

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  
[www.cms.gov/ICD10](http://www.cms.gov/ICD10)



## FAQs: Versions 5010 and D.0 Transition Basics

### 1. What is the deadline for the transition to Versions 5010 and D.0?

**January 1, 2012.** The 2012 compliance date is not subject to change.

Health care providers and payers must be prepared to use the updated X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Telecommunications Standard D.0 in Health Insurance Portability and Accountability Act (HIPAA) standard transactions starting January 1, 2012. As of January 1, 2012, electronic claims that do not use Version 5010 standards may not be processed.

To allow adequate time to meet the January 2012 implementation date, health care providers and payers should begin testing Version 5010 and Version D.0 with their trading partners NOW.

Medicare began testing Version 5010 electronic claims in January 2011.

### 2. What is Version 5010?

In addition to the code set changes, standards for electronic administrative transactions (such as eligibility inquiries and remittance advices) are being updated from the current Version 4010/4010A1 to Version 5010 on January 1, 2012.

### 3. What is Version D.0?

Version D.0 is the new version of the NCPDP standards for pharmacy transactions that replaces version 5.1. The mandatory compliance date for Version D.0 is January 1, 2012. In addition, NCPDP Version D.0 for retail pharmacy incorporates change requests submitted by the industry to accommodate changing business needs as well as changes necessitated by the requirements of the Medicare Prescription Drug Improvement and Modernization Act (MMA).

For Version D.0 information, please visit the CMS site at: [http://www.cms.gov/Versions5010andD0/01\\_overview.asp](http://www.cms.gov/Versions5010andD0/01_overview.asp)

### 4. How does the Version 5010 transition affect the transition to ICD-10?

Version 5010 supports both the ICD-9 and the ICD-10 code set structures.

It is not possible to create or transmit electronic claims using ICD-10 codes without transitioning to Version 5010 HIPAA transaction standards. Version 4010/4010A1 does not support ICD-10 codes.

### 5. What happens if I don't switch to Version 5010?

Electronic claims submitted on or after January 1, 2012, must use Version 5010 standards.

Electronic claims that do not use Version 5010 standards may not be processed.

### 6. Why is the transition to Version 5010 happening?

Version 5010 HIPAA transaction standards result in improved standardization for administrative and clinical data compared with the current Version 4010/4010A standards.

Unlike Version 4010/4010A, Version 5010 allows for the use of ICD-10 in electronic claims.

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

## 7. What information and resources are available from CMS to help prepare for the transition to Version 5010?

CMS has resources to help you prepare for a smooth transition to Version 5010.

Visit [http://www.cms.gov/Versions5010andD0/01\\_overview.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/01_overview.asp#TopOfPage) to find out more.

In addition, educational resources such as Medicare Learning Network (MLN) articles, past National Call audio-cast and frequently asked questions can be found at [http://www.cms.gov/Versions5010andD0/40\\_Educational\\_Resources.asp#TopOfPage](http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage)

CMS will continue to add new tools and information related to Version 5010 to the site through the course of the transition.

## 8. What do providers need to be doing now to get ready for Versions 5010 and D.0?

To allow adequate time to meet the January 1, 2012 implementation date, providers should begin testing Version 5010 with their trading partners NOW. Providers who use practice management and other applicable software programs should make sure that their software programs feature the updated Versions 5010 and D.0 HIPAA transaction standards. (If you are a Medicare Fee for Service (FFS) provider, please contact your Medicare Administrative Contractor (MAC) or legacy contractors to inquire about their testing protocols.)

Talk to your software vendor, clearinghouse, or billing service NOW, and work together to make sure you'll have what you need to be ready.

## 9. What do software vendors, clearinghouses, and third-party billing services need to be doing now to get ready for Versions 5010 and D.0?

Keep ahead of the transition. The changeover to Versions 5010 and D.0 occurs well before the October 1, 2013, ICD-10 compliance date. Health plans and providers should begin testing Version 5010 NOW to allow adequate time to fine-tune their systems prior to implementation of Version 5010 on January 1, 2012, and the subsequent October 1, 2013 compliance date for ICD-10. Products and services that are not Version 5010-compliant will become obsolete.

## 10. What do payers need to be doing now to get ready for Version 5010?

Payers should ask the software vendors, third-party billing services, and providers they work with about Version 5010 preparation. Work together to make sure you'll have what you need to be ready, and start to collaborate with these organizations on testing plans. Software vendors or IT departments should be developing and testing products that will enable payers to begin Version 5010 testing NOW, with full implementation by the January 1, 2012, compliance deadline. To allow time for testing, CMS will accept either Version 4010/4010A or Version 5010 claims from January 1 to December 31, 2011. Starting January 1, 2012, CMS will accept electronic claims in the Version 5010 format only.

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.



JULY 2011

