Tools to Tackle ICD-10 Rollout Questions

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By Melanie Endicott

With the arrival of October 1, 2015 came the official rollout of ICD-10-CM/PCS. As such, there are likely more than a few healthcare organizations nationwide frantically working to cope with the new increased specificity that ICD-10 has to offer. Even after months (even years) of preparation, coding professionals are going to see the frustration in searching for "*exact*" codes. The frustration comes from the unknown. Why was it denied even though you were confident in your submission? But don't worry; you don't have to be a part of that chaos.

Tools to Help You Cope

There are many tools available to help you transition to the ICD-10 code set. One helpful resource for both AHIMA members and non-members is the AHIMA Engage Communities. This free resource provides a location for you to ask questions of your peers and gain insight into challenges and opportunities facing others in the industry.

In addition, to receive official ICD-10-CM and ICD-10-PCS coding advice, coders can send questions to the American Hospital Association's Coding Clinic.

A new tool unveiled at this year's AHIMA Annual Convention and Exhibit in New Orleans, LA, called Code-Check^{TM}, has been developed to support organizations as they work through this transition, called AHIMA Code-Check^{TM}, which is available to both individuals and organizations. Subscribers to Code-Check can submit questions related to ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Level II. Other functions of the tool include:

- Expert interpretation and guidance on necessary pathways for accurate code assignment
- Nomenclature and terminology relationships vital to correct coding paths
- Professional coding staff knowledgeable in ICD-10-CM/PCS, CPT, and HCPCS Level II code sets
- Solutions with cited sources
- Guidelines for when to query for necessary documentation
- Quarterly reporting options for organizations to target employee training needs

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