Start your search with basic keywords – in this case we’ll use *medical coding AND insurance*. 
Probably the easiest way to fine tune a search is to identify *subjects* that match your research topic. Don’t assume the subject headings from one database will be the same as in another. After you have one or more subjects, add them to your *search* ....
Place the subject term(s) in the box and change the search field to SU Subject Terms. *Limit your results to full text.* Search.
CINAHL provides many ways to perfect a search for information in allied health and nursing fields.
1. New CPT Evaluation Codes Are Here.

2. ICD-10 Coding Issues/Problems.

ICD-10 Coding Issues/Problems.

Authors: GOLDSMITH, HARRY
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Abstract: The article discusses the issues reported by podiatrists in relation to the implementation of International Coding of Diseases or ICD-10 coding. Topics discussed include matching ICD-10 coding to the payer’s "approved" claim edits and concerns regarding the coding’s effect on the productivity of practices. The end of the one-year grace period and information on the CodingLine-New York State Podiatric Medical Association 2017 Coding Seminar are mentioned.
ICD-10 Coding Issues/Problems

CODINGLINE PARTICULARS

ICD-10 Coding Issues/Problems

Here's where we're at one year later.

BY HARRY Goldsmith, CPP

Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

A ll in all, the year of ICD-10 implementation went fairly well, don't you think? Obviously, there were some payer glitches that were for the most part resolved quickly. And there were some Medicare payer glitches specific to routine foot care coding that didn't. Given the pre-implementation doom and gloom hype, though, you and your practice survived to fight the next crisis. Congratulations, whew (at least that MAC 1 is back knocking at the door).

So, what were the most common ICD-10 issues and problems that foot and ankle practices reported last year?

Matching Your ICD-10 Coding to the Payer's "Approved" Edits

As with ICD-9, when a claim is filed, or coverage, there is a good chance that the issue is a "non-match" of submitted ICD-10 codes and the payer's approved list of ICD-10 codes for any given service or procedure claimed. If you think about it, the payer's claim processing software only has three elements for determining a lack of medical necessity. The first is a "non-match" of ICD-10 codes in the universe of ICD-10 codes in the software database. The second is a search of the patient's claim history, looking for CPT or HCPCS billing "frequency" issues. The third, and most likely worked with the Carrier Advisory Committee (CAC) representatives, state associations, and the APMA to quickly resolve the problem by expanding its list of ICD-10 codes. Nondian's problem was similar, but limited to the processing of claims for qualified routine foot care codes CPT 11053, CPT 11056, and CPT 11057. Several years ago, Nondian had two separate LIRCs that governed the billing of the CPT 11053 series of codes. Prior to the transition to ICD-10, Nondian retired its routine foot care LCD. When preparing its software...
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