



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
 - Durable Medical Equipment, Prosthetics, and Orthotics (DMEPOS)
- 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 means each and every person coming to any health care facility that gather 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 Diagnostic Codes constitutes a medical reason (medical necessity) for providing the service and/or procedure 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

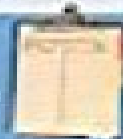
- component) service codes when a comprehensive or combination bundled code is available—is **illegal**
- The use of mutually exclusive codes—codes identified as not permitted to be used on the same claim form—is considered **unethical**
- Reporting codes relating to a single encounter and placing them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

Definitions

TIP

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
6. List every procedure only in a way that diagnosis code is document medical necessity



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
- VAG Vaginal (includes administration into penis, vagina, uterus, or topical applications)

- 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 Waiver: physician that fits in, temporarily, for another physician

TIP

- Use a medical dictionary to ensure you know what the terms mean
- Always double-check your notations 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, run a code 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?

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DSM 5 Medical Coding Elizabeth Ronne,2017 **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 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 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

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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 rrr h 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

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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

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web the product mix refers to the set of different product lines or product types you produce the market mix includes the products your company offers through major distribution channels or products you offer through subsidiary brands or companies

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web oct 2 2017 product mix is defined as the set of all products and items that a particular seller offers for sale product mix is also called as product assortment a product mix consists of various product lines for example samsung offers mobiles t v s

a c s washing machines etc

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web jun 12 2023 as explained product mix is a combination of total product lines within a company a company like hul has numerous product lines like shampoos detergents soaps etc the combination of all these product line is the product mix products line the product line is a subset of the product mix

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web according to philip kotler a product line can be defined as a group of products that are closely related because they function in a similar manner and sold to the same customer groups are marketed through these same types of outlets fall within given price range

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web key product mix strategies there are four key product mix strategies expansion a company increases the number of product lines or depth i e product variations within lines contraction a company narrows its product mix to eliminate lower performing products or lines or to simplify remaining products or lines

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web nov 1 2023 a product line is a range of similar products or services introduced and sold by the same company to make it clear simultaneously a product mix also called product assortment is considered the full assortment of all products introduced to its clients hence both product lines and individual products will form a product mix

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web nov 2 2023 the different elements of a product mix strategy a product mix can be broken into the following three elements width this represents the total number of product lines in your portfolio for example three of apple s product lines

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