



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 = 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 involved.
 - 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 ambulance personnel.
 - **DMEPOS: Durable Medical Equipment, Prosthetic, and Orthotic Supplies**.
- **Durable Medical Equipment (DME)**: medical supplies that either can be used by several individuals or that last a long time, such as a cane 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**, a federal law

- **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 neither 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 practices in providing the procedure for an individual with this diagnosis; use of **ICD-10-CM Diagnosis Codes** establishes a medical reason (medical necessity) for providing the service 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 constitutes **fraud**.
- **Unbundling**—using individual (also known as

component) service codes when a comprehensive or combination (bundle) code is available—is **illegal**.

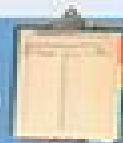
- The use of **mutually exclusive codes**—codes identified as not permitted to be used on the same claim form—is considered **unethical**.
- **Separating codes** relating to a single encounter and placing them on several claim forms over the course of several days is **not legal or ethical**.

Definitions

TIP

6 Steps to Accurate Coding

1. Read through the **Supplement** and the physician's notes.
2. Abstract physician's notes.
3. Query the health care provider if details are missing or unclear.
4. Code the diagnosis(s).
5. Code the procedure(s).
6. Link every procedure code to at least one diagnosis code to document medical necessity.



Methods of Administering Medications

- IA Intra-arterial (into the artery)
- ID Intradermal (skin test)
- IM Intramuscular (into the muscle)
- INH Inhaled solutions (breathed in by the patient)
- IO Intravenous (into the bone)
- IP Intraperitoneal (into the abdominal wall)
- IT Intrathecal (into spinal fluid)
- IV Intravenous (into the vein)
- ORAL Orally (by mouth)
- OTH Other—includes suppositories, catheter injections, etc.
- SC Subcutaneous (below the surface of the skin)
- SubQ Subcutaneous
- VAR Varied—includes administration into joints, cavities, tissues, or topical applications

- **CLIA: Clinical Laboratory Improvement Amendments**, federal legislation created for the monitoring and regulation of clinical procedures.
- **EPSDT: Early and Periodic Screening, Diagnostic, and Treatment services**; a Medicaid preventive health program for children under 21 years of age.
- **HPSA: Health Professional Shortage Area**.
- **Locum Tenens**: a physician that fills in, temporarily, for another physician.

TIP

- Use a medical dictionary to ensure you know what the terms mean.
- Always check for symbols and notations to guide you to the correct code.

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TIP If you don't know, you don't code!
Don't assume! Don't guess! Don't suppose!

CODING TIPS

ABC123	Never code out of the Alphabetical Index!
Back Coding	After coding a patient's encounter from the physician's notes, make certain you back code to double-check your work; wait a little 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: • Reason for encounter and relevant history, physical exam findings, and prior diagnostic test results • Assessment, clinical impressions, and/or 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 And Study Guide From Ahima

Carol J. Buck



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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 lingo seen on charts where medical coding is used such as a doctor's office or a hospital. 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.

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 questions 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 Step-by-Step Medical Coding, 2013 Edition - E-Book Carol J. Buck, 2012-12-14 Take your first step toward a successful career in medical coding with comprehensive coverage from the most trusted source in the field Step by Step Medical Coding 2013 Edition is the practical easy to use resource that shows you exactly how to code using all of today's coding systems In depth step by step explanations of essential coding concepts are followed by practice exercises to reinforce your understanding In addition to coverage of reimbursement ICD 9 CM CPT HCPCS and inpatient coding the 2013 edition offers complete coverage of the ICD 10 CM diagnosis coding system in preparation for the eventual transition No other text on the market so thoroughly prepares you for all coding sets in one source Dual coding in Units 4 and 5 where both ICD 10 and ICD 9 answers are provided for every exercise chapter review and workbook question ensures you can code using the systems of both today and tomorrow Complete coverage of the new ICD 10 code set in Unit 2 prepares you for the eventual transition from ICD 9 to ICD 10 Official Guidelines for Coding and Reporting boxes in Units 2 3 and 5 present the official outpatient and inpatient guidelines alongside text discussions Concrete real life coding examples help you apply important coding principles and practices to actual scenarios from the field Over 500 total illustrations of medical procedures or conditions help you understand the services being coded Four coding question variations develop your coding ability and critical thinking skills One answer blank for coding questions that require a one code answer Multiple answer blanks for coding questions that require a multiple code answer Identifiers next to the answer blank s to guide you through the most difficult coding scenarios Answer blanks with a preceding symbol 3 interlocking circles indicates that the user must decide the number of codes necessary to correctly answer the question In text exercises Quick Checks and Toolbox features reinforce coding rules and concepts emphasize key information and test your retention and understanding From the Trenches Coding Shots Stop Caution Check This Out and CMS Rules boxes offer valuable up to date tips and advice for working in today's medical coding field Coder's Index makes it easy to instantly locate specific codes Practice activities on the companion Evolve website reinforce key concepts from the text Updated content presents the latest coding information so you can practice with the most current information available Step-by-Step Medical Coding, 2014 Edition - E-Book Carol J. Buck, 2013-12-13 Take your first step toward a successful career in medical coding with in depth coverage from the most trusted name in coding education Carol J Buck's Step by Step Medical Coding 2014 Edition is a practical easy to use resource that shows you exactly how to code using all current coding systems Explanations of coding concepts are followed by practice exercises to reinforce your understanding In addition to coverage of reimbursement ICD 9 CM CPT HCPCS and inpatient coding this edition provides complete coverage of the ICD 10 CM diagnosis coding system in preparation for the upcoming ICD 10 transition No other text on the market so thoroughly covers all coding sets in one source Over 500

illustrations of medical procedures and conditions help you understand the services being coded Real life coding reports simulate the reports you will encounter as a coder and help you apply coding principles to actual cases Complete coverage of ICD 10 CM prepares you for the upcoming transition to ICD 10 Dual coding addresses the transition to ICD 10 by providing coding answers in both ICD 9 and ICD 10 Official Guidelines for Coding and Reporting boxes allow you to read the official wording for inpatient and outpatient coding alongside in text explanations From the Trenches Coding Shots Stop Caution Check This Out and CMS Rules boxes offer valuable up to date tips and advice for working in today s medical coding field Exercises Quick Checks and Toolbox features reinforce coding rules and concepts and emphasize key information Four coding question variations develop your coding ability and critical thinking skills Coder s Index makes it easy to quickly locate specific codes Updated content includes the latest coding information available promoting accurate coding and success on the job New appendix with sample Electronic Health Record EHR screenshots provides examples similar to the EHRs you will encounter in the workplace

Independent Medical Coding Donna Avila-Weil,Rhonda Regan,2007

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