

# SoftDent Software

## ICD-10 Codes

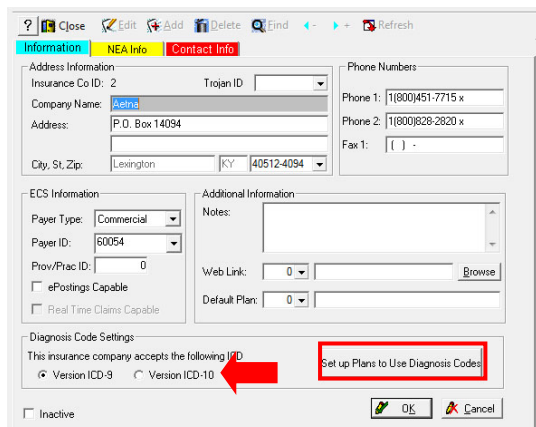
This 3-page handout is designed for all team members and provides instructions on using the ICD-10 diagnostic code set in CS SoftDent practice management software.

The ICD-10 code set for reporting medical diagnoses and inpatient procedures replaces the existing ICD-9 code set. Both versions are available in the software. You can still use ICD-9 codes for procedures performed before October 1, 2015, for existing claims, and for claims that do not require ICD-10 codes.

### Setting ICD-10 Diagnosis Codes for Insurance Companies

By default all insurance companies are set to use the ICD-9 codes; however, if an insurance company requests that you use ICD-10 codes, you can set the option for that specific company.

- 1 Select **List > Ins. Co.**
- 2 Double-click the insurance company that requested that ICD-10 codes be used.
- 3 Select the version of diagnosis codes the insurance company accepts. Click **Set up Plans to Use Diagnosis Codes** to select the **Use Diagnosis Codes** option (on the **Claim Filing** tab of the **Insurance Plan** window) for all of the plans administered by this insurance company.



The screenshot shows the 'Insurance Plan' window in SoftDent software. The 'Diagnosis Code Settings' section is highlighted, showing 'Version ICD-10' selected. A red box highlights the 'Set up Plans to Use Diagnosis Codes' button, and a red arrow points to the 'Version ICD-10' radio button.

### Linking ADA/CPT and Diagnosis Codes

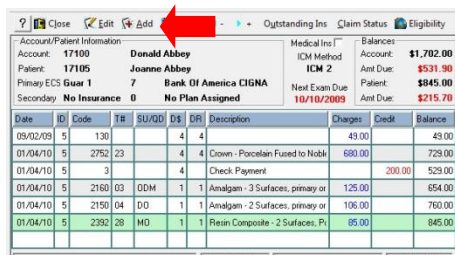
- 1 Select **List > ADA/CPT --> DIAG.**
- 2 Select an ADA or CPT code from the **ADA/CPT** drop-down list, and click **Add**. You can add several diagnostic codes to each procedure.
- 3 Select the code from the **Diagnosis Code** drop-down list, and click **OK**.
- 4 Click **Close**.

## ICD-10 Codes continued . . .

### Submitting Claims

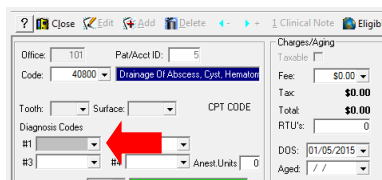
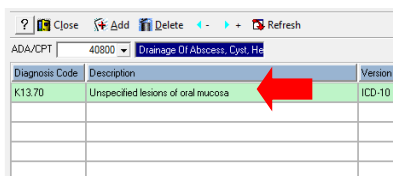
If a patient is covered by both dental and medical insurance, you can submit procedures to both insurance carriers when posting ADA codes that are linked to CPT medical codes. When you submit the claim, either a dental or a medical claim is created and submitted in the order you specify.

- 1 In the patient **Transactions List** window, click **Add** to add a transaction that contains a linked CPT code to the patient transaction log.



Date	ID	Code	TH	SU/OD	DE	DR	Description	Charges	Credit	Balance
09/02/09	5	130			4	4		49.00		49.00
01/04/10	5	2752	23		4	4	Crown - Porcelain Fused to Noble	680.00		729.00
01/04/10	5	3			4		Check Payment		300.00	529.00
01/04/10	5	2160	03	DDM	1	1	Amalgam - 3 Surfaces, primary or	125.00		654.00
01/04/10	5	2150	04	DD	1	1	Amalgam - 2 Surfaces, primary or	106.00		760.00
01/04/10	5	2392	28	HO	1	1	Resin Composite - 2 Surfaces, PI	85.00		845.00

- 2 Select the code from the **Code** drop-down list, and click **OK**.
- 3 Enter a tooth number or surface if required.
- 4 If a diagnosis code is associated with the code, select it from the **Diagnosis Code** drop-down list.

ADA/CPT	Description	ICD-10
40800	Drainage Of Abscess, Cyst, He	
K13.70	Unspecified lesions of oral mucosa	K13.70

- 5 Click **OK**, and close.
- 6 Select **Submit Insurance** from the **Options** section of the Express bar.
- 7 Confirm the dates on the **Transaction Submission** window, and click **OK**. A message informs you that a linked claim is being processed. Click **OK**.



**Note:** When you post the insurance payment or denial to the dental claim, a message prompts you to submit the claim to medical insurance, if the claim was not paid in full.

- 8 To submit the primary medical claim first, type **C** in the **Insurance Carrier #1** field. If the patient also has dental insurance, type **A** in the **Insurance Carrier #2** field. Click **OK**.
- 9 Type the appropriate information on the claim window, and click **OK**.

## ICD-10 Codes continued . . .

### Printed Claims

Several sections have been added to the ADA Dental Claim Form to accommodate ICD-10 codes.

- Box 29a. Diag Pointer: Indicates the most appropriate of the four ICD diagnostic codes listed in Box 34a. The entry in 29a is either **A**, **B**, **C**, or **D**.
- Box 34 Diagnosis Code List Qualifier: Indicates which set of ICD codes was used. A diagnosis code followed by the letter **B** indicates it is an ICD-9 code. A diagnosis code followed by the letters **AB** indicates it is an ICD-10 code.
- Box 34a. Diagnosis Codes: The primary diagnosis code is displayed in field **A**, and any subsequent or follow-up diagnosis codes display in the other fields.



**Note:** Several ICD-10 code fields have also been added to the CMS 1500 Health Insurance Claim Form.