I00   Rheumatic fever without heart involvement
I010 Acute rheumatic pericarditis
I011 Acute rheumatic endocarditis
I012 Acute rheumatic myocarditis

CMS ICD-10

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

ICD-10 Basics for Medical Practices

The ICD-10 transition takes planning, preparation, and time, so medical practices should continue working toward compliance. 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 ICD-10 codes.**

- Confirm with your vendor that your system has been upgraded to Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.

- Contact your vendor and ask what updates they are planning to make to your practice management system for 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 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 ICD-10 compliance and when they will be ready to test their systems for the transition.

☐ **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.

Background

ICD-10 DEADLINE
OCT 1, 2015

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 (diagnosis coding) 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 (inpatient procedure coding) 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** for ICD-10 and Version 5010 resources from CMS.

I06.2 Rheumatic aortic stenosis with insufficiency
I06.8 Other rheumatic aortic valve diseases
I06.9 Rheumatic aortic valve disease, unspecified
I07.0 Rheumatic tricuspid stenosis
I07.1 Rheumatic tricuspid insufficiency
I07.2 Rheumatic tricuspid stenosis and insufficiency

☐ **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. For example, you might be able to provide training for a staff person from one practice, who can in turn train staff members in other practices. Coding professionals recommend that training take place approximately six months prior to the ICD-10 compliance deadline.

☐ **Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials, and training.** Assess the costs of any necessary software updates, reprinting of superbills, trainings, and related expenses.

☐ **Conduct test transactions using ICD-10 codes with your payers and clearinghouses.** Testing is critical. You will need to test claims containing ICD-10 codes to make sure they are being successfully transmitted and received by your payers and billing service or clearinghouse. Check to see when they will begin testing, and the test days they have scheduled.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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