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## ICD-10 Diagnoses and Procedure Code Requirements

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Starting on October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

ICD-10 consists of two parts:

- ICD-10-CM diagnosis coding which is for use in all U.S. health care settings.
- ICD-10-PCS inpatient procedure coding which is for use in all U.S. hospital settings.

All HIPAA-covered entities must implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2015.

### Why Change from ICD-9 to ICD-10?

The International Classification of Diseases (ICD) is used to standardize codes for medical conditions, diagnoses, and institutional procedures. The U.S. has been using ICD-9-CM for more than 35 years. The current code set, ICD-9, was created in 1979 and contains outdated, obsolete terms that are inconsistent with current medical practice as it cannot accurately describe the present-day diagnoses and inpatient standards of care.

The ICD-10 code sets have updated medical terminology and classification of diseases and procedures for comparison of morbidity diagnosis and mortality data. The new code sets also provide better data for measuring care provided to patients, tracking health conditions, making clinical decisions, identifying fraud and abuse, designing payment systems and processing claims.

In general, ICD-10 coding expands the level of detail and specificity for many medical conditions. The new system includes combination diagnosis/symptom codes to reduce the number of codes needed to fully describe certain conditions, and allow for the reporting of laterality (“right” and “left”).

## ICD-9 and ICD-10 Comparison Chart

ICD-9 Code Set*		ICD-10 Code Set*
<b>Procedure</b>	3,800 codes	72,000 codes
<b>Diagnosis</b>	14,025 codes	70,000 codes
Diagnoses Code Structure Changes		
	ICD-9-Codes	ICD-10 Codes
<b>Code Length</b>	3-5 characters	3-7 characters
<b>Code Structure</b>	First character is numeric or alpha	First character is alpha
	Characters 2-5 are numeric	Characters 3-7 can be alpha or numeric
Procedure Code Structure Changes		
	ICD-9-Codes	ICD-10 Codes
<b>Code Length</b>	3-4 characters	7 characters
<b>Code Structure</b>	All characters are numeric	All characters can be either alpha or numeric
	All codes have at least 3 characters	Numbers 0-9; Letters A-H, J-N, P-Z

\*Approximate totals

## Claim Submission Requirements

ICD-9 codes will no longer be accepted on any claims with a discharge date on or after October 1, 2015. Claims containing ICD-9 codes for services on or after October 1, 2015 will be denied.

- Claims for services provided on or after October 1, 2015 must be submitted with ICD-10 diagnosis codes.
- Claims for services provided prior to October 1, 2015 must be submitted with ICD-9 diagnosis codes.
- ICD-9 and ICD-10 codes cannot be submitted on the same claim. Services that span the October 1, 2015 date must be split and separated as two separate claims: one for service on or before September 30, 2015 and one for services on or after October 1, 2015 **ND Medicaid will deny any claims that are billed with both ICD-9 and ICD-10 codes.**

Inpatient hospital claims with reimbursement based on the DRG grouper will be paid according to the discharge date. If the discharge date is before October 1, 2015, claims must be submitted with appropriate ICD-9 diagnosis and procedure codes. Likewise, if the discharge date is on or after October 1, 2015, claims must be submitted with appropriate ICD-10 diagnosis and procedure codes.

Outpatient hospital claims and inpatient hospital claims for services not paid by DRG must be billed separately for each calendar month of service. If the date of service is before October 1, 2015, claims must be submitted with appropriate ICD-9 diagnosis and procedure codes. Likewise, if the discharge date is on or after October 1, 2015, claims must be submitted with appropriate ICD-10 diagnosis and procedure codes.