

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
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Compliance Timeline

The following is a timeline of essential activities needed to successfully transition to Version 5010 and ICD-10. While each organization's implementation may be unique, the following activities and procedures are intended to provide guidance for a smooth transition. Please note that depending on your organization, many of these timelines can be compressed and/or performed at the same time as other tasks. The estimated total duration for each activity is provided.



Actions to Take Immediately

Version 5010

- Determine implementation strategy, including a communications plan with trading partners and business associates (1 month)
- Complete gap analysis between Version 4010 and Version 5010 and conduct impact assessments; review and analyze 5010 implementation guidelines (3 months)
- Refine budget and secure additional funding if necessary (3 months)
- Define functional requirements and develop systems to meet them (6 months)
- Develop and begin to execute a testing plan: Identify testing resources, testing scripts, and testing locations; establish timelines with milestones for testing both hardware and software updates (6 months)
- Complete internal testing for **Level I compliance**
- January 1, 2011: Begin external testing of systems (9 months). Coordinate transition to the new formats and testing with providers, clearinghouses, billing services, and other business partners (it is likely that both Version 4010 and Version 5010 formats will be used during this time period); external testing must be completed by December 31, 2011 to achieve **Level II compliance**

ICD-10

- Provide awareness training to core group and senior management (3 months)
- Complete impact assessments (6 months)
 - Identify business areas, policies, processes and systems, and trading partners affected by the transition; review cost benefit analysis; and identify and validate CMS and National Center for Health Statistics (NCHS) General Equivalence Mappings (GEMs) and reimbursement crosswalks and mapping tools
- Determine business and technical implementation strategy (6 months)
- Determine migration strategy for coverage policies and contracts to identify who will need ICD-10 coding training (6 months)

- Secure budget for implementation and establish and engage implementation team (3 months)
- Define functional requirements for system development efforts; these requirements should support your implementation strategy (6 months)
- Complete ICD-10 coding training in the code sets and maps for staff who translate coverage policies (9 months)
- Begin and continue system design and development (18 months)
- If using vendor solution, engage immediately for development of business and system requirements



Spring 2011

Version 5010

- Continue external testing of systems. Coordinate transition to the new formats and testing with providers, clearinghouses, billing services, and other business partners (it is likely that both Version 4010 and Version 5010 formats will be used during this time period); external testing and transition must be completed by December 31, 2011 to achieve **Level II compliance**
- Continue solution rollout

ICD-10

- Perform impact assessment, if not already complete
- Identify business areas affected, if not already complete
- Identify policies affected, processes and systems, if not already complete
- Identify outcomes on trading partners, if not already complete
- Review cost benefit analyses, if not already complete
- Validate CMS and NCHS GEMs, if not already complete
- Develop implementation strategy/plan, if not already complete
- Initiate implementation program and governance structure set-up, if not already complete
- Develop business strategy, if not already complete
- Begin conversion of coverage policies for the ICD-10 code sets; develop a strategy to coordinate versions of coverage policies to maintain consistency through implementation (12+ months)
- Begin development of business and system requirements (9 months)
- If using vendor solution, engage immediately for development of business and system requirements



Summer 2011

Version 5010

- Complete external testing of systems. Ideally, external systems testing should commence at least eight months prior to the Version 5010 compliance date. Continue to coordinate transition to the new formats and testing with providers, clearinghouses, billing services, and other business partners (it is likely that both Version 4010 and Version 5010 formats will be used during this time period); external testing and transition must be completed by December 31, 2011 to achieve **Level II compliance**

ICD-10

- Continue conversion of coverage policies for the ICD-10 code sets; develop a strategy to coordinate versions of coverage policies to maintain consistency through implementation
- Continue development of business and system requirements
- Begin system design and development (9 months)
- Determine provider contract remediation requirements



Fall 2011

Version 5010

- Complete external testing and transition the updated Version 5010 systems by December 31, 2011 if not yet completed

ICD-10

- Continue conversion of coverage policies to the ICD-10 code sets
- Complete development of business and system requirements
- Continue system design and development
- Start vendor code deployment and internal testing (12 months)



Winter 2012

Version 5010

- Transition the updated Version 5010 systems by December 31, 2011, if not yet completed
- January 1, 2012: All electronic HIPAA transactions must be conducted using Version 5010 standards

ICD-10

- Complete system design and development
- Continue conversion of coverage policies to the ICD-10 code sets

- Complete vendor code deployment and internal testing
- Start internal testing. This must be a coordinated effort with internal coding, billing and technical resources as well as vendor resources, if applicable (9 months)



Spring 2012

ICD-10

- Continue conversion of coverage policies to the ICD-10 code sets
- Continue internal testing. This must be a coordinated effort with internal coding, billing and technical resources as well vendor resources



Summer 2012

ICD-10

- Continue conversion of coverage policies and provider contracts to the ICD-10 code sets
- Continue internal testing. This must be a coordinated effort with internal coding, billing and technical resources as well vendor resources



Fall 2012

ICD-10

- Complete internal testing
- Complete conversion of coverage policies to the ICD-10 code sets
- Begin external testing with trading partners (11 months)
- Create a plan for post-implementation data analysis by beginning to identify potential code/code categories to focus on. (The conversion process will likely reveal insights on how coverage policies or overall reimbursements might be affected) (9 months)



Winter 2013

ICD-10

- Continue external testing with trading partners
- Continue to develop a plan for post-implementation data analysis by identifying potential code/code categories to focus on. (The conversion process will likely reveal insights on how coverage policies or overall reimbursements might be affected)



Spring 2013

ICD-10

- Continue external testing with trading partners

- Continue to develop a plan for post-implementation data analysis by identifying potential code/code categories to focus on. (The conversion process will likely reveal insights on how coverage policies or overall reimbursements might be affected)



Summer 2013

ICD-10

- Complete external testing with partners
- Begin systems implementation (3+ months)
- Complete plan for post-implementation data analysis by identifying potential code/code categories to focus on. (The conversion process will likely reveal insights on how coverage policies or overall reimbursements might be affected)



Fall 2013

ICD-10

- Complete system implementation
- October 1, 2013: ICD-10 system implementation for full compliance. ICD-9 codes will continue to be used for services provided before October 1, 2013

On-going education and implementation assistance for Version 5010 and ICD-10 is available from many professional organizations and associations. Visit the CMS website at www.cms.gov/ICD10 for the latest information and tools to help you prepare for the ICD-10 and Version 5010 transitions.

CMS consulted resources from the American Medical Association (AMA), the American Health Information Management Association (AHIMA), the North Carolina Healthcare Information & Communications Alliance (NCHICA) and the Workgroup for Electronic Data Interchange (WEDI) in developing this timeline.



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