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.
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
1\textsuperscript{st} character = alpha
2\textsuperscript{nd} character = numeric
3\textsuperscript{rd} – 7\textsuperscript{th} 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.
Questions?

Reaching across Arizona to provide comprehensive quality health care for those in need
Thank You.