ICD-10 Coding

Work on the 10th version of the International Classification of Diseases (ICD-10) began in 1983 and was completed in 1992 by the World Health Organization.

In the US, ICD-10 was mandated for coding of death certificates and mortality reporting in 1999.

Effective on 10/1/2015:
  → for outpatient date of service and
  → for inpatient discharge date

ALL claims must be submitted with valid ICD-10 diagnosis coding.

Claims with date of service 10/1/2015 or later submitted with ICD-9 diagnosis coding will be rejected from the AHCCCS validation system and will not be accepted into the PMMIS claim system for:

- Electronic claims
- Web based claims

Paper claims will be denied.

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Timely filing will not begin until a claim is submitted that is compliant with the national standard HIPAA code set transaction.

ICD-10 Codes are composed of 3 to 7 characters
    1st character = alpha
    2nd character = numeric
    3rd – 7th characters = alpha or numeric

- characters 1 – 3 indicate the category of disease
- character 4 indicates the etiology of disease
- character 5 indicates the body part affected
- character 6 indicates the severity of illness
- character 7 is a placeholder for extension of the code to increase specificity

ICD-10 codes will provide better support for patient care and improve management since the codes are more specific than ICD-9, allowing providers to capture more detailed information.

ICD-10 will enable improvements in care management, public health reporting, research and quality measurements.

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Questions?

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Thank You.

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