

ICD10 Readiness

Criteria/EHR & TCMS

General Information

- ICD-10 Go-Live date is **10/1/2015**
- Claims for services provided on or after **10/1/2015** must contain only ICD-10 formatted coding.
- A claim file cannot contain a combination of ICD-9 and ICD-10 formatted codes.
- ICD-10 diagnosis code input can be done **manually** (free) or **automated** (fee).
- EHR clients **MUST** use the fee based mapping as it is integrated into the diagnosis selection process
- Automated Diagnosis Code Assistance (Synching and Mapping) can be purchased and enabled by Criteria (See "Automated Diagnosis Code Assistance" below).

To Prepare for ICD-10 Formatted Coding:

- Your software version must be at least **3.0.1.16** (EHR) and/or **4.8.9.4** (TCMS)
(To confirm your version, click on the "Help" menu and then click on "About")
- Enter the ICD10 start date (10/1/2015) located at the bottom of the **Practice Information** section of setup.
- Enable the "Use ICD-10 Codes" option in **Practice Defaults** (middle tab) from within **Practice Setup**
- Insurance carriers will need a checkmark in the option "Use ICD10 Code" in order to send ICD-10 formatted coding.
 - To place the checkmark in all carriers at once:
 - Use the option (at the top of the Insurance Setup screen) labeled "Use ICD10 for all carriers"
 - To place the checkmark in carriers individually:
 - Edit the Insurance Carrier(s) to place a checkmark in the option "Use ICD10 Code" at the bottom of each carrier's edit screen

Quantifying Your Coding Volume:

If you need to quantify your coding volume, we have developed a special analysis report to identify the top diagnosis codes used at your Practice:

- In TCMS: From the menu select "**Print**", "**Lists**", "**Misc. Lists**"
 - Select the bottom-most report ("Top __ Diagnosis Codes"), enter the number of codes to report on and click **Preview** or **Print**.
- In Criteria/EHR: From the toolbar select "**Reports**", "**Billing Reports**", "**Lists – Misc. Lists**"
 - Select the bottom-most report ("Top __ Diagnosis Codes"), enter the number of codes to report on and click **Preview** or **Print**.

Manual Diagnosis Code Entry (FREE)

- TCMS and Criteria Browser are ICD-10 enabled and there is no additional charge for manually creating/maintaining an ICD-10 Diagnosis Code database.
- Manual code entry assumes you have access to ICD-10 coding resources to assist with proper coding.
- Existing ICD-9 codes can be updated to include ICD-10 coding format.
- New ICD-10-only codes can also be added and don't need to include any ICD-9 coding information
- TCMS will no longer contain a free master reference list to ICD codes.
 - You can use a third party application to copy/paste these additions to your database
 - Examples of free coding resources:
 - <http://www.icd10data.com/>
 - <http://www.icd10codesearch.com/>
 - <http://icd10cmcode.com/icd9to10conversion.php>
 - ICD-10 reference manuals, crosswalks etc. can be found/purchased at: <https://www.aapc.com/icd-10/icd-10-books.aspx>

Automated Diagnosis Code Assistance (FEE)

TCMS and Criteria Browser may opt for:

- Real-time code selection from a master list
- Complex drill down ICD10 look-ups
- Synchronizations and mapping of existing ICD9 diagnosis codes detailing both one-to-one and one-to-many relationships
- Referencing and adding new ICD10 codes on the fly in Setup (seamlessly integrated, real-time, online and updated)

This content and functionality is licensed and maintained by a third-party, Intelligent Medical Objects (IMO).

Their fees are:

- **\$275 one-time dataset creation fee**
 - **\$10 monthly per billing provider licensing fee**
- Providers in multiple practices are charged only once
 - Clients with multiple practices can limit this feature to select practices

To secure Automated Diagnosis Code Assistance:

- Complete the online ICD10 agreement form: <https://secure.jotformpro.com/criteria/ICD10>
 - A track will then be created to document the request. A representative will call you shortly thereafter to confirm availability in your system
 - **Once this feature is initiated in your system and utilized, it cannot be cancelled; you will be billed and the charges are not refundable**
- Automated Diagnosis Code Assistance includes:
 - **Syncing**
 - Automatically assigns the corresponding ICD-10 code to every ICD-9 code having a one-to-one relationship.
 - In addition, ICD-9 codes with a one-to-many relationship will sync automatically to all the “brother” codes in the ICD-10 family.
 - **Mapping**
 - Allows for individual updating of your current ICD-9 diagnosis codes to ensure the most accurate ICD-10 complementary codes are available
 - Mapping returns a list of only those ICD-10 codes applicable to the existing ICD-9 entry and greatly assists with ICD-10 transition.

Testing

- Criteria has already completed testing with major government insurances (Medicare, Medicaid, and BC/BS) so it isn't necessary for practices to repeat this testing.
- If there are other insurances - commercial or government - you wish to test, a track can be opened with support and Criteria's EMC group will coordinate with client to ensure all parameters are set correctly.

**Pricing and conditions are subject to change based on application, licensing requirements, and government regulations.*