



Medical Coding

Essential guidelines & tips to core coding procedures & practices, including: ICD-10-CM, CPT-4 & HCPCS Level II

General Coding & Legal Guidelines

Medical Care & Preventative Care in Health Care

- Health care is a comprehensive system that focuses on establishing and maintaining each individual's good health.
- Third-party payer is the person or organization not involved in the health care relationship except for their obligation to pay for the encounter and services rendered.
 - Party #1: The health care provider
 - Party #2: The patient
 - Party #3: The insurance carrier (third-party payer)
- ICD-10-CM stands for International Classification of Diseases, 10th Revision, Clinical Modification
- ICD-10-CM used to code diagnosis
- ICD-10-PCS contains codes used to bill for inpatient hospital procedures
- CPT stands for Current Procedural Terminology and is used to code procedures
- HCPCS stands for Health Care Common Procedural Coding System
- HCPCS Level II is a book containing codes used to bill for dental procedures, durable medical equipment (DME), drugs, and other services and supplies; codes are used to report services, procedures, and supplies not included in CPT
 - Advanced Life Support (ALS) is a level of service provided by ambulatory personnel
 - DMEPOS: Durable Medical Equipment, Prosthetics, and Orthotics Supplies
- Durable Medical Equipment (DME) medical supplies that either can be used by several individuals or that last a long time, such as pumps or a wheelchair
- Outpatient: an individual provided health care services without an overnight stay in the facility
- Inpatient: an individual staying overnight in an acute-care or other health care facility

Legal Guidelines

- HIPAA, Health Insurance Portability and Accountability Act, is federal law

TIP If you don't know, you don't code. Don't assume. Don't guess. Don't invent.

- HIPAA's Privacy Rule is about protecting the patient's privacy; this law simply ensures each and every person coming to any health care facility that their personal and private information will be protected and treated with respect
- Coding for coverage means that a code is changed to fit what the insurance company will pay for rather than accurately reflecting the procedure that was performed
- Medical necessity (medically necessary) is the determination that the provider was acting according to standard practice in providing the procedure for an individual with the diagnosis; use of ICD-10-CM Diagnosis Codes constitutes a medical claim (medical necessity) for providing the services and/or procedures claimed
- Mutually exclusive codes report conditions that cannot be in the same patient at the same time
- Supporting documentation refers to the paperwork in the patient's file that corroborates the codes presented on the claim form for that particular encounter
- Unbundling means that individual parts of a specific procedure were used rather than a combination or bundle that includes all those components
- Upcoding means that a code is used on a claim form indicating a higher level of service than was actually performed

Rules of Legal & Ethical Coding

- The codes indicated on the claim form must represent the services actually performed and are supported by the notes and other documentation in the patient's health record
- Coding for coverage—using codes not chosen for the best, most accurate code available, but rather, with regard to what procedure the insurance company will pay for (i.e., "cover")—is dishonest and is considered **fraud**
- Upcoding—using a code that indicates that a higher level of service was provided than was actually performed—is unethical and **illegal**
- Submitting a claim for services that have already been billed for is called double billing and is considered **fraud**
- Unbundling—using individual (also known as

- component) service codes when a comprehensive or combination bundled code is available—is **illegal**
- The use of mutually exclusive codes—codes identified as not permitted to be used on the same claim form—is considered **unethical**
- Reporting codes relating to a single encounter and placing them on several claim forms over the course of several days is **not legal or ethical**

Definitions

TIP

5 Steps to Accurate Coding

1. Read through the hospital and the physician's notes
 2. Ask the physician's notes
 3. Query the health care provider if codes are missing or unclear
 4. Code the diagnosis
 5. Code the procedure
1. List every procedure only in a way that diagnosis code is document medical records

Methods of Administering Medications

- IA Intracranial (into the artery)
- ID Intradermal (skin test)
- IM Intramuscular (into the muscle)
- IN Inhalation (breathed in by the patient)
- IO Intravenous (into the blood)
- IP Intraperitoneal (into the abdominal wall)
- IT Intrathecal (into spinal fluid)
- IV Intravenous (into the vein)
- ORAL Orally (by mouth)
- OTH Other routes: suppositories, catheter injections, etc.
- SC Subcutaneous (below the surface of the skin)
- Subj Sublingual
- Vacc Vaccination (injection into joints, catheter, tissue, or topical application)

- CLIA: Clinical Laboratory Improvement Amendments, federal legislation created for the monitoring and regulation of clinical procedures
- SHIP: Early and Periodic Screening, Diagnostic, and Treatment services, a Medicaid preventive health program for children under 21 years of age
- HIPAA: Health Professional Shortage Area
- License Transfer: physician that files a, temporarily, for another physician

TIP

- Use a medical dictionary to ensure you know what the terms mean
- Always double for accuracy and relevance to provide you the correct code

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CODING TIPS

ABC123	Never code out of the Alphabetic Index
Back Coding	After coding a patient's encounter from the physician's notes, make certain you look code to double-check your work, such as ICD while, then go into the ICD-10-CM Tabular List and into the CPT numerical listing, and look up the codes you found earlier; match the descriptions you see to the key words from the physician's notes; this may help you find any errors
CC	Chief Complaint: concise statement about the reason for the encounter
Medical Record Documentation	The records for each patient encounter should include: <ul style="list-style-type: none"> - Reason for encounter and relevant history, physical exam findings, and prior diagnostic test results - Assessment, clinical impressions, another diagnosis - Plan for care - Date and legible identity of observer or provider
Who = The Patient	Why did the patient come to see the provider?
Why = Diagnosis Code(s)	What did the provider do in response to the "why"?
What = Procedure Code(s)	How did the injury or poisoning happen?
How = External Cause Code(s)	Where did it happen?

Medical Coding Quick Study Academic

Elizabeth Ronne



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Medical Coding Shelley C. Safian, 2017-11 Updated for 2018 ICD 10 guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed so that answers can be found fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals 6 page laminated guide includes General Coding Legal Guidelines Coding Tips Conditions Diagnoses Diagnosis Coding Pathology Laboratory Reimbursement Billing Tips Coding Evaluation Management Services ICD 10 Terms Notations Symbols Wounds Injuries Important Resources Anesthesia Surgery Radiology Diagnostic Coding *DSM 5 Medical Coding* Elizabeth Ronne, 2017 **DSM 5 Medical Coding** Elizabeth Ronne, 2017 **Medical Coding: Icd-10-Pcs** BarCharts, Inc, Shelley C. Safian, 2012-05-31 The health care industry is moving toward a major change in the code set or language used to report the reasons why a physician or health care professional provided care to a patient Since 1978 the industry has used codes from ICD 9 CM volume 3 to report the procedures services and treatments provided to inpatients in acute care facilities Within the next few years the transition will be made to ICD 10 PCS The transition from ICD 9 CM volume 3 to ICD 10 PCS will only affect those health information management professionals and those getting ready to enter this profession working on hospital inpatient procedure coding but it will require even the most seasoned professionals to learn how to accurately report what has been provided to patients With the use of tabular examples and color coded text this QuickStudy guide helps make the transition smoother and promote better understanding and greater comfort with the new code set **Medical Coding Speedy Study Guides** Speedy Publishing, 2014-07-15 Medical coding is a process where you enter abbreviations on medical charts A pamphlet can be helpful in learning the words and the abbreviations for those words The abbreviations can be written on index cards so that the student can study for quizzes Students learn the medical lingos seen on charts where medical coding is used such as a doctor's office or a hospital *Medical Coding* Shelley C. Safian, 2006-10-06 Essential guidelines and tips to core coding procedures and practices including ICD 9 CM CPT 4 HCPCS **Medical Coding** Shelley C. Safian, 2017 **Medical Coding Study Guide** Speedy Publishing, 2014-11-26 Individuals who are preparing to take medical coding exams should note that study guides can help them earn the competitive score they want This is the case for several reasons including the fact that these study guides tend to incorporate a lot of helpful material including medical and anatomy terminology reviews testing techniques for the exam questions that parallel the CPC certification exam practical examples review questions designed to test the student's knowledge of important coding concepts and many more *Medical Coding ICD-10-CM* Shelley C. Safian, 2017-11 Updated for 2018 ICD 10 CM International Classification of Diseases Clinical Modification guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD

RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed for you to find answers fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals for classifying and coding diagnoses symptoms and procedures recorded in conjunction with hospital care 6 page laminated guide includes General Coding Conventions Official Guidelines Instructional Notations Chapter Specific Official Guidelines Selection of Principal Diagnosis Reporting Additional Diagnoses Diagnostic Coding Reporting Guidelines for Outpatient Services Steps to Coding Diagnoses Using the ICD 10 CM Manual Documentation of Complications of Care Rules of Compliance External Cause Codes Sequencing Multiple Codes Correctly What to Code What Not to Code The Process of Abstracting Medical Coding ICD 10 PCS Selection of Principal Procedure ICD 10 PCS Coding Conventions ICD 10 PCS Sections Subsections Medical Surgical Section Guidelines Obstetrics Section Guidelines New Technology Section Guidelines ICD 10 PCS Terms

Medical Coding ICD-10-PCS Shelley C. Safian, 2017-11 Updated for 2018 ICD 10 PCS International Classification of Diseases Procedure Coding System guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed for you to find answers fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals referencing procedural codes that track various health interventions taken by medical professionals 6 page laminated guide includes Inpatient Procedure Coding Selection of Principal Procedure ICD 10 PCS Coding Conventions ICD 10 PCS Sections Subsections Medical Surgical Section Guidelines Obstetrics Section Guidelines New Technology Section Guidelines ICD 10 PCS Terms *Medical Coding ICD-10-PCS* Shelley C. Safian, 2017 **Medical Coding ICD-10-CM** Shelley C. Safian, 2017 **Medical Terminology: the Basics** Corinne Linton, 2001-02-02 Essential terminology for study in any medically related field and a reference for professionals that can be stored and accessed quickly Covering more terms per page than any book or website this six page laminated guide also covers the breakdown of medical words using the prefix root and suffix that will help decoding terms Organized alphabetically and in color separated tables this tool for pre med nursing EMT imaging pharmacology medical coding and more has been a best seller for twenty years with millions in print Laminated for durability this inexpensive reference can easily last a lifetime 6 page laminated guide includes Foundation of Medical Words Human Body Words Terminology Sets Directional Terms Five rrrh s Numerical Values Surgical Procedures Diagnostic Procedures Pathogens Colors Five Senses Synonyms Glossary of Terms Alphabetically 3 pages **Medical Coding** Speedy Publishing LLC, 2014-07-18 ICD 10 PCS is a kind of medical coding that is used to identify what kinds of treatment a patient received and used for billing a patient Medical coding requires a person to get an education and there is a huge amount of information a person needs to know in order to get a coding certification One great

way to learn the information is with the use of a study pamphlet The pamphlet can be used to learn the basic information and can keep a student focused on what they need to learn

Building Continents of Knowledge in Oceans of Data: The Future of Co-Created eHealth Daniel Karlsson, Gunnar O. Klein, Anne Moen, 2018-05-15 The domain of eHealth faces ongoing challenges to deliver 21st century healthcare Digitalization capacity building and user engagement with truly interdisciplinary and cross domain collaboration are just a few of the areas which must be addressed This book presents 190 full papers from the Medical Informatics Europe MIE 2018 conference held in Gothenburg Sweden in April 2018 The MIE conferences aim to enable close interaction and networking between an international audience of academics health professionals patients and industry partners The title of this year's conference is Building Continents of Knowledge in Oceans of Data The Future of Co-Created eHealth and contributions cover a broad range of topics related to the digitalization of healthcare citizen participation data science and changing health systems addressed from the perspectives of citizens patients and their families healthcare professionals service providers developers and policy makers The second part of the title in particular has attracted a large number of papers describing strategies to create evaluate adjust or deliver tools and services for improvements in healthcare organizations or to enable citizens to respond to the challenges of dealing with health systems Papers are grouped under the headings standards and interoperability implementation and evaluation knowledge management decision support modeling and analytics health informatics education and learning systems and patient centered services Attention is also given to development for sustainable use educational strategies and workforce development and the book will be of interest to both developers and practitioners of healthcare services

Step-by-Step Medical Coding, 2016 Edition - E-Book Carol J. Buck, 2015-12-01 Take your first step toward a successful career in medical coding with guidance from the most trusted name in coding education From bestselling author Carol J Buck Step by Step Medical Coding 2016 Edition is a practical easy to use resource that shows you exactly how to code using all current coding sets Practice exercises follow each step of information to reinforce your understanding of important concepts In depth coverage includes reimbursement ICD 10 CM CPT HCPCS and inpatient coding with an Evolve website that includes 30 day access to TruCode Encoder Essentials No other text so thoroughly covers all coding sets in one source 30 day access to TruCode Encoder Essentials and practice exercises on the Evolve companion website provide additional practice and help you understand how to utilize an encoder product A step by step approach makes it easier to build skills and remember the material Over 475 illustrations include medical procedures and conditions to help you understand the services being coded Real world coding reports cleared of any confidential information simulate the reports you will encounter as a coder and help you apply coding principles to actual cases Dual coding includes answers for both ICD 10 and ICD 9 for every exercise chapter review and workbook question to help you ease into the full use of ICD 10 Exercises Quick Checks and Toolbox features reinforce coding rules and concepts and emphasize key information From the Trenches Coding Shots Stop Caution

Check This Out and CMS Rules boxes offer valuable tips and helpful advice for working in today's medical coding field. Four coding question variations develop your coding ability and critical thinking skills including one code or multiple code answers. Official Guidelines for Coding and Reporting boxes allow you to read the official wording for inpatient and outpatient coding alongside in-text explanations. Coders Index makes it easy to quickly locate specific codes. Appendix with sample Electronic Health Record screenshots provides examples similar to the EHRs you will encounter in the workplace. Online practice activities on Evolve include questions such as multiple choice, matching, fill in the blank, and coding reports. A workbook corresponds to the textbook and offers review and practice with more than 1,200 theory, practical, and report exercises. Odd-numbered answers provided in appendix to reinforce your understanding of medical coding. Available separately. NEW Separate HCPCS chapter expands coverage of the HCPCS code set. UPDATED content includes the latest coding information available promoting accurate coding and success on the job.

Medical Coding: Icd-10-Cm Speedy Study Guides

Speedy Publishing, 2014-07-16 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. The bottom line for using proper ICD codes is money reimbursement for the medical community and patient.

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 (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.

Evaluation and Management (e&M) Coding Calculator BarCharts, Inc., Theresa Tropin, 2017-01-31

Annotation Quick and easy tool for students and professionals Whether studying for class or a coding certification test Use as a quick go to desk reference for the professional starting out or for the guru that has the ultimate coding toolbox of useful resources 6 page laminated guide includes Standard Steps Codes for E M Diagnosis or Symptom Location of the Service Relationship Between Physician Patient Level of History from Documentation Level of Exam from Documentation Level of Medical Decision Making Choose Code Based on Levels of Key Components When Time Determines the E M Code Modifiers Special Types of E M Services HCPCS Level II E M Services Medicare Documentation Guidelines History Physical Examination Medical Decision Making Suggested uses Students handy reference that is compact and easily reviewed on a daily basis Certification great quick review tool for certification testing Coding Professionals a quick reference memory refresher Medical Administration training tool for coding or non coding staff

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