# 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 codesprovides 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 billier also serves as a medical coder and, in fact, medical billiers 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 arbstract 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 code 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. Statisticans, 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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CPC exam The book also has full course information The sessions include Medical Billing Coding Medical Terminology body systems definitions and a host of surgical descriptions The book also has testing techniques along with pictures to give you an idea of what the field is about The class is about motivation and helping people achieve their goals The book has a huge amount of answers for people who are wanting to grow into the next level of Medical Billing and Coding or just for people who are at home who want to learn about medical coding and billing as a profession and how they can learn the skill This book is an informational tool for those who want many questions answered about billing and coding The awesome thing that stands out in this book is that you can ask the author questions live if the reader does not see something that they may have a question about they can email the author or via phone contact The reader can also contact the instructor through the class to ask questions this is all free The book is designed to educate and inform new students and prior students on how to take the billing and coding to the next level All the stories and summaries in the book are real life experiences. The book introduces a class session that can be taken at the pace of the student whether you are working full time or part time a schedule will be prepared for the student to accomplish their goal Most importantly information on passing the CPC certified professional coder exam this exam is given through AAPC American Academy of Professional Coders it is one of the most important exams a student will take The fun of just mastering a skill and knowing how well you are in it and how you can perform the task is a plus in the billing and coding world Being certified will set you apart from the uncertified you will have more of an opportunity to excel in the field either working at home or in a medical facility You and I will take this journey together If your home and watching television just trying to figure out what to do what is next what career should you do this is the one for you Read the book all those questions you had will be answered In this book you will see motivation inspiration and transformation 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 & Billing + Medical Terminology + CPC Exam Study Guide ,2023

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