

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  
I078 Other rheumatic tricuspid valve diseases  
I079 Rheumatic tricuspid valve disease, unspecified



**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

# ICD-10

Official CMS Industry Resources for the ICD-10 Transition  
[www.cms.gov/ICD10](http://www.cms.gov/ICD10)



# The Transition to Version 5010 and ICD-10

## An Overview

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Director, Administrative Simplification Group  
Office of E-Health Standards and Services  
Centers for Medicare & Medicaid Services



# Topics To Be Covered

- What exactly is changing?
- Who is affected by the changes?
- Version 5010: Key details
- Why the change?
- ICD-10: Key details
- Why the change?
- Getting ready
- Dates to know
- Resources to help you prepare

076 Other rheumatic tricuspid valve diseases  
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# What Is Changing?

- Medical diagnosis and inpatient procedure code sets:
  - ICD-9 CM → ICD-10 CM  
ICD-10 PCS
- HIPAA standards for electronic transactions:
  - Version 4010/4010A1 → Version 5010

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# Who Is Affected?

Anyone who is covered by HIPAA:

- Health care providers who conduct electronic transactions
- Payers including Medicaid and Medicare
- Clearinghouses

Some non-HIPAA covered entities that use ICD-9 codes:

- Vendors and business associates of covered entities
- Worker's compensation programs
- Life insurance companies

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# Version 5010

- Refers to new HIPAA standards for electronic health care transactions
- Replaces Version 4010/4010A1 standards
- Accommodates ICD-10 code sets

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# Why the Change?

- Version 5010
  - The current version of the standards (Version 4010/4010A1) are recognized as lacking certain functionality for health care needs
  - Accommodates ICD-10 code sets

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# More on Version 5010

## Implementation Timeline

- Allows for a year of external testing:
  - January 1 to December 31, 2011
  - CMS begins accepting Version 5010 claims on January 1, 2011, and continues to accept Version 4010 claims as well through December 31, 2011
- Occurs in advance of ICD-10 transition to ensure any Version 5010 issues are resolved before ICD-10 implementation

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# ICD-10

- Refers to the diagnosis and procedure code sets
- Replaces ICD-9 code sets and includes updated medical terminology and classification of diseases
- More logically organized, more detailed and specific, and more clinically accurate

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# Why the change?

- ICD-10 provides more specific data than ICD-9
  - Better reflects current medical practice
  - Structure accommodates addition of new codes
    - The current coding system is running out of capacity and cannot accommodate future state of health care
  - Expanded data capture
    - Quality measurement
    - Reduce coding errors
    - Better analysis of disease patterns
    - Track and respond to public health outbreaks
    - Make claim submission more efficient
    - Identify fraud and abuse

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# More on ICD-10

- ICD-10 CM/PCS consists of two parts:
  - ICD-10-CM for **diagnosis coding** in all health care settings
    - Describes left vs. right, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion
  - ICD-10-PCS for **inpatient procedure coding** in hospital settings
    - Provides detailed information on procedures and distinct codes for all types of devices
- **CPT coding for outpatient and office procedures is not affected by the ICD-10 transition**

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# General Equivalence Mappings (GEMs)

- Reference mapping that attempts to include all valid relationships between the codes in the ICD-9-CM diagnosis classification and the ICD-10-CM diagnosis classification

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# Future Policy Decisions at CMS

- CMS' ICD-10 Executive Steering Committee currently meets on a bi-weekly basis
- Internal policy, process, and systems issues are discussed
- CMS maintains and updates an internal log of decisions to be made, which are addressed on a rolling basis

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# Transitioning to ICD-10

- Identify your current systems and work processes that use ICD-9 codes
- Communicate implementation plans between providers, payers, and vendors
- Identify potential changes to workflow and business processes
- Budget for time and money related to the implementation
- Allow enough time to test transactions
- Assess staff training needs

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# Training for ICD-10

## Suggested training curriculum

- Basic Understanding of the ICD-10 Code Set
- Coding Diagnoses and Inpatient Hospital Procedures
- Clinical Definitions and Terms in ICD-10
- Using Systems Updated for ICD-10
- Workflow Changes

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# Important Dates to Know

- **January 1, 2011:** Providers, payers, others who work with electronic transactions should begin **external testing of Version 5010**
- **January 1, 2012:** Full implementation of **Version 5010**
  - All electronic claims must use Version 5010 standards
- **October 1, 2014:** Full implementation of **ICD-10**
  - All claims for services provided on or after this date must use ICD-10 codes

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# Now Is the Time to Prepare

- Version 5010 and ICD-10 transitions require business and systems changes throughout the health care industry
- Organizations need to have plans and budgets in place to avoid potentially rejected claims and delays in reimbursement

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# When Do I Need to Be Ready?

## Remember the Dates

Date	Action
January 1, 2011	External Version 5010 Testing
January 1, 2012	Full Implementation of Version 5010
April 1, 2014	Recommend Training Staff on ICD-10 CM/PCS
October 1, 2014	Full Implementation of ICD-10

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# Resources to Help You Prepare

- CMS ICD-10 Web site: <http://cms.gov/ICD10>
- CMS ICD-10 Listserv:  
[http://cms.gov/ICD10/02d\\_CMS\\_ICD-10\\_Industry\\_Email\\_Updates.asp](http://cms.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp)
- Professional, clinical, trade associations

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# ICD-10 Listserv Messages



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## Version 5010 and ICD-10 They're coming. Will you be ready?

News Updates | March 25, 2011

### The Version 5010 Transaction Standards Deadline Is Approaching. Are You Ready?

There are less than **10 months** until all HIPAA-covered entities need to transition from Version 4010/4010A1 to Version 5010 electronic transaction standards. With the **January 1, 2012**, deadline quickly approaching, have you taken the necessary steps to get ready?

Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes and must be in place first before the changeover to ICD-10 on October 1, 2013. Version 5010 has the ability to tell your practice management or other system that you are using an ICD-10 versus an ICD-9 code.

A key step in preparing your office for this upgrade is testing transactions in the new Version 5010 format. If you have not already done so, you should begin external Version 5010 testing now.

Testing transactions using Version 5010 standards will assure that you are able to send and receive compliant transactions effectively. Testing will also allow you to identify any potential issues and address them in advance of the January 1, 2012, compliance date.

#### Keep Up to Date on Version 5010 and ICD-10.

CMS has resources to help you prepare. Visit <http://www.cms.gov/ICD10> and click



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# CMS ICD-10 Fact Sheets

ICD-10 Rheumatic fever without heart involvement  
 ICD-10 Acute rheumatic pericarditis  
 ICD-10 Acute rheumatic endocarditis



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## ICD-10 Basics for Medical Practices

Begin preparing now for the ICD-10 transition to make sure you are ready by the **October 1, 2013**, compliance deadline. The following quick checklist will assist you with preliminary planning steps.

- Identify your current systems and work processes that use ICD-9 codes. This could include your clinical documentation, encounter forms/superbills, practice management system, electronic health record system, contracts, and public health and quality reporting protocols. It is likely that wherever ICD-9 codes now appear, ICD-10 codes will take their place.
- Talk with your practice management system vendor about accommodations for both Version 5010 and ICD-10 codes. Contact your vendor and ask what updates they are planning to your practice management system for both Version 5010 and ICD-10, and when they expect to have it ready to install. Check your contract to see if upgrades are included as part of your agreement. If you are in the process of making a practice management or related system purchase, ask if it is Version 5010 and ICD-10 ready.
- Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Be proactive, don't wait. Contact organizations you conduct business with such as your payers, clearinghouse, or billing service. Ask about their plans for the Version 5010 and ICD-10 compliance and when they will be ready to test their systems for both transitions.
- Talk with your payers about how ICD-10 implementation might affect your contracts. Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules, or reimbursement.
- Identify potential changes to work flow and business processes. Consider changes to existing processes including clinical documentation, encounter forms, and quality and public health reporting.
- Assess staff training needs. Identify the staff in your office who code, or have a need to know the new codes. There are a wide variety of training opportunities and materials available through professional associations, online courses, webinars, and onsite training. If you have a small practice, think about teaming up with other local providers. You might be able, for example, to provide

The ICD-10 transition is coming on **October 1, 2013**. A related change, the transition to Version 5010 standards for electronic transactions happens before then, on **January 1, 2012**. Everyone covered by HIPAA is affected. Now is the time to prepare.

### About ICD-10

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


- ICD-10-CM for diagnosis coding
- ICD-10-PCS for inpatient procedure coding

ICD-10-CM was developed by the Centers for Disease Control and Prevention 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 was developed by the Centers for Medicare & Medicaid Services (CMS) 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-CM/PCS does not affect Current Procedural Terminology (CPT) codes, which will continue to be used for outpatient services.

Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for ICD-10 and Version 5010 resources from CMS.



ICD-10 Rheumatic fever without heart involvement  
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 ICD-10 Acute rheumatic endocarditis



Official CMS Industry Resources for the ICD-10 Transition  
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## Talking to Your Customers About ICD-10 and Version 5010: Tips for Software Vendors

### Compliance Timeline

**JANUARY 1, 2010**

- Payers and providers should begin internal testing of Version 5010 standards for electronic claims

**DECEMBER 31, 2010**

- Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance

**JANUARY 1, 2011**

- Payers and providers should begin external testing of Version 5010 for electronic claims
- CMS begins accepting Version 5010 claims
- Version 4010 claims continue to be accepted

**DECEMBER 31, 2011**

- External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance

**JANUARY 1, 2012**

- All electronic claims must use Version 5010
- Version 4010 claims are no longer accepted

**OCTOBER 1, 2013**

- Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures
- CPT codes will continue to be used for outpatient services

Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for ICD-10 and Version 5010 resources from CMS.



### Timeline

**2010**

providers should begin internal testing of Version 5010 standards for claims

**31, 2010**

ing of Version 5010 must be complete to achieve Level I compliance

**2011**

providers should begin external testing of Version 5010 for electronic claims

accepting Version 5010 claims

0 claims continue to be accepted

**31, 2011**

ing of Version 5010 for electronic claims must be complete to achieve Level II compliance

**2012**

0 claims must use Version 5010

0 claims are no longer accepted

**2013**

services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures

will continue to be used for services

### Compliance Timeline

**JANUARY 1, 2010**

Payers and providers should begin internal testing of Version 5010 standards for electronic claims

**DECEMBER 31, 2010**

Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance

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Version 4010 claims continue to be accepted

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External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance

**JANUARY 1, 2012**

All electronic claims must use Version 5010

Version 4010 claims are no longer accepted

**OCTOBER 1, 2013**

Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures

CPT codes will continue to be used for outpatient services

Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for ICD-10 and Version 5010 resources from CMS.



### Start the Conversation with Your Vendors

Talk with your vendors now to be sure that you can count on them to:

- Have fully functional, compliant products and services ready in plenty of time to allow thorough Version 5010 and ICD-10 testing
- Help you avoid potential reimbursement issues

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. Everyone covered by HIPAA who transmits electronic claims must also switch to Version 5010 transaction standards. The change to ICD-10 does not affect CPT coding for outpatient procedures.

Health care providers, payers, clearinghouses, and billing services must be prepared to comply with the Version 5010 and ICD-10 transitions, which means:



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# Advertisements



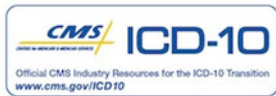
## Prepare Now for the ICD-10 Transition

The change to ICD-10 codes takes effect on October 1, 2013.  
What do you need to get ready?

Providers will need to use ICD-10 diagnosis and inpatient procedure codes starting on October 1, 2013. And in preparation for ICD-10, starting January 1, 2012, all practice management and other applicable software programs should feature the updated Version 5010 HIPAA transaction standards.

Make sure your claims continue to get paid. Talk with your software vendor, clearinghouse, or billing service NOW, and 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.

Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) to find out how CMS can help prepare you for a smooth transition to Version 5010 and ICD-10.



### WEEKLY TO-DO LIST

3: Prepare your Customers NOW for the ICD-10 Transition.

4: What do I need to do to get them ready?

5: Do your customers know that the change to the ICD-10 diagnosis and inpatient procedure codes takes effect October 1, 2013?

6: Do they also know that in preparation for ICD-10, their practice management and other software will need to feature the updated Version 5010 HIPAA transaction standards starting January 1, 2012? Your customers will have lots of questions and will be turning to you for answers.

7: Keep ahead of the transition. Talk to your customers NOW to get them ready so their claims will continue to be paid. A successful transition to ICD-10 will be vital to transforming our nation's health care system.

8: 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](http://www.cms.gov/ICD10) to find out more.

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### WEEKLY TO-DO LIST

8: The change to ICD-10 codes takes effect on October 1, 2013.

9: What do you need to get ready?

10: Prepare Now for the ICD-10 Transition

11: Providers will need to use ICD-10 diagnosis and inpatient procedure codes starting on October 1, 2013. And in preparation for ICD-10, starting January 1, 2012, all practice management and other applicable software programs should feature the updated Version 5010 HIPAA transaction standards.

12: Make sure your claims continue to get paid. Talk with your software vendor, clearinghouse, or billing service NOW, and 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.

13: Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) to find out how CMS can help prepare you for a smooth transition to Version 5010 and ICD-10.

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078 Other rheumatic tricuspid valve diseases  
 079 Rheumatic tricuspid valve disease, unspecified  
 080 Rheumatic disorders of both mitral and aortic valves  
 081 Rheumatic disorders of both mitral and tricuspid valves  
 082 Rheumatic disorders of both aortic and tricuspid valves  
 083 Combined rheumatic disorders of mitral, aortic and tricuspid valves



# Questions?

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