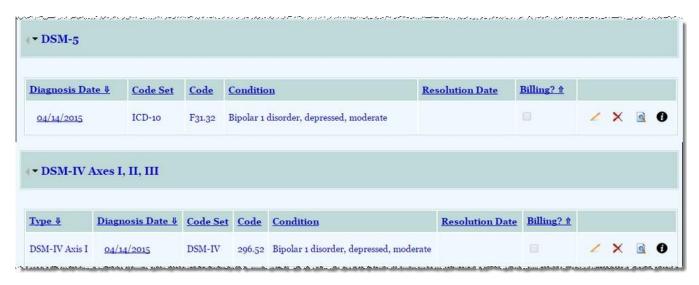# Transitioning to DSM-5 / ICD-10

AWARDS INFORMATION SHEET

Beginning October 1st 2015, DSM-5/ICD-10 diagnosis codes will be required for all health care transactions in the US. If your agency has not yet begun preparing for this transition, now is the time to get started.

All insurances, including Medicaid and Medicare, will be required to process billing claims using ICD-10 diagnosis codes for all services beginning October 1st. For providers, this means that all service provided on or after October 1st must be billed using ICD-10 codes.

As a provider, you will continue to bill using ICD-9 codes until October 1st. But when the deadline comes, you'll be required to switch. For most providers, this means maintaining side-by-side diagnoses with ICD-9 and ICD-10 codes. Maintaining ICD-9 diagnoses allows you to bill now; having the ICD-10 diagnosis on file will enable you to begin billing immediately for services beginning October 1st.

The screen shot below shows the two diagnosis codes for the same condition in effect concurrently.

▾ DSM-5

Diagnosis Date ⇓	Code Set	Code	Condition	Resolution Date	Billing? ⇑				
04/14/2015	ICD-10	F31.32	Bipolar 1 disorder, depressed, moderate		☐	✎	✕	🔍	ⓘ

▾ DSM-IV Axes I, II, III

Type ⇓	Diagnosis Date ⇓	Code Set	Code	Condition	Resolution Date	Billing? ⇑				
DSM-IV Axis I	04/14/2015	DSM-IV	296.52	Bipolar 1 disorder, depressed, moderate		☐	✎	✕	🔍	ⓘ

ABOUT THIS DOCUMENT

This document is intended to guide you through the transition process. Specific topics covered are:

YOUR TRANSITION CHECKLIST – WHAT YOU NEED TO DO TO PREPARE

Depending on how your AWARDS database is configured, you will be responsible for completing up to two steps to prepare for the transition:

- Step 1: Updating Your Existing Diagnosis Records – Relevant for all agencies.

- Step 2: Updating Your BillingBuilder Configuration – Relevant only for agencies using the AWARDS BillingBuilder.

Each of these steps is covered in detail below.

STEP 1: UPDATING YOUR EXISTING DIAGNOSIS RECORDS

The process of updating your existing diagnoses records to maintain side-by-side diagnoses with ICD-9 and ICD-10 codes is the first step in the transition process. To complete this process, do the following:

a. **For EACH CURRENT DSM-IV Axis I and Axis II diagnosis:**

1. Leave the current Axis I/Axis II diagnosis in the system as is.

2. Create a second diagnosis record for the same condition using DSM-5/ICD-**10**.
    - **Type** - Select "DSM-5."
    - **Condition** - Type in the name of the condition or, if your agency has purchased a subscription to the optional IMO service, search for and select the condition.
    - **Code Set** - Select "ICD-10."
    - **Code** - Enter the ICD-10 code for the condition. If your agency has purchased a subscription to the optional IMO service, the code is populated automatically.

b. **For EACH CURRENT DSM-5 diagnosis:**

1. Confirm that the code set for the current DSM-5 diagnosis is ICD-**9**; otherwise, leave it in the system as is.

2. Create a second diagnosis record for the same condition using DSM-5/ICD-**10**.
    - **Type** - Select "DSM-5."
    - **Condition** - Type in the name of the condition or, if your agency has purchased a subscription to the optional IMO service, search for and select the condition.
    - **Code Set** - Select "ICD-10."
    - **Code** - Enter the ICD-10 code for the condition. If your agency has purchased a subscription to the optional IMO service, the code is populated automatically.

For a demonstration of the above process, please take a look at one of the following short training films:

- Updating Your Diagnoses in AWARDS (3 min)
- Updating Your Diagnoses in AWARDS with IMO (3 min)

If you are interested in learning more about the optional IMO service, click here to view an overview of the functionality. If you would like to purchase a subscription to it, please download and complete the IMO Service Information & Agreement. Submit the completed agreement and/or any questions to your Foothold Client Services Representative for assistance.
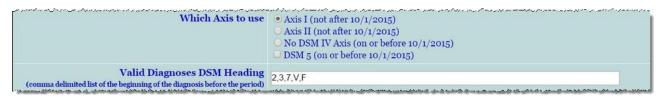
STEP 2: UPDATING YOUR BILLINGBUILDER CONFIGURATION

This step is only necessary if your agency uses the AWARDS BillingBuilder.

The BillingBuilder has configuration options for each billing type that determine which diagnosis code set will be used, and which specific codes are allowed within that set. It also has an option for each payer that is used to indicate the date from which ICD-10 codes should be accepted on invoices. **When you are ready to begin billing for services delivered on October 1st 2015 and later**, you must update these settings for each billing type and payer. To complete this process, do the following:

a. **For EACH PAYER and BILLING TYPE combination:**

1. From the *AWARDS Opening Menu* page, go to **Fiscal/Program** > **BillingBuilder** > **Configure Billing Types** (in the Billing Setup portion of the page).

2. Select the **Payer**, and then click **VIEW BILLING TYPES**.

3. Select the **Billing Type**, and then click **EDIT BILLING TYPE**. Included on the screen that is then displayed are the following options:
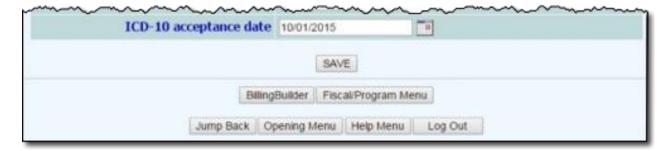

4. Click the **DSM 5** check box, and if necessary adjust the Axis to use. For example:

   ▪ With both the **DSM 5** option checked and either **Axis I** or **Axis II** selected, AWARDS will include the DSM-5 diagnosis where it is found in a client's record; if no DSM-5 is found, AWARDS will use the Axis I or Axis II diagnosis.

   ▪ To prevent AWARDS from using DSM-IV Axis I or II entirely, check off the **DSM 5** option and select **No DSM IV Axis**.

5. To further limit which diagnoses are allowed for this billing type, use the **Valid Diagnoses DSM Heading** field. You may need to update this list in order to accommodate the specific DSM-5 codes you can bill for.

6. Once all necessary changes are complete, click **SAVE BILLING TYPE**.

b. **For EACH PAYER:**

1. From the *AWARDS Opening Menu* page, go to **Fiscal/Program** > **BillingBuilder** > **Configure Payers** (in the Billing Setup portion of the page).

2. Select the **Payer**, and then click **UPDATE**. Included at the bottom of the screen that is then displayed is an **ICD-10 accepted date** field in which you can set the date as of which an ICD-10 code can be reported on invoice.

3. In the **ICD-10 acceptance date** field, enter **10/1/2015**, or select that date using the date picker icon.

   If you have payers that will accept an ICD-10 code prior to 10/1/2015, you can enter an earlier date here.

4. Click **SAVE**.

The process of updating your BillingBuilder configuration is now complete.

FREQUENTLY ASKED QUESTIONS

WHEN I CREATE A PARALLEL ICD-10 RECORD FOR AN EXISTING ICD-9 DIAGNOSIS, WHAT DIAGNOSIS DATE SHOULD I USE?

When creating a parallel ICD-10 record, we recommend making the diagnosis date for the ICD-10 record the same as the diagnosis date on the original ICD-9 record. If there is no equivalent DSM-5/ICD-10 code for the original diagnosis, you will need to re-diagnose your client and enter the new diagnosis into AWARDS using DSM-5/ICD-10. In such cases the diagnosis date should be the date of re-diagnosis.

WHY DO I NEED TO MAINTAIN TWO CODE SETS?

We anticipate that you will need to maintain both code sets for each condition for the foreseeable future; for example, you will need to bill using an ICD-9 diagnosis for services prior to October 1st 2015.