

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



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The ICD-10 Transition: Focus on Non-Covered Entities

On **October 1, 2013**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. To accommodate the ICD-10 code structure, the transaction standards used for electronic health care claims, Version 4010/4010A, must be upgraded to Version 5010 by **January 1, 2012**. This fact sheet provides non-covered entities with background on the ICD-10 transition, potential benefits to adopting the new coding, and resources for more information.

What is ICD-10?

ICD-10 is a diagnostic coding system implemented to replace the current ICD-9 codes. ICD-10 codes are more specific, will allow for better analysis of disease patterns, and will help to streamline claims submissions.

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice.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.

How are Non-Covered Entities Affected?

Non-covered entities are not required to transition to Version 5010 and ICD-10. However, for many organizations, the benefits of adoption far outweigh the challenges. ICD-10 coding will benefit non-covered entities in several ways, including:

- Expanded detail in injury codes, which will help automobile insurance and worker's compensation programs

Who are Considered Non-Covered Entities?

- Worker's compensation programs
- Life insurance companies
- Automobile insurance companies

Key Deadlines for the Transitions:*

- January 1, 2012: All electronic claims must now use Version 5010
- October 1, 2013: ICD-10 diagnostic codes must now be used for all health care services provided in the U.S.

**Note: Non-covered entities do not have to transition to Version 5010 and ICD-10, although it is recommended that they do.*

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.



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

- ICD-9 CM codes will no longer be maintained once ICD-10 has been implemented. The ICD-9 CM code set will become less useful and resources will be continually harder to obtain
- Not adopting to ICD-10 coding could lead to undue hardship for non-covered entities' providers

Preparing for the Transition

If you are a non-covered entity and you plan on transitioning to Version 5010 and ICD-10, it is important that you prepare now.

Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget. Obtain management support and put a structure in place, such as an ICD-10 committee, to coordinate your efforts across your organization.

It is also very important that you educate your staff on how to properly use the new coding. Make sure you identify ICD-10 training opportunities and educational conferences near your business.

Remember, it is recommended that you begin training for ICD-10 six months before the new codes commence on October 1, 2013.

ICD-10 and Version 5010 Resources

There are many sources for Version 5010 and ICD-10 information and resources. Check your industry trade associations to see what types of resources are available to help your organization.

The Centers for Medicare & Medicaid Services (CMS) website www.cms.gov/ICD10 has official CMS resources to help you prepare for Version 5010 and ICD-10. CMS will continue to add new tools and information to the site throughout the course of the transition, so check the site frequently for updated resources.

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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