



IMPLEMENTATION (GO-LIVE) DATE:

October 1, 2015

ICD-10 CODING INFORMATION

The International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10) is a diagnosis coding system of diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases and a procedure coding system for inpatient procedures. It consists of two (2) parts:

1. ICD-10 CM for diagnosis coding

- This is for use in all health care settings
- Diagnosis coding under ICD-10 uses three (3) to seven (7) alphanumeric digits instead of the three (3) to five (5) digits used with ICD-9

2. ICD-10 PCS for Inpatient procedure coding

- This is for use in inpatient hospital settings
- Coding under ICD-10 uses seven (7) alphanumeric digits instead of three (3) to four (4) digits used with ICD-9

There are currently 13,000 codes in ICD-9 which will expand to 68,000 codes in ICD-10. Instead of 3,000 surgical procedure codes, the new Procedure Coding System (PCS) contains approximately 87,000 codes. The length has expanded up to seven (7) bytes.

- **Note: Medicaid does not conduct any coding training**

IMPORTANT BILLING INFORMATION

1. ICD-9 diagnosis and surgical procedure codes will be required on claims that contain Dates of Service (DOS) or Dates of discharge (DOD) of September 30, 2015 and before.
2. ICD-10 diagnosis and surgical procedure codes are required on claims that contain DOS or DOD of October 1, 2015 or after.
3. Claims submitted with both ICD-9 and ICD-10 codes will reject. Providers will have to submit two (2) different claims based on the DOS or DOD.



Diagnostic and Statistical Manual (DSM) 5 information

1. While ICD-10 and DSM-5 are complimentary since DSM-5 uses the ICD-10 coding standards and ICD-9 and DSM-IV are similarly complementary, neither the DSM-IV nor DSM-5 is a HIPAA adopted code set and may not be used in HIPAA standard transactions. It is expected that clinicians may continue to base their diagnosis decisions on the DSM-IV/DSM-5 criteria, and if so, to crosswalk those decisions to the appropriate ICD-9-CM and as of 10/1/15 (dates of service), ICD-10-CM codes

2. Dates when the DSM-IV may no longer be used by mental health providers will be determined by the maintainer of the DSM-IV/DSM-5 code set, the [American Psychiatric Association](#).

CONTACTS / RESOURCES

- [American Academy of Family Physicians \(AAFP\)](#)
- [American Academy of Professional Coders \(AAPC\)](#)
- [American Health Information Management Association \(AHIMA\)](#)
- [American Hospital Association \(AHA\)](#)
- [American Medical Association \(AMA\)](#)
- [American Medical Billing Association \(AMBA\)](#)
- [Healthcare Information and Management Systems Society \(HIMSS\)](#)
- [Workgroup for Electronic Data Interchange \(WEDI\)](#)

Tools for Code Mapping

- [General Equivalence Mappings Frequently Asked Questions](#)
- [2016 ICD-10 PCS and GEMs](#)
- [2016 ICD-10 CM and GEMs](#)