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Dear Partner,

Credible's Technical Team plans to push enhancements and resolutions for the following items **this Thursday night, February 18th between 10:15 PM - 1:15 AM ET.**

New Dashboard 2.0 Chart Images: As part of continued infrastructure upgrades, the tool and images used for Dashboard 2.0 reports has updated. Please note that the calculations remain the same; only appearance has changed.

Bed Board 2.0 Reports: With the roll out of Bed Board 2.0, the existing Bed Board reports no longer returned accurate data. Credible has developed Bed Board 2.0 versions of the Bed Board reports (RIS Bed Board Counts, RIS Bed Board Information). To avoid confusion, the Bed Board 1.0 reports (Bed Board Counts, Bed Board Information, Bed Board Billing) have been sunsetted and are no longer available for use.

Users that previously had access to an old Bed Board report will automatically have access to the corresponding new RIS Bed Board report

To manually configure the Report Security:

1. Navigate to Admin Tab > Report Security
2. Set RIS Bed Board Counts = True for all Profile Codes that need access to the report

3. Set RIS Bed Board Information = True for all Profile Codes that need access

Standing Order Sets Released: Credible has released Version 1 of Standing Order Sets. This allows admin users to create predefined physicians orders that can then be selected by a nurse or doctor. Medical staff would no longer need to re-type frequently used orders for each client. A product manual detailing standing order sets workflows can be found in the online help system. Please contact your PSC / IM to enable this functionality in your domain.

Ledger Line Action To Reflect Visit Batching Based Off Of Claim

Grouping: Credible has added a new ledger line action ('BATCHED BY CLAIM GROUPING') to identify visits pulled into a batch claim file due to the billing payer setting 'Use Primary Claim Grouping For Secondary Claims'. This new ledger line is informational purposes only and does not affect the AR/GL export.

Updating a form with a mapped problem list answer: Corrected an issue where the quote mark in a diagnosis name (for example, G10 Huntington's disease) caused an XML parsing error when attempting to update a form category.

Added Support For More Disalloweds in 835s: Credible has updated the 835 reader to support the maximum number of disalloweds permitted in a standard 835 file (99 segments of 6 adjustments each for a total of 594).

New Billing Payer Setting: Split Claims By Client & Billing Group: Credible has added the ability have services combined together in a single claim, based only on the client and billing group being the same. The claim will be able to contain services across multiple rendering providers and episodes.

- To use this new functionality, the existing payer setting, Multiple services per Claim (837P), must be checked as well as the new payer setting 'Split Claims By Client & Billing Group'.

Medical Dx codes cause claim rejection: When using the Automatically Update Visit Dx partner config settings, the first five client diagnoses are added to a visit. This may include medical problems that are not billable by the Partner. The ICD-10 and the DSM-5 do not neatly categorize behavioral health diagnoses into a single section. In addition to F codes, there are behavioral health diagnoses in the E, G, L, N, R, T and Z sections of the ICD-10. Also the ICD-10 has more behavioral health codes than the DSM-5 (eight billable codes for schizophrenia in the ICD-10 versus one code in the DSM-5)

- A new Partner Config setting, 'Restrict Auto Update to Selected ICD-10 Codes' has been added. When this setting is checked AND the Automatically Update Visit Dx settings are also checked, visits will only auto update if the client diagnosis record has a ICD-10 code matching a code flagged for billing. To flag a specific ICD-10 for billing, go to the ICD-10 Recode page (under the Admin tab) and check the box labeled 'For Billing'. ICD-10 codes can be manually added to this list or imported.
- This page also has a new 'For Reporting' box to flag certain codes for state and custom reports.

- **NOTES:**
 - 1) The 'Restrict Auto Update to Selected ICD-10 Codes' setting should only be turned on AFTER flagging all the desired codes in the ICD-10 Recode page.
 - 2) The ICD-10 Recode page does not affect the diagnoses that are available in the Problem List.

Non-billable ICD-10 codes appear in billing: The Problem List allows users to select any ICD-10 code, regardless of the specificity. However some codes are not valid for billing. These general/category codes can still be useful for Partners to record a medical problem when there is limited information.

- Added a new Partner Config setting, 'Allow selection of non-billable ICD-10 codes'. When this setting is checked, all ICD-10 codes can be selected. When this setting is not checked, only billable ICD-10 codes can be selected. By default, all Partners will have 'Allow selection of non-billable ICD-10 codes' checked as this is the pre-release functionality.

Faxed templates: Corrected an issue where the Attention and Notes information did not appear on the fax coversheet when sending a PDF template.

Diagnosis Dropdown shows duplicates: If a diagnosis was set as default for multiple programs, the Diagnosis Dropdown on Sign & Submit displayed that diagnosis multiple times (once for each default program). The Diagnosis Dropdown now correctly shows each diagnosis only once.

Imported Clinical Summary files show error on Detail button: When importing a CCD file, the detail button allows incorporating medications, allergies, and diagnoses into the client's record. Some files were missing expected data and would error when clicking the detail button. Added additional checks to handle CCD files that are missing the displayName information for medications and allergies.

Conversion issue when converting the varchar value 'on' to data type int error when viewing the Problem List: Corrected an error caused by selecting a DSM-5 diagnosis, adding specifiers, and then checking/unchecking the RO box.

Payer rejections due to lowercase letters in ICD-10 codes: ICD-10 codes are alpha-numeric and the data used for the Problem List comes from FirstDatabank includes some codes with a lowercase x. For example: (T43.8x2A) Poisoning by other psychotropic drugs, intentional self-harm, initial encounter.

According to CMS, the alpha characters are not case sensitive. However, some payers are rejecting valid claims because of lowercase letters.

When generating a CMS 1500, CMS 1450, 837 Professional, or 837 Institutional claim, all ICD-10 codes will be made uppercase. Note that the code shown on the Problem List page will remain unaltered and will continue to show a lowercase x as provided by FirstDatabank.

New CMS 1450 Billing Payer Settings:

Credible has added 2 new Billing Payer settings :

- Box 50A Always Medicare Payer - When this billing payer setting is turned on, Box 50A will send the client's first insurance that has a CMS Payer Type of Medicare. Box 50B is populated with either the current insurance record (if not already being used to populate box 50A) OR the next allowed insurance record on the Visit. Note that 'first' refers to the insurance order; if a client had two Medicare insurance records, the first would be the record with the lower insurance order number. (1 is lowest, 9 is highest).
- Box 55C Est. Amount Due - When this billing payer setting is turned on, the visit's current balance is sent in Box 55C.

Remove extra prompts in Problem List: Now that ICD-10 is fully in effect, reminders are no longer needed if a ICD-10 code is selected in the Problem List. ICD-9 codes can still be selected to accommodate updating old diagnosis records and state reporting needs.

- When selecting an ICD-10 code first, the user will go directly to the ICD-9 picker. If no ICD-9 code is selected, no additional prompts will appear.
- When selecting an ICD-9 code first, the user will go directly to the ICD-10 picker. If no ICD-10 code is selected, a prompt will still appear reminding the user that ICD-10 codes are now required.

Dx History missing diagnosis information: Corrected an issue where the history page was limited to a set number of diagnoses per axis instead of showing all of them.

Credible plans to push these enhancements Thursday, February 18th, between 10:15 PM - 1:15 AM ET. There may be intermittent service during this time.

Should you have any questions, please do not hesitate to contact a Partner Service Coordinator for assistance at 301-652-9500.

Thank you for your continued Partnership,

Dan Allison

CTO

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