Default for Billing, then that particular diagnosis will automatically appear in the Diagnosis Code field in when the client has been selected in the Service Processing. Any diagnosis code saved the Client Diagnosis List can be selected for the service being entered in the Service Processing.

If there is a diagnosis code that needs to be used for the service and that diagnosis code is not listed in the drop down for the client then the user will be able to override and free text enter any diagnosis code to be applied to the service in Service Processing.

(Note: If a user decides to not use one of the diagnosis codes from the client’s diagnosis list and enters a different diagnosis using free text, the Client Diagnosis area will not be updated with that new/different diagnosis code. The diagnosis will be stored on the transaction and will be sent on the claim for that service but the user will need to go to the Client Diagnosis area and add that diagnosis code to the client’s list to be able to select it for future use in the Service Processing area.)

When a diagnosis is applied and posted to a service in Service Processing it will be saved on the transaction in the Transaction Register. If there is no diagnosis selected or entered in the Diagnosis Code field when the transactions are posted then there will be no diagnosis saved for that transaction in the Transaction Register. If you need to submit a service/transaction to insurance on a claim, then a diagnosis code must be present on the row in the Transaction Register.
**Client Diagnosis:**
The Client Diagnosis area is a centralized diagnosis area where the diagnosis for each client can be assigned and saved for each client and will be accessible use throughout other areas in AccuCare.

If you are entering the Client Diagnosis screen from Client Intake, Client Billing Information or Client Insurance and have selected a client in one of those previous screens then that client will be automatically selected in the Client Diagnosis screen and displayed in the Client Selection field. To select a new client begin by typing the last name of the client you wish to view. As you begin typing the list of clients that match the letter or name search you are entering will display in a dropdown list. Once the name appears you may select that client.
You can also choose to search for your client using the Advanced Client Search (magnifying glass icon).

From the Advanced Client Search screen, you can search for your client using filters that include: Client Last Name, Client First Name, Client Billing Reference Number, or Client Social Security Number.

Then the user can enter a value that begins with or matches the client information you are searching for. Once you enter a value to search by you can click the Search button to display your search results. You may also click the Display All button to display all the clients in the AccuCare system.

Once you have selected your client, click OK and your client will appear in the Client Diagnosis screen.
If the client already has diagnosis codes entered, then the diagnosis codes will display in the Diagnosis List. The Diagnosis List will display the Diagnosis Code, the Description for that Diagnosis Code, and the Coding System of the code (ICD-9 or ICD-10). In order to mark a diagnosis code as the default code used for billing, select the Edit icon (pencil) and check the box labeled “Default for Billing”.

**NOTE:** Setting the code to be the Default for Billing can only be done when adding the diagnosis code for the first time to the list or when you have selected to Edit the diagnosis code. You are able to Edit an existing code in the list or remove the diagnosis code from the list for the selected client.

**Adding a Diagnosis Code**
To add a diagnosis code to a client click on the Add Diagnosis button at the bottom of the screen. This will bring up the Add/Edit Diagnosis form to add a diagnosis for a client.
First select the Coding System you wish to use (ICD-9 or ICD-10).

Next, search for the diagnosis code by beginning to type any code or description information about the diagnosis. As you begin typing information, the drop down list items will narrow down, select the diagnosis code you are searching for. To add the selected diagnosis code to the client’s list, click OK.

You can also search and select a diagnosis code using the Advance Diagnosis Search by clicking on the magnify glass icon.

The Advanced Diagnosis Search contains all of the current published ICD-9 and ICD-10 diagnosis codes. Once you click on the Advanced Diagnosis Search icon you can search for the diagnosis codes using filters.
Your search selection options include searching by Code or Description. Once you have selected your Search by criteria you can enter a value that contains the diagnosis code you are searching for. Once you enter a value to search by you can click the Search button to display your search results.

Click on the diagnosis code you were searching for and click OK. Your selected diagnosis will be added to the Add/Edit Diagnosis Code form, then click OK to add the diagnosis to the client diagnosis list.

You also have the ability to manually add a diagnosis code that was not found while searching the AccuCare code list. To enter a manual diagnosis, click on the Manual Entry tab next to the Search tab. Then enter the specific diagnosis code value and a description. Click OK to add this manually entered diagnosis code to the client’s list.

Only one diagnosis code in the client’s list can be selected as the Default for Billing diagnosis. The Default for Billing diagnosis code will appear as the default code when entering transactions in Service Process, Transaction Register and Billing Transfer areas. You will be able to override the Default for Billing diagnosis when it is automatically populated in the billing areas. It is not required to use the default for billing, however if the client has only one diagnosis or has a main diagnosis for the services entered, then selecting a Default for Billing diagnosis will save time by pre populating that diagnosis code on the services for you.
Claims:
Any diagnosis that is saved on the transaction (located in the Transaction Register) will be the diagnosis that appears on the claim for the service(s). ICD-10 has a mandatory effective date of 10/01/2015 so you will not be able to generate a claim for a service with an ICD-9 diagnosis code and a date of service on or after 10/01/2015. In the same regard, you will also not be able to generate a claim for a service with an ICD-10 diagnosis code and a date on and before 09/30/2015. Any services that have a diagnosis code that does not match the coding system and the date of service will have a status of Missing Information and will appear on the Missing Info Report.

Transaction Register:
All transactions that are posted from Service Processing and Billing Transfer will be saved in the Transaction Register with the diagnosis that was on the service line at the time it was posted from those two areas. In the Transaction Register an existing diagnosis can be overridden on a transaction row. If you are adding a new transaction in the Transaction Register, the Default for Billing diagnosis code will be populated as soon as the client name is selected. If there is no Default for Billing diagnosis code is flagged for a client from their diagnosis code list then the Diagnosis Code field in the Transaction Register will remain blank until a diagnosis is manually typed in that field. Temporarily, a drop down selection will display in the Diagnosis Code field in the Transaction Register but this list will only display the ICD-9 diagnosis codes that have been set up in the Setup>Billing>Diagnosis Codes. Eventually, this list will be able to display the specific list of codes for the individual client that were set up in the Client Diagnosis, but at this time, that list will not be available in the Transaction Register.

Billing Transfer:
A drop down list for diagnosis codes is available the Billing Transfer screen. If you have a diagnosis code in the Client Diagnosis area flagged as Default for Billing, then that diagnosis code will automatically appear in the Diagnosis Code field in when the client has been selected in the Billing Transfer. Any properly formatted diagnosis code can be entered in the Diagnosis Code field if no Default for Billing code was selected or if the Default for Billing diagnosis needs to be overridden.

(Note: If a user decides to not use the Default for Billing diagnosis or any other diagnosis code on a service item, the Client Diagnosis area will not be updated with that new/different diagnosis code. The diagnosis will only be stored on the transaction and will be sent on the claim for that service but the user will need to go to the Client Diagnosis area and add that diagnosis code to the client’s list to be able to select it for future use in the Billing Transfer area.)

When a diagnosis is applied and posted to a service Billing Transfer it will be saved on the transaction in the Transaction Register. If there is no diagnosis selected or entered in the Diagnosis Code field when the transactions are posted, then there will be no diagnosis saved for that transaction in the Transaction Register. If you need to submit a service/transaction to insurance on a claim, then a diagnosis code must be present on the row in the Transaction Register.

Missing Information:
ICD-10 has a mandatory effective date of 10/01/2015 so you will not be able to generate a claim for a service with an ICD-9 diagnosis code and a date of service on or after 10/01/2015. In the same regard, you will also not be able to generate a claim for a service with an ICD-10 diagnosis code and a date on and before 09/30/2015. Any services that have a diagnosis code that does not match the coding system and the date of service will have a status of Missing Information and will appear on the Missing Info Report. On the Missing Information Report, the transaction information will be listed and will instruct the user to go to the Transaction Register to correct the diagnosis code to match the date of service for that transaction. Once the diagnosis code has been updated to a proper code for the date of service, the transaction will be removed from the Missing Information Report and a claim will be able to be submitted.
**Future Development/Usage:**

1. In the Billing Transfer soon a drop down list for diagnosis codes will be available the Billing Transfer screen that will display the list for the client’s diagnosis. If you have assigned client diagnosis codes to a client in the Client Diagnosis screen, then you will see the list of diagnosis codes for the selected client when they are chosen in Billing Transfer.

2. At the time of release of Client Diagnosis in AccuCare Billing Version 9.8.5.0, there is development being done to update the Client Diagnosis for utilization in other areas of AccuCare. There will be added functionality that will allow additional coding systems (example: DSM-IV, DSM-5) to be selected to assign diagnoses for a client. The client diagnosis list will also be able to be access and selected in clinical areas of AccuCare (example: Progress Notes, Assessments, Discharge Summaries, Episodes of Care, and more.)