

MEDICAL CODING

STUDY GUIDE

What is Medical Coding?

Medical coding is a specialized profession within the wider field of healthcare administration. Professional medical coders review the documentation contained in patients' medical records, then they translate the written documentation into universally accepted, industry-standard medical code. These codes are used to submit claims to third party payers, and to gather statistical information, both by tracking incidents of specific diseases, and by discerning developing trends in treatment protocols. Accurate medical coding is essential to the healthcare industry. It is how claims for payment are reported for appropriate reimbursement of provided medically necessary services. Above and beyond that, the granulated, specific data contained in medical codes provides a picture of a given patient's health history. When collected in aggregate, this information is used by actuaries to determine how to allocate capital for future healthcare needs. It is also used to steer incentives to specific programs that encourage quality of care that focus the healthcare industry on providing services that are considered to be of benefit to the general population.

In practice, medical coding is primarily used to file healthcare claims, but the data contained in these claims has further uses for accurate diagnosis and procedure codes, long after individual claims are paid.

Medical Coding is not Medical Billing

In some settings, a medical biller also serves as a medical coder and, in fact, medical billers are familiar with the basic precepts of accurate medical coding. Professional medical coders are aware of the reimbursement implications of the codes they assign, but their primary concern is not with money, but with the accuracy of the information communicated by their work.

Professional certified medical coders essentially act as translators. They review a patient's medical record as written by physicians, therapists, nurses, technicians, and other healthcare providers. After comparing the documentation to the standards established by the American Medical Association, the Centers for Medicare and Medicaid Services, and contractual agreements with commercial health insurance plans, certified medical coders abstract the pages of written information, and they distill it into standardized codes. Procedures are translated into codes contained in the indices of Current Procedural Terminology (CPT codes), the Healthcare Common Procedural Coding System (HCPCS Level II codes), and the codes contained in Volume 3 of the International Classification of Diseases, 9th

Edition, Clinical Modification (ICD-9-CM). Diagnosis codes that describe a patient's condition at the time services were rendered are rendered into codes found in Volume 2 of ICD-9-CM.

Medical billers use these codes to submit claims to describe medically necessary services that should be reimbursed at agreed-upon rates by third-party payers. Statisticians, researchers, public health officials, and internal auditors use these codes to determine what services were provided, and why, to a patient population. Accurate medical coding has many ramifications that affect not only the fiscal health of a healthcare institution, but they also affect public policy on a grander scale.

Is Medical Coding a Viable Career?

According to the American Academy of Professional Coders (AAPC), there are over 110,000 certified medical coders who carry credentials from this professional organization. The basic credential offered by AAPC is the title of Certified Professional Coder (CPC). Specialty certifications are also offered by AAPC, such as Certified Professional Coder-Hospital Outpatient (CPC-H), or Certified Interventional Radiology Cardiovascular Coder (CIRCC).

The American Health Information Management Association (AHIMA) also offers credentials to trained coding professionals. AHIMA offers the designation of Certified Coding Specialist (CCS), and Certified Coding Specialist-Physician-Based (CCS-P).

AAPC credentials tend to focus on the mastery of coding issues in the outpatient professional setting, while AHIMA, which has a broader mandate that covers aspects of health information management beyond only coding, focuses on issues that occur in the inpatient hospital setting. AHIMA offers other credentials that do not center on medical coding, though accurate medical coding is always a component of the required core competencies. Likewise, AAPC offers credentials, such as Certified Professional Medical Auditor (CPMA), or Certified Compliance Officer (CCPO), that have coding as their basis, but also have wider applications.

There are other professional bodies that offer certification to professional medical coders. The reason there are so many specialized credentials available is because there is a demand for them. Employers expect professional medical coders to be certified in the roles they fulfill within an organization. This can be by assigning codes for reimbursement, reviewing healthcare claims for accuracy before or after payment has been received, educating

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code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes The bottom line for using proper ICD codes is money reimbursement for the medical community and patient *Medical Coding (Speedy Study Guides* LLC Publishing,Speedy Publishing LLC,2014-05 When you are studying something as intricate involved and structured as medical coding it s worth your time to invest in every study aid you can possibly employ to that end Since studying is just a way of working to ensure that you can better retain and recall information a pamphlet is a great way to help you quickly decode various medical codes While a deck of flash cards may seem useful using them for a practice such as deciphering medical coding means that you will need a very thick stack a pamphlet form study guide takes less space and similar information **Medical Coding** Speedy Publishing LLC,2014-07-18 Every known illness disease and condition has a specific number that goes along with the word describing the person s medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes **Medical Coding ICD-9 (Speedy Study Guide)** Speedy Publishing LLC,2014-06-27 A medical coding ICD 9 book or software program contains detailed information concerning a variety of health conditions along with a numerical set of numbers Each disease or health condition is assigned a specialized code that is used for identification purposes when submitting documents to insurance carriers for reimbursement Health care employees such as medical coders and secretaries require a medical coding ICD 9 as part of their job while working in medical facilities including physician s offices hospitals and nursing homes Medical Coding ICD-9 (Speedy Study Guides) Speedy Publishing,2014-07-03 A medical coding ICD 9 book or software program contains detailed information concerning a variety of health conditions along with a numerical set of numbers Each disease or health condition is assigned a specialized code that is used for identification purposes when submitting documents to insurance carriers for reimbursement Health care employees such as medical coders and secretaries require a medical coding ICD 9 as part of their job while working in medical facilities including physician s offices hospitals and nursing homes *Medical Coding ICD-10-PCs (Speedy Study Guides* LLC Publishing,Speedy Publishing LLC,2014-05 Medical Coding ICD 10 PCS is the newest procedure coding system There are a total of 72 081 codes included in ICD 10 PCS Each of the seven alphanumeric characters used in each code represents something specific A chart would be very beneficial in trying to decipher what each

code's letter or number represents. For example, the first number of the code represents the type of service that was rendered. Other characters used represent a body system, body part, or region, root operation, etcetera.

Evaluation & Management (E/M) Coding Calculator (Speedy Study Guides) Speedy Publishing, 2014-06-16. A reference guide for an Evaluation Management E/M Coding Calculator would assist managers and supervisors responsible for performance evaluations to provide accurate performance ratings among their employees in a consistent manner. The reference guide would help provide verbal detail in the narrative required to guide and articulate to an employee or subordinate how their performance in the work place can be improved.

Study Guide to Accompany Introduction to Health Information Technology Nadinia A. Davis, Melissa LaCour, 2001-11

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Medical Billing & Coding For Dummies Karen Smiley, 2019-11-08. The definitive guide to starting a successful career in medical billing and coding. With the healthcare sector growing at breakneck speed, it's currently the

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Table of Contents Medical Coding Speedy Study Guide

1. Understanding the eBook Medical Coding Speedy Study Guide
 - The Rise of Digital Reading Medical Coding Speedy Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Medical Coding Speedy Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medical Coding Speedy Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medical Coding Speedy Study Guide
 - Personalized Recommendations
 - Medical Coding Speedy Study Guide User Reviews and Ratings
 - Medical Coding Speedy Study Guide and Bestseller Lists
5. Accessing Medical Coding Speedy Study Guide Free and Paid eBooks
 - Medical Coding Speedy Study Guide Public Domain eBooks
 - Medical Coding Speedy Study Guide eBook Subscription Services
 - Medical Coding Speedy Study Guide Budget-Friendly Options
6. Navigating Medical Coding Speedy Study Guide eBook Formats

- ePub, PDF, MOBI, and More
 - Medical Coding Speedy Study Guide Compatibility with Devices
 - Medical Coding Speedy Study Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medical Coding Speedy Study Guide
 - Highlighting and Note-Taking Medical Coding Speedy Study Guide
 - Interactive Elements Medical Coding Speedy Study Guide
 8. Staying Engaged with Medical Coding Speedy Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medical Coding Speedy Study Guide
 9. Balancing eBooks and Physical Books Medical Coding Speedy Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medical Coding Speedy Study Guide
 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
 11. Cultivating a Reading Routine Medical Coding Speedy Study Guide
 - Setting Reading Goals Medical Coding Speedy Study Guide
 - Carving Out Dedicated Reading Time
 12. Sourcing Reliable Information of Medical Coding Speedy Study Guide
 - Fact-Checking eBook Content of Medical Coding Speedy Study Guide
 - Distinguishing Credible Sources
 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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