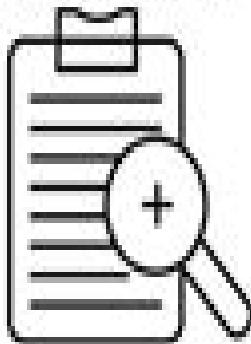


# IS MEDICAL CODING RIGHT FOR YOU?

## What Does a Medical Coder Do?

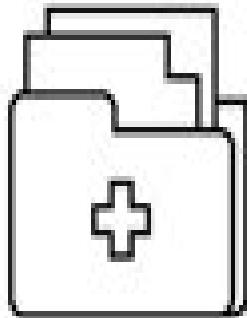
### REVIEWS

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



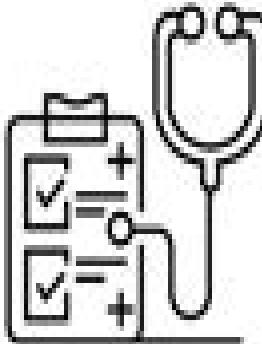
### INPUTS

coded information into a database and audits documents for accuracy



### ACTS

as a liaison between healthcare providers and billing offices



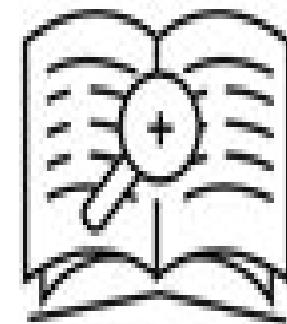
### ENSURES

confidentiality of patient records



### STAYS

updated on coding guidelines/regulations



### Medical Coding Diploma Program Highlights

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Online

■ 30 Weeks to Completion  
(just under 8 months)

■ Prepare for  
Certification Exams

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career  
college

# Medical Coding Guidelines 23

**Kathleen A. McCormick, Brian Gugerty**

## Medical Coding Guidelines 23:

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**Physicians Fee & Coding Guide** ,2011

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*Cpt-4 Outpatient Coding Reference and*

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*Health Care Financing Review ,1988 Coding and Reimbursement for Hospital Inpatient Services* Karen S. Scott,2006 The most comprehensive resource for hospital inpatient coding and reimbursement Provides educators students and healthcare practitioners with the most authoritative guidance available for managing inpatient coding and reimbursement issues This must have resource was developed to give you easier access to the most up to date information you need for inpatient coding and reimbursement You ll save time and make more effective decisions with this one of a kind resource Covers reimbursement methodologies for hospital inpatient services the structure and organization of the Medicare Inpatient Acute Care Prospective Payment System the relationship between coding and DRG assignment and data quality and coding compliance processes related to coding and reimbursement for inpatient services

*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

Guide to the investigation & reporting of drug-abuse deaths ,1977      **"Code of Massachusetts regulations, 2011"**  
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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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Regulations held by the Social Law Library of Massachusetts as of January 2020      *CPT/HCPCS Coding and Reimbursement for Physician Services, 2007 Edition* Lynn Kuehn,2006-12      **Medicare and Medicaid Guide** ,1969      **Guide to the Investigation & Reporting of Drug-abuse Deaths** National Institute on Drug Abuse. Psychosocial Branch,1977

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