**Clinical Issue Identification**

The goal we are trying to achieve is a painless processing of a medical dental or vision claim. The clinical issue is that we are changing systems and things getting lost in the change, as well as the transition from ICD-9 to ICD-10 codes. As this change happened there were providers billing codes that were no longer billable and that caused for many denials. Everyone assumed that ICD-10 transition would happen relatively quickly however, that was not the case. The stakeholders would be the insurance company as they were receiving so many bills with incorrect coding, they need to be assured that the providers are training their billing representatives to send claims with accurate codes. My question would be, what can be done to make sure the claims are getting sent with correct codes?