



news

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Introducing AHIMA Code-Check™

*New AHIMA Service to Answer the Toughest ICD-10 Questions,
Support Healthcare Organizations During And After Transition*

CHICAGO -- Sept. 23, 2015 – The [American Health Information Management Association's](#) highly educated, experienced and credentialed experts are now available to the industry to answer the most challenging coding questions for ICD-10-CM and ICD-10-PCS, CPT and HCPCS.

[AHIMA Code-Check™](#), built on the association's more than 85 years of industry-leading excellence and knowledge in health information management (HIM), is a new coding service that will answer coding questions from members and non-members within one business day. AHIMA Code-Check™ can be purchased by individuals and organizations on a subscription or as-needed basis. The service will debut Oct. 12.

"We are pleased to introduce AHIMA Code-Check™ to coincide with the early days of the ICD-10 transition at the time when there is the biggest need for additional services and expertise around the new code set," said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. "AHIMA Code-Check™ doesn't just provide answers to questions but will show all the key steps for how the correct code was arrived at. It can be an important and ongoing source of continuing education."

AHIMA Code-Check™, which was designed with physicians, coders, coding managers, CDI Specialists, Revenue Cycle Managers and more in mind, features:

- Expert interpretation and guidance on necessary pathways for accurate code assignment
- Nomenclature and terminology relationships vital to correct coding paths
- Solutions with cited sources
- Guidelines for when to query for necessary documentation
- Identification of patient care variables that affect CPT and HCPCS codes

Especially important to organizations, AHIMA Code-Check™ offers the ability to purchase larger quantity subscriptions. These subscriptions can be shared among a large physician practice, entire coding departments and even CDI specialists. Unlike other services, AHIMA Code-Check™ is unique in its ability to combine all four classification systems into one service. This

provides the industry with one location that answers all of their questions and then brings those answers together in standardized quarterly reports.

All answers will be based on sound coding guidelines released from both *AHA Coding Clinic®* and *AMA CPT Assistant®*.

Reporting tools will provide a breakdown of questions including classification system, specialty topic, and sub-topics. This helpful service will allow managers the ability to view and share their respective staffs' questions and solutions. As a result, managers can better target specific learning needs through identifying the types of questions that are asked by staff members.

“Our vision for AHIMA Code-Check™ is that every claim will be submitted with accurate and complete codes within the respective classification systems,” says Lou Ann Wiedemann, MS, RHIA, CDIP, CHDA, FAHIMA, Vice President of HIM Practice Excellence at AHIMA. “At this pivotal point in the healthcare industry, AHIMA is focused on ensuring quality data through accurate code assignment.”

Beginning in 2016, AHIMA will develop annual white papers with analysis and answers to some of the most commonly asked and challenging questions posed to AHIMA's experts. They will be featured on AHIMA's website.

AHIMA Code-Check™ is part of the CheckPoint Services offered by AHIMA, designed to provide practical assistance to HIM professionals.

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About AHIMA

The American Health Information Management Association (AHIMA) represents more than 101,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's enduring goal is quality healthcare through quality information. www.ahima.org