

Rheumatic fever without heart involvement
I010 Acute rheumatic pericarditis
I011 Acute rheumatic endocarditis
I012 Acute rheumatic myocarditis



Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



FAQs: ICD-10 Transition Basics

1. What is the ICD-10 compliance date?

October 1, 2013.

2. Will the transition to ICD-10 be postponed?

No. **The October 1, 2013 compliance date is firm.** There are no plans to extend the deadline.

3. What does ICD-10 compliance mean?

ICD-10 compliance means that all Health Insurance Portability and Accountability Act (HIPAA) covered entities are able to successfully conduct health care transactions on or after October 1, 2013 using the ICD-10 diagnosis and procedure codes. ICD-9 diagnosis and procedure codes can no longer be used for health care services provided on or after this date.

4. Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?

No. This change does not affect CPT coding for outpatient procedures. ICD-10 procedure codes are for hospital inpatient procedures only.

5. Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?

Everyone covered by the HIPAA must transition to ICD-10 on October 1, 2013, including providers and payers who do not deal with Medicare claims.

6. Do state Medicaid programs need to transition to ICD-10?

Yes. Like all other HIPAA covered entities, state Medicaid programs must comply with ICD-10 by October 1, 2013. CMS is continuing to work with Medicaid programs to help ensure they meet the deadline.

7. What happens if I don't switch to ICD-10?

Claims for all services and hospital inpatient procedures provided on or after October 1, 2013, must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before October 1, 2013, must use ICD-9 codes even if they are submitted after the compliance date.

8. If I transition early to ICD-10, will CMS be able to process my claims?

No. CMS and other payers will not be able to process claims using ICD-10 until the October 1, 2013, compliance date. However, you should plan to start ICD-10 testing with payers beginning in 2012.

9. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?

ICD-10 codes are different from ICD-9 codes. ICD-10 has a completely different structure from ICD-9. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes will be alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one to many" matches in some instances.

Like ICD-9 codes, ICD-10 codes will be updated every year.

I062 Rheumatic aortic stenosis with insufficiency
I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency

10. Why is the transition to ICD-10 happening?

The transition is occurring because ICD-9 codes have limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated and obsolete 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.

A successful transition to ICD-10 will be vital to transforming our nation's health care system.

11. What should providers be doing to prepare for the transition to ICD-10?

Providers can begin to prepare by taking the following steps NOW:

- *Talk with your billing service, clearinghouse, or practice management software vendor NOW*
- *Identify ICD-9 (and presumably ICD-10) touch points in your systems and business processes*
- *Identify needs and resources, such as training, printing, etc.*

An ICD-10 transition plan should take into account specific practice or organization needs, vendor readiness, and staff knowledge and training.

Providers should check with their billing service, clearinghouse, or practice management software vendor about their readiness 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.

Work together to make sure you'll have what you need to be ready. A successful transition to ICD-10 will be vital to transforming our nation's health care system and essential to maintaining business operations.

CMS has resources to help providers prepare for a smooth transition to Version 5010 and ICD-10. Visit www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

12. What should payers be doing to prepare for the transition to ICD-10?

The transition to ICD-10 will involve new coding rules, so it will be important for payers to review payment policies. Payers should ask software vendors about their readiness plans and timelines for product development, testing, availability, and training. Payers should have an ICD-10 implementation plan and a transition budget in place.

Payers can review the new ICD-10 coding guidelines at www.cms.gov/ICD10/Downloads/7_Guidelines10cm2010.pdf.

CMS has resources to help payers prepare for a smooth transition to Version 5010 and ICD-10. Visit www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

13. What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10?

Software vendors, clearinghouses, and third-party billing services should talk to their customers NOW to get them ready so their claims will continue to be paid. Take a proactive role in assisting in the transition. Ask customers about their needs and establish a comprehensive approach that will deliver compatible products well ahead of the key transition deadlines. Develop testing guidelines and schedules. Products and services will be obsolete if steps are not taken now to get ready.

CMS has resources to help you and your customers prepare for a smooth transition to Version 5010 and ICD-10. Visit www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

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14. Where can I find the ICD-10 code sets?

The ICD-10-CM and ICD-10-PCS code sets are available free of charge and can be found on the CMS Web site.

For the ICD-10-CM (diagnosis) code sets, go to http://www.cms.gov/ICD10/11b14_2012_ICD10CM_and_GEMs.asp#TopOfPage

For the ICD-10-PCS (hospital inpatient procedure) code sets, go to http://www.cms.gov/ICD10/11b15_2012_ICD10PCS.asp#TopOfPage

For ICD-10-CM official guidelines for coding and reporting, go to http://www.cms.gov/ICD10/Downloads/2012_ICD10_Guidelines.pdf

15. Why should I start preparing now for the ICD-10 transition when it doesn't happen until October 2013?

The transition to ICD-10 is a major undertaking for providers, payers, and vendors. It will drive business and systems changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers, hospitals, and more. Plans need to devote staff time and financial resources to transition activities. The transition will go much more smoothly for organizations that plan ahead and prepare now. A successful transition to ICD-10 will be vital to transforming our nation's health care system and ensuring uninterrupted operations.

CMS has resources to help you prepare for a smooth transition to ICD-10. Visit www.cms.gov/ICD10 to find out more.

16. What type of training will providers and staff need for the ICD-10 transition?

Training should take place in late 2012 or early 2013 for most staff. Training needs will vary for different organizations. For example, physician practice coders will need to learn ICD-10 diagnosis coding only, while hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding.

Look for specialty-specific ICD-10 training offered by societies and other professional organizations. Take into account that ICD-10 coding training will be integrated into the CEUs that certified coders must take to maintain their credentials.

ICD-10 resources and training materials will be available through CMS, professional associations and societies, and software/system vendors. Visit www.cms.gov/ICD10 regularly throughout the course of the transition to access the latest information on training opportunities.

This fact sheet was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



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