Icd Cm Basic Coding Training Workbook N C Division Of

This convenient money-saving package is a must-have for students training for a career in health care. This package includes ICD-9-CM Coding: Theory & Practice Text and the Workbook for ICD-9-CM Coding: Theory & Practice. Gain the medical insurance skills you need to succeed in today's outpatient and inpatient settings! Fordney's Medical Insurance and Billing, 16th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding, procedural coding, billing, and collection. Using clear, easy-to-understand explanations, this book covers all types of insurance coverage commonly encountered in hospitals, physicians' offices, and clinics. Step-by-step guidelines lead you through medical documentation and administrative procedures. Written by coding specialist and educator Linda M. Smith, this market-leading text is a complete guide to becoming an efficient insurance billing specialist. Coverage of medical documentation, diagnostic coding, and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as outpatient and inpatient settings. Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification. Step-by-step procedures detail common responsibilities of the insurance billing specialist and coder. Key terms and abbreviations are defined and emphasized, reinforcing your understanding of new concepts and terminology. Color-coded icons denote and clarify information, rules, and regulations for each type of payer. Privacy, Security, and HIPAA chapter and Compliance Alerts throughout the book highlight important HIPAA compliance issues and regulations. UNIQUE! Interactive UB-04 Form filler on the Evolve website gives you additional practice with inpatient electronic health records. NEW! Insights From The Field includes short interviews with insurance billing specialists who have experience in the field, providing a snapshot of their career paths and offering advice to the new student. NEW! Scenario boxes help you apply concepts to real-world situations. NEW! Quick Review sections summarize chapter content and also include review questions. NEW! Discussion Points provide the opportunity for students and instructors to participate in interesting and open dialogues related to the chapter's content. NEW! Expanded Health Care Facility Billing chapters are revised to provide the latest information impacting the insurance billing specialist working in a variety of healthcare facility settings. Experienced ICD-9-CM coders trained by AHIMA-certified ICD-10-CM trainers can use this manual to build their knowledge of ICD-10-CM. In addition to a textual adaptation of AHIMA's "ICD-10-CM Overview: Deciphering the Code," a distance education course that is a prerequisite to AHIMA's ICD-10 Academies, this manual contains references to and explanations of ICD-10-CM coding guidelines and conventions. It provides ICD-10-CM coding exercises at the beginning, intermediate, and advanced level. These exercises emphasize all aspects of the coding classification system to allow students to apply their knowledge of coding principles and definitions. Answers are also provided. Take your career to the next level with PROFESSIONAL REVIEW GUIDE FOR THE CCA EXAMINATION, 2016 EDITION, an essential, effective preparation tool for the American Health Information Management Association's (AHIMA) Certified Coding Associate (CCA) exam. This review guide gives you practice interpreting documentation and applying your knowledge by assigning codes to diagnoses and procedures for a variety of patient settings. Content has been thoroughly updated with ICD-10-CM content to map to the latest AHIMA exam domains. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version. Today's fast-paced and constantly changing health-care environment demands that you find the answers you need quickly and easily. This brand-new approach to billing and coding teaches you the who, what, why, when, and how of proper diagnostic and procedural coding, claim form completion, and medical recordkeeping. Experienced ICD-9-CM coders trained by AHIMA-approved ICD-10-PCS trainers can use the ICD-10-PCS Coder Training Manual to build their knowledge of ICD-10-PCS. In addition to a textual adaptation of AHIMA's ICD-10-PCS Overview: Deciphering the Code, an AHIMA distance education course that is a prerequisite to AHIMA's ICD-10 Academies, this manual contains references to and explanations of ICD-10-PCS coding guidelines and conventions. It provides ICD-10- PCS coding exercises at the beginning, intermediate, and advanced levels. These exercises emphasize all aspects of the coding classification system to allow students to apply their knowledge of coding principles and definitions. Answers are also provided. Key Features Overview of ICD-10-PCS, with review questions, that establishes a base of understanding from which to build knowledge and skill ICD-10-PCS definitions and guidelines review, including root operations Basic and intermediate coding exercises covering all root operation groups in ICD-10-PCS's Medical and Surgical section Detailed, complex ICD-10-PCS case studies and scenarios from health records

The AMA's guide to Medicare's National Level II Codes for durable medical equipment, medical supplies, and drugs contains: -- 130 procedural and anatomical illustrations, including 10 new illustrations to help visually confirm procedures being coded.-- Flagged Quantity Codes. Codes that require quantities are flagged to remind you to fill in the quantity when completing reimbursement forms.-- Payers Appendix. Find out which payers accept HCPCS Level II codes so you can file claims with confidence.-- Color-Coded Icons. Curbs claim denials with icons that flag codes with special Medicare instructions and coverage issues.-- Icon Legend. Included on the bottom of every page so you don't have to flip through the entire book to learn what symbols mean.-- Expanded Index. Links brand name DME like wheelchairs, diabetes supplies, and ostomy equipment to their correct codes to help you code accurately.

Rev. ed. of: Neurological rehabilitation / [edited by] Darcy A. Umphred; with section editors, Gordon U. Burton, Rolando T. Lazaro, Margaret L. Roller. 5th ed. c2007.

Learn everything you need to know about medical coding with the practical and easy to understand UNDERSTANDING MEDICAL CODING: A COMPREHENSIVE GUIDE, 4E. Using clear, step-by-step instructions, readers learn how to code a claim correctly and link the correct CPT and ICD-10-CM codes for reimbursement. They gain an understanding of adjustments, how and when to bill patients, and what to do in case of a denial or rejection. Thoroughly updated coverage introduces the industry's new standard ICD-10-CM. This edition also details CPT

coding and modifiers with more code-specific information and a concentration on specialty coding and levels of coding. Case studies, practice exercises, tips, examples, charts, and photos help improve performance and ensure that readers are well prepared for medical coding positions in a variety of settings. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Health Care Finance: Basic Tools for Nonfinancial Managers, Fifth Edition is the most practical financial management text for those who need basic financial management knowledge and a better understanding of healthcare finance in particular. Using actual examples from hospitals, long-term care facilities, and home health agencies, this user-friendly text includes practical information for the nonfinancial manager charged with budgeting.

A source of information for submitting, tracing, appealing and transmitting claims for the full range of health plans. Sample forms are used to demonstrate how to properly complete forms for Medicare, Medicaid, CHAMPUS, Blue Cross/Blue Shield, and disability income insurance.

With an emphasis on preparing and filing claims electronically, Health Insurance Today, 4th Edition features completely updated content on ICD-10 coding, ARRA, HI-TECH, Version 5010, electronic health records, the Health Insurance Reform Act, and more. The friendly writing style and clear learning objectives help you understand and retain important information, with review questions and activities that encourage critical thinking and practical application of key concepts. Clear, attainable learning objectives help you focus on the most important information. What Did You Learn? review questions allow you to ensure you understand the material already presented before moving on to the next section. Direct, conversational writing style makes reading fun and concepts easier to understand. Imagine This! scenarios help you understand how information in the book applies to real-life situations. Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question. HIPAA Tips emphasize the importance of privacy and following government rules and regulations. Chapter summaries relate to learning objectives, provide a thorough review of key content, and allow you to quickly find information for further review. Key coverage of new topics includes medical identity theft and prevention, National Quality Forum (NQF) patient safety measures, ACSX12 Version 5010 HIPAA transaction standards, EMS rule on mandatory electronic claims submission, and standards and implementation specifications for electronic health record technology. Increased emphasis on producing and submitting claims electronically gives you an edge in today's competitive job market. UPDATED! Additional ICD-10 coding content prepares you for the upcoming switch to the new coding system. NEW! Content on ARRA, HI-TECH, and the Health Insurance Reform Act ensures you are familiar with the latest health care legislation and how it impacts what you do on the job.

Basic ICD-10-CM/PCS Coding

This revised training and educational tool helps to simplify learning the ICD-9-CM coding process. Chapters include all areas of ICD-9-CM - from an introduction to the content, format, and coding process, to an in-depth analysis for identifying and locating the most appropriate codes.

Take a real-world approach to coding that prepares you for the AAPC or AHIMA certification exams and for professional practice in any health care setting. The book is also a handy resource you can turn to throughout your career. Unique decision trees show you how to logically assign a code. It's the only text that breaks down the decision-making process into a visual and repeatable process! You'll learn exactly how to select the correct ICD-10, CPT, and HCPCS codes. Each section parallels the Official Coding Guidelines, with a special emphasis on commonly used codes. A wealth of learning tools and tips, along with critical-thinking exercises and real-life case studies, provide the practice you need to master coding. Brief reviews of A&P and pathophysiology put the codes into perfect context.

Whether you're a beginner or experienced professional, 3-2-1 CODE IT! 5E offers you the most complete, easy-to-use medical coding guide on the market. This best-selling book addresses the latest updates on ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Level II coding sets, conventions, and guidelines. The book's well-organized, intuitive approach begins with diagnosis coding before building on this foundation with more in-depth instruction on procedures and services. You'll find coverage of both ICD-9 and ICD-10 code sets as well as separate, thorough chapters on outpatient and inpatient coding. Extensive end-of-chapter practice, case studies, checklists and questions prepare you for earning coding credentials, while strategic tips on career advancement provide insights you'll find helpful for years to come. Trust 3-2-1 CODE IT! 5E to help you master the most current coding skills needed for success. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

The third edition of Principles of ICD-10-CM Coding Workbook helps health care professionals learn from real-life ICD-10-CM chart notes and case studies rather than simple diagnosis statements. A flexible design allows this ICD-10-CM training workbook to be equally effective in an independent study or classroom environment.

The ICD-9-CM Coding Handbook is the only guide published in collaboration with the Central Office on ICD-9-CM of the American Hospital Association. The Central Office is the official industry body that prepares the AHA Coding Clinic for ICD-9-CM. The Handbook helps coders understand the principles behind the classification system so they can apply the official coding advice found in the ICD-9-CM Coding Manual. Academic and in-service instructors can easily arrange course outlines and study exercises around Handbook chapters to train new and experienced coders. Each Handbook contains 100-plus exercises and review questions plus, 269 case summary exercises that are based on real patient records. FY2013 Errata for 2012 ICD-9-CM Coding Handbook

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.

Foundations of Health Information Management, 4th Edition is an absolute must for any student beginning a career in HIM. Balancing comprehensive coverage with an engaging, easy-to-understand tone, this text focuses on healthcare delivery systems, electronic health records, and the processing, maintenance, and analysis of health information to present a realistic and practical view of technology and trends in healthcare. It prepares you for the role of a Registered Health Information Technician who not only files and keeps accurate records, but serves as a healthcare analyst who translates data into useful, quality information that can control costs and further research. With new SimChart and SimChart for the Medical Office samples, the new 2014 AHIMA outcome-based competencies, and more exercises, this fourth edition puts you in a position to succeed on the RHIT certification exam. Clear writing style and easy reading level makes reading and studying more time-efficient, and is ideal for two-year associate degree HIM programs and career schools. Chapter learning objectives are tied to the American Health Information Management Association's (AHIMA) HIM domains and subdomains to allow instructors to teach to the credentialing exam — and prepare you for the exam. Separate legal chapter covers HIPAA privacy regulations and emphasizes the importance of HIPAA compliance in today's healthcare system. Statistics chapter gives new students a foundation for learning. Four-color design and illustrations make content more appealing and easier to learn. Exercises at the end of every main section in each chapter encourage you to review and apply key concepts. Career Tip and Professional Profile boxes give you a broader view of the field and show you the many career options you have upon graduation and certification. Chapter summaries and reviews allow for easy review of each chapter's main concepts. Robust appendices, including sample paper records, electronic documentation, and demonstration of Microsoft Excel, equip you with all the extras you need to enter the HIM world. NEW! Content mapped to 2014 AHIMA CEE competencies and domains so you can prepare for the current health information environment and the RHIT exam. NEW! SimChart and SimChart for the Medical Office samples feature screenshots from EHRs to demonstrate electronic medical records in use. NEW! More exercises give you additional opportunities to practice your knowledge of material. NEW! AHIMA competency mapping included in the front of book to provide instructors and students with instant access to the AHIMA domains and competencies needed to prepare for the RHIT exam. NEW! Classroom handouts can be used in the classroom or as homework, and include a variety of exercises.

Organized to reflect the ICD-10-CM/PCS chapters, Basic ICD 10- CM/PCS Coding, 2013 Edition, provides students and in-training professionals with a balanced approach to coding. In-depth instruction and practical exercises build a foundation from which to apply ICD-10-CM/PCS conventions and rules to everyday examples and exercises using actual case documentation. New content is intended to give students a basic level of understanding of ICD-10 -CM/PCS that will allow them to begin the education process of transitioning to coding with ICD-10-CM/PCS. An instructor's guide with additional exercises, an answer key, background information, pointers for students, and PowerPoint slides for the classroom is available. The instructor's answer key provides detailed explanations of how codes are assigned in ICD-10 -CM and constructed in ICD-10-PCS. A companion workbook, Basic ICD-10-CM Exercises, fourth edition, is available for purchase. New with this Edition * Updated to 2013 codes, effective October 1, 2012 * Reorganized to reflect the ICD-10 chapter structure * Includes ICD-10-CM coding guidelines within each chapter Key Features * Chapters are organized by body systems, with a step-by-step approach to rules, rationale for use, including relevant parts of the ICD-10-CM coding guidelines and review exercises, plus procedure coding. * Each chapter in the ICD-10-CM/PCS classification system is addressed with exercises to apply coding knowledge and skills. * Instruction is focused on critical areas such as Prospective Payment Systems and supplementary codes provides a professional perspective. * Online Resource includes full text of both the ICD-10-CM and ICD-10-PCS Coding Guidelines and ICD-10-PCS Reference Manual.

Offering a comprehensive tool for self-assessment, the 2013 CODING CASE STUDIES WORKBOOK enables coders to practice skill building using all code sets--ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT and HCPCS--in all settings. This comprehensive workbook provides a variety of exercises applicable to physician offices, ambulatory care, and hospital settings. Written as short case studies, exercises emphasize official coding guidelines and include clinical concepts that reflect coding examples from current practice. The rich assortment of application exercises range from basic to the intermediate/advanced level. The detailed rationale for answers allows for a more thorough understanding of the code sets, while answers to the ICD-10-CM exercises highlight the key differences between ICD-9-CM and ICD-10-CM. Special Coding Insights features provide further guidance to support the coding decision-making process. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

There is an enormous and growing demand for skilled medical coders, creating a severe shortage in a large variety of coding situations. Demand greater than supply can result in excellent compensation for those on the supply side. So, how do you determine if medical coding is the profession for you? If you are already a medical coder, how do you identify and evaluate the rapidly expanding variety of opportunities open to you? INDEPENDENT MEDICAL CODING, 2nd edition: The Comprehensive Guidebook for Career Success as a Medical Coder (just published by Rayve Productions) provides answers to these questions and many more, such as What is Coding?; Are You Ready to Go Solo?; What is the Future of Coding in Health Care? The 448-page book also gives extensive information regarding Medical Coding Education and Experience; Continuing Professional Education; Becoming Credentialed; Medical Transcriptionists as Coding Specialists; Salary Projections Based on Survey Data; Types of Coding Systems; Establishing Your Independent Coding Business; Alternative Careers for the Health Care Coding Specialist; Establishing Fees; Marketing Tips; Contracts and Independent Contractors; Building a Successful Coding/Consulting Business; Professional Ethics; Finances; and much more, including descriptions of the authors' favorite references and resources and the appendix's twenty-three exhibits of helpful forms and documents.

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.

Designed to accompany Carol J. Buck's ICD-10-CM Online Training Modules, Transitioning to ICD-10-CM Coding makes it easy to learn ICD-10-CM coding and prepare for the AAPC's ICD-10 certification exam. The book provides a step-by-step guide to coding rules and concepts, while the Online Training Modules provide practice with realistic coding exercises. After you've read the chapters in the book and completed the online modules, you will be ready to take a practice exam simulating the 75-question AAPC ICD-10 exam (also located in the Online Training Modules). Best of all, you can use this integrated course of study to earn continuing education credits! CEUs from AAPC and AHIMA may be earned when the book is used with ICD-10-CM Online Training Modules. A step-by-step approach makes it easier to learn and remember important information. A practice exam at the beginning of the online modules measures your familiarity with ICD-10-CM coding. A 75-question mock exam for the AAPC ICD-10 certification exam follows in the online modules. Complete coverage of the new ICD-10-CM code set includes practice activities at the end of each chapter and assigned exercises in the online modules. Online module exercises, Quick Checks, and Toolbox features reinforce the coding rules and concepts, reflect the book's step-by-step organization, and enhance your comprehension. Real-life coding reports simulate the reports that coders encounter on the job and challenge you to apply important coding principles to actual cases from the field. From the Trenches and Caution! boxes provide important tips and helpful advice that will be useful when you are working in the field. Official Guidelines for Coding and Reporting boxes include excerpts of actual coding guidelines, each accompanied by in-text explanations.

Prepare for a successful career in medical billing and insurance processing or revenue management with the help of Green's UNDERSTANDING HEALTH INSURANCE: A GUIDE TO BILLING AND REIMBURSEMENT, 2020 Edition. This comprehensive, inviting book presents the latest medical code sets and coding guidelines as you learn to complete health plan claims and master revenue management concepts. This edition focuses on today's most important topics, including managed care, legal and regulatory issues, coding systems and compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity, and common health insurance plans. Updates introduce new legislation that impacts health care. You also examine the impact on ICD-10-CM, CPT, and HCPCS level II coding; revenue cycle management; and individual health plans. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

The Updated and Extensively Revised Guide to Developing Efficient Health Information Management Systems Health Information Management is the most comprehensive introduction to the study and development of health information management (HIM). Students in all areas of health care gain an unmatched understanding of the entire HIM profession and how it currently relates to the complex and continuously evolving field of health care in the United States. This brand-new Sixth Edition represents the most thorough revision to date of this cornerstone resource. Inside, a group of hand-picked HIM educators and practitioners representing the vanguard of the field provide fundamental guidelines on content and structure, analysis, assessment, and enhanced information. Fully modernized to reflect recent changes in the theory and practice of HIM, this latest edition features all-new illustrative examples and in-depth case studies, along with: Fresh and contemporary examinations of both electronic and print health records, data management, data privacy and security, health informatics and analytics, and coding and classification systems An engaging and user-friendly pedagogy, complete with learning objectives, key terms, case studies, and problems with workable solutions in every chapter Ready-to-use PowerPoint slides for lectures, full lesson plans, and a test bank for turnkey assessments A must-have resource for everyone in health care, Health Information Management, Sixth Edition, puts everything you need at your fingertips. ICD-10-CM DIAGNOSTIC CODING SYSTEM fully prepares current and future medical coders for the transition to the

ICD-10-CM coding system that will go into effect on October 1, 2013. This comprehensive guide covers ICD-10-CM diagnostic coding, highlighting changes in terminology, functionality, guidelines, and conventions. Whether you need to understand and review the impact the transition will have on the industry, or if you need to learn to assign ICD-10 codes accurately, ICD-10-CM DIAGNOSTIC CODING SYSTEM will prepare your students for the road ahead. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

PROFESSIONAL REVIEW GUIDE FOR THE CCS-P EXAMINATION, 2016 EDITION, is the leading test preparation tool for the Certified Coding Specialist-Physician-based (CCS-P) exam. Take your career to the next level with PROFESSIONAL REVIEW GUIDE FOR THE CCS-P EXAMINATION, 2016 EDITION, an essential, effective preparation tool for the American Health Information Management Association's (AHIMA) Certified Coding Specialist-Physician-based (CCS-P) exam. This review guide gives you practice interpreting documentation and applying your knowledge by assigning codes to diagnoses and procedures for a variety of patient settings. Content has been thoroughly updated with ICD-10-CM content to map to the latest AHIMA exam domains. You'll have a more personalized exam preparation experience with PROFESSIONAL REVIEW GUIDE FOR THE CCS-P EXAMINATION, 2016 EDITION. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Packed with real-world applications, UNDERSTANDING HOSPITAL CODING AND BILLING: A WORKTEXT, 3e offers a comprehensive guide to both hospital billing and coding that helps students learn to create results with greater specificity, and accuracy. Enabling instructors to easily adapt to the postponement of ICD-10-CM and ICD-10-PCS, the new edition provides instruction on the current ICD-9-CM concepts as well as prepares students for ICD-10 guidelines. Features more than 30 case studies with patient record activities for practicing completing the UB-04 billing form Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Learn the keys to successful medical coding with Green's best-selling 3-2-1 CODE IT!, 2020 EDITION. Updated every year, this complete, easy-to-use medical coding guide is written specifically for beginning coders. You find the latest updates for ICD-10-CM, ICD-10-PCS and CPT as well as HCPCS Level II coding sets, conventions, and guidelines. Focused examples, understandable language, and clearly defined terms help you master concepts, while extensive exercises and coding cases let you apply skills and prepare to earn professional coding credentials. This well-organized, intuitive approach begins with diagnosis coding before progressing to more in-depth instruction on coding procedures and services. Clear coverage introduces both ICD-10 code sets with separate, thorough chapters on inpatient and outpatient coding and separate coverage of general and specific guidelines. HCPCS level II and CPT coding are also covered in separate chapters to further ensure the coding skills you need for career success. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Develop the skills and background you need for a career in medical billing and insurance processing or revenue management with Green's UNDERSTANDING HEALTH INSURANCE: A GUIDE TO BILLING AND REIMBURSEMENT, 2021 Edition. This complete resource explains the latest medical code sets and guidelines as you learn how to assign ICD-10-CM, CPT and HCPCS level II codes; complete health care claims and master revenue management concepts. You focus on today's most important topics, including managed care, legal and regulatory issues, coding systems and compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity and common health insurance plans. Updated every year, this edition address changes to ICD-10-CM and CPT 2021 codes and introduces you to important developments, such as electronic claims processing, clinical quality language (CQL) and changes to the requirements for the National Healthcare Association (NHA) Certified Billing and Coding Specialist. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Copyright: 571bc91861665cebeabaad6bc3e32135