

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



# ICD-10

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

ified  
ent  
vement  
  
ficiency



## Version 5010: Testing Readiness, What You Need to Know

On January 1, 2012, the Version 4010/4010A electronic transaction standards used to conduct administrative transactions were upgraded to [Version 5010](#).

All health care providers and organizations that are covered entities under the Health Insurance Portability and Accountability Act ([HIPAA](#)) are required to comply with the new version. This means providers, payers, vendors, and clearinghouses that use electronic transactions should have implemented Version 5010 on January 1, 2012. Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place for a successful changeover to ICD-10.

Version 5010 has the ability to tell your practice management systems that you are using an ICD-10 versus an ICD-9 code. The Version 5010 change occurred well before the ICD-10 implementation date to allow adequate time for Version 5010 testing and implementation.

### What If I Have Not Upgraded to Version 5010 Yet?

Talk with your software vendor right away about upgrading to Version 5010. Once your Version 5010 upgrade is installed, you will need to test transactions both internally and externally with your business partners. Testing transactions using Version 5010 standards assures that you are able to send and receive compliant transactions effectively. Testing also allows you to identify any potential issues.

### Who Is Covered by HIPAA?

- Providers/physicians, including alternate site providers
- Payers
- Health care clearinghouses
- Pharmacies
- Health plans

### How Do I Test Version 5010?

#### • **Level I: Internal Testing**

Internal testing should be completed as soon as your software is upgraded to Version 5010. Internal testing allows you to identify and address any potential issues that may arise in advance of testing with external business partners. If you have not yet done so, take action now to complete your internal testing as soon as possible.

## ICD-10 and Version 5010 Resources

**NEW ICD-10  
DEADLINE  
OCT 1, 2014**

CMS has resources available to help you in the transition process – even help you get the conversation started with your business partners if you haven't already. Go to our [website](#) for [provider](#) and [vendor](#) resources that include fact sheets with tips on asking each other the right questions.

Sign up for [ICD-10 Email Updates](#) and follow @CMSgov on [Twitter](#) for the latest news and resources.

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



I061 Rheumatic aortic insufficiency  
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

- **Level II: External Testing**

After you have completed internal testing, you can begin sending test data to your external business partners. Identify the partners you currently conduct transactions with, and create a schedule and timeline for external testing with each partner. Identify priority partners to conduct testing with if you trade with a large number of business partners.

### Which Business Partners Should I Include in External Testing?

- Billing services
- Clearinghouses
- Pharmacies
- Entities responsible for coverage and benefit determinations
- Payers

Confirm that your business partners are also engaged in testing with other external partners with whom they work. This is crucial to completing comprehensive testing. Allow for sufficient time to train, and practice with staff using the new transactions.

### Which Transactions Should I Test?

Test transactions that you currently use on a daily basis such as:

- Claims
- Eligibility determinations
- Remittances
- Referral authorizations

*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.*



# ICD-10

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

SEPTEMBER 2012

