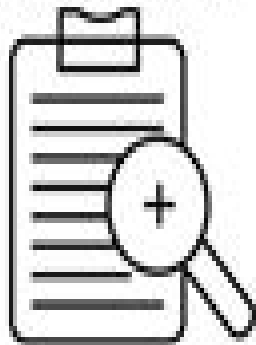


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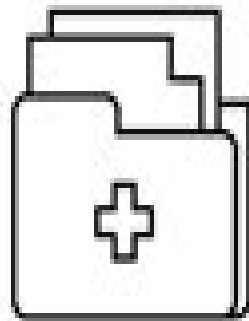
REVIEWS

patient records
and assigns codes
based on diagnoses,
procedures, etc.



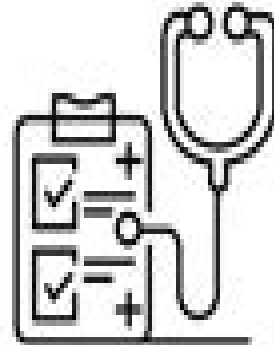
INPUTS

coded information
into a database and
audits documents
for accuracy



ACTS

as a liaison between
healthcare providers
and billing offices



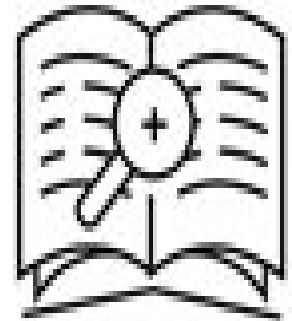
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confidentiality of
patient records



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Kathleen A. McCormick, Brian Gugerty

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

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Health Care Financing Review ,1988

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ICD-10-CM: Official Guidelines for Coding and Reporting - FY 2019 (October 1, 2018 - September 30, 2019) Centers for Medicare and Medicaid Services (CMS),National Center for Health Statistics (NCHS),U.S. Department of Health and Human Services (DHHS),2018-08 These guidelines have been approved by the four organizations that make up

the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings

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identifying the right codes from real world medical charts Learning objectives numerous examples chapter reviews and coding reference tools throughout provide the necessary learning tools to fully master basic and advanced coding concepts

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