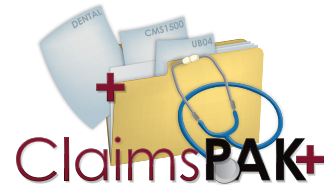# ClaimsPAK+

Medical claims processing solution for the Captiva platform. Includes the new Desktop+ enhanced user interface along with Designer & Rules Engine for ease of setup, administration, and configuration.

PaperFree Corporation's ClaimsPAK+ is a full featured medical claims processing solution that captures CMS1500 and UB04 out of the box as well as provides the capability to easily add dental, pharmacy, and other forms as well.

Built on the market leading capture platform - Captiva

ClaimsPAK+ is the next evolution for the Captiva platform, it not only replaces the legacy ClaimPack solution for FormWare but it provides significant improvements in virtually every area of the solution:

- **Built on the latest Captiva platform technology** - ClaimsPAK+ was built to take advantage of all the latest in technology improvements found in the new platform including the use of advanced IDR (Intelligent Document Recognition) and advanced extraction capability for higher accuracy when extracting data from complex medical claim forms and attachments.

- **Desktop+** - Improved user interface that adds significant flexibility in the areas of graphical user interface configuration (screen presentation) as well as the ability to add additional functionality with the use of new plug-ins.

- **Designer and Rules Engine** - two powerful tools that allow complete configuration control and definition to the entire process. Add new forms, fields, or business rules with ease. Make changes without having to access code directly or deal with costly customizations.

- **Proven, efficient, out of the box workflow** - the solution comes with a workflow already designed and ready to go to drive maximum efficiency. Use this going forward or simply as a baseline to start your own customization of a workflow designed to meet your specific business and operational needs.

- Whether you are an existing Captiva user or are considering automating or updating your operation, ClaimsPAK+ provides the ability to process medical claims fast, efficient, and with the highest degree of accuracy.

The ICD-10 Transition: An Introduction

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. This fact sheet provides background on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information.

About ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification /Procedure Coding System) consists of two parts:
1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10- PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Transitioning to ICD-10

Providers - Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget. Check with your billing service, clearinghouse, or practice management software vendor about their compliance plans. Providers who handle billing and software development internally should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 transition efforts.

Payers - Review payment policies since the transition to ICD-10 will involve new coding rules. Ask your software vendors about their readiness plans and timelines for product development, testing, availability, and training for ICD-10. You should have an implementation plan and transition budget in place.

Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone that is covered by Health Insurance Portability Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

Health care providers, payers, clearinghouses, and billing services must be prepared to comply with the transition to ICD-10, which means:

- All electronic transactions must use Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.

- All electronic transactions must use Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.

Customers utilizing or upgrading to PaperFree's ClaimsPAK+ will be fully ICD-10 compliant for capture and exporting of incoming medical claims.

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.