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### **ICD-9-CM OFFICIAL GUIDELINES FOR CODING AND REPORTING**

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### **ICD-9-CM CODING: THEORY AND PRACTICE WITH ICD-10, 2013/2014 EDITION - E-BOOK**

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Elsevier Health Sciences Learn to code effectively with ICD-9-CM medical coding and gain a thorough introduction to ICD-10-CM/PCS coding with one book! ICD-9-CM Coding, 2013/2014 Edition combines basic coding principles with proven, practical insight and the ICD-9-CM and ICD-10-CM/ICD-10-PCS Official Guidelines for Coding and Reporting to prepare you for the upcoming implementation of ICD-10-CM/PCS. Whether you're learning to code for the first time or making the transition from ICD-9-CM to ICD-10-CM/PCS, leading medical coding authors Karla Lovaasen and Jennifer Schwerdtfeger deliver the fundamental understanding you need to succeed in hospital and physician settings. Both ICD-9-CM codes and ICD-10-CM/ICD-10-PCS codes are shown in all coding exercises and examples (including answer keys). Emphasis on ICD-10-CM and ICD-10-PCS coding prepares you for the upcoming implementation of ICD-10. MS-DRG documentation and reimbursement details guide you through this key component of the coding process. Line coding exercises and activities challenge you to apply concepts to solve problems. ICD-10 Official Guidelines for Coding and Reporting (OGCR) are included in each coding chapter, immediately following the ICD-9-CM coding guidelines. Full-color A&P content, disease coverage, procedure guidelines, and drug data ensure that you're familiar with key topics affecting medical coding. Medical record coverage introduces the records and documents you'll encounter on the job. Updated Coding Clinic references direct you to the definitive coding resource from the American Hospital Association (AHA). A companion Evolve website provides convenient online access to the OGCR, medical and surgical root operations definitions, a MS-DRG list, partial answer keys, and more.

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### **ICD-9-CM CODING: THEORY AND PRACTICE WITH ICD-10, 2013/2014 EDITION**

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### **COMPLETE HOME HEALTH ICD-9-CM DIAGNOSIS CODING MANUAL, 2013**

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DecisionHealth's Complete Home Health ICD-9-CM Diagnosis Coding Manual, 2013 is the only ICD-9 coding manual that's created specifically for home health coders -- and the latest

edition includes updated guidelines, coding conventions, illustrations, tips and scenarios that explain how to code correctly and efficiently. You simply won't find a more all-inclusive and user-friendly ICD-9 code book for home health on the market. The Complete Home Health ICD-9-CM Diagnosis Coding Manual offers a wide range of features to help ensure accurate coding and compliance, prevent denials and help your agency secure every reimbursement dollar earned. New and unique features include: \* NEW! Updated with new guidance issued throughout the year to ensure compliance and accurate coding for proper reimbursement. \* NEW! Scenarios added in the V code chapter to help you practice accurately coding the most common home health patient scenarios. \* NEW! Pre-printed tabs included with your manual that you can affix to your most-frequently referenced chapters. \* NEW! More user-friendly Index with a color-coded Table of Drugs and Chemicals and E code Index to help you quickly find the section of the Index you're looking for so that your coding is more efficient and you're more productive. \* NEW! ICD-10 disease-specific crosswalks that help familiarize you with the ICD-10 code for the most common home health ICD-9 diagnoses, such as diabetes and stasis ulcers. \* DH EXCLUSIVE - 1,200 tips specific to home health that guide you, raise red flags and help you code correctly to stay in compliance and gain accurate reimbursement. \* DH EXCLUSIVE - Illustrations and definitions throughout to help you identify diseases and conditions to enhance coding and critical thinking skills. \* DH EXCLUSIVE - More than 200 home health coding scenarios included with their corresponding chapters. The Complete Home Health ICD-9-CM Diagnosis Coding Manual gives you all 17,000+ ICD-9 cod

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### **CODING CASE STUDIES WORKBOOK**

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Cengage Learning 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.

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### **STEP-BY-STEP MEDICAL CODING, 2013 EDITION**

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Elsevier Health Sciences 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.

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### **2013 EDUCATIONAL ICD-9-CM VOLUME 1, 2 AND 3 AND HCPCS LEVEL II**

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Cengage Learning This educational ICD-9-CM and HCPCS Level II code book is designed to provide a comprehensive and practical approach to accurate coding and reporting of

diagnoses and services. Complete HIPAA compliant code sets. Master coding using the complete code sets and official coding guidelines for ICD-9-CM and HCPCS Level II codes.

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### **2013 ICD-9-CM FOR PHYSICIANS, VOLUMES 1 AND 2 PROFESSIONAL EDITION - E-BOOK**

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Elsevier Health Sciences Elsevier and the American Medical Association have partnered to co-publish this ICD-9-CM reference by Carol J. Buck! Maximize your efficiency and effectiveness with Carol J. Buck's 2013 ICD-9-CM for Physicians, Volumes 1 & 2 — Professional Edition. Combining Netter's Anatomy artwork and the Official Guidelines for Coding and Reporting (OGCR) with a format designed by coders for coders, this handy, spiral-bound reference gives you easy access to the information you need to stay up to date and

ensure the most accurate billing and optimal reimbursement in physician-based coding. Plus, you can take this resource into certification exams for enhanced testing support! Exclusive focus on ICD-9-CM, Volumes 1 and 2 provides clear, concise coverage of physician-based coding essentials. **UNIQUE!** Full-color Netter's Anatomy artwork clarifies complex anatomic information to help you appropriately code related procedures. Use Additional Digit(s) symbol in the index identifies codes that require an additional digit to remind you to check the tabular. The Official Guidelines for Coding and Reporting (OGCR) are listed within the lists of codes and in a separate index for fast, easy access to the coding rules when you need them. Items provide detailed information on common diseases and conditions, helping you code more effectively. Symbols throughout the text alert you to new, revised, and deleted codes and clearly identify codes that require special consideration before assigning symbols, including Not First-Listed Diagnosis, Unspecified Code, Includes and Excludes, and Use Additional. Additional hints, tips and definitions within specific codes provide extra guidance in coding anatomy, pathophysiology, or other coding directions. References to the American Hospital Association's Coding Clinics® help you find expanded information about specific codes and their usage. Age and Sex edits alert you to codes that are used only with patients of a specific age or sex, helping to ensure accurate reporting. Omit and Code Also codes highlight government text needing special attention. Coding updates on the companion codingupdates.com website keep you informed of changes to ICD codes.

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### **ICD-10-CM AND ICD-10-PCS CODING HANDBOOK, WITHOUT ANSWERS, 2013**

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Amer Hospital Assn The ICD-10-CM and ICD-10-PCS Coding Handbook, 2013 edition, has been updated to incorporate the 2012 revisions of the diagnosis and procedure codes as well as the 2012 Official Coding Guidelines. More than 800 new or revised diagnosis codes and 3,000 new or revised procedure codes have been examined for this revision. An expanded introduction describes the major differences between ICD-9-CM and ICD-10-CM/PCS. This edition introduces new illustrations of surgical procedures and a new appendix on reimbursement methodologies. The Handbook contains more than 260 case-summary exercises (no answers are provided).

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### **2013 ICD-9-CM FOR PHYSICIANS, VOLUMES 1 AND 2, STANDARD EDITION**

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W B Saunders Company Learn to code more efficiently and effectively with Carol J. Buck's 2013 ICD-9-CM for Physicians, Volumes 1 & 2 - Standard Edition. Combining Netter's Anatomy artwork and the Official Guidelines for Coding and Reporting (OGCR) with a format designed by coders for coders, this handy reference helps you easily access the information you need to stay up to date and ensure the most accurate billing and optimal reimbursement in physician-based coding. Plus, you can take this resource into your certification exams for enhanced testing support! Exclusive focus on ICD-9-CM, Volumes 1 and 2 provides clear, concise coverage of physician-based and outpatient coding essentials. **UNIQUE!** Full-color Netter's Anatomy artwork clarifies complex anatomic information to help you appropriately code related procedures. Use Additional Digit(s) symbol in the index identifies codes that require an additional digit to remind you to check the tabular. The Official Guidelines for Coding and Reporting (OGCR) are listed within the lists of codes and in a separate index for fast, easy access to the coding rules when you need them. Items provide detailed information on common diseases and conditions, helping you code more effectively. Symbols throughout the text alert you to new, revised, and deleted codes and clearly identify codes that require special consideration before assigning symbols, including Not First-Listed Diagnosis, Unspecified Code, Includes and Excludes, and Use Additional. Additional hints, tips and definitions within specific codes provide extra guidance in coding anatomy, pathophysiology, or other coding directions. References to the American Hospital Association's Coding Clinics® help you find expanded information about specific codes and their usage. Omit and Code First codes highlight government text needing special attention. Coding updates on the companion codingupdates.com website keep you informed of changes to ICD codes.

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### **ICD-10-PCS DRAFT 2013**

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W B Saunders Company Build or assign procedure codes accurately with Carol J. Buck's 2013 ICD-10-PCS Draft Manual. Using Netter's Anatomy illustrations along with the ICD-10-PCS Official Guidelines for Coding and Reporting, this handy reference simplifies the procedure coding system by giving you the information and tables you need to ensure accurate

billing and optimal reimbursement for hospital-based medical services. Coverage of ICD-10-PCS codes prepares you for the new code set replacing ICD-9-CM Volume 3 for hospital-based, inpatient procedures. UPDATED 2013 Official Draft Code set includes the ICD-10 codes needed for inpatient procedure coding. ICD-10-PCS Official Guidelines for Coding and Reporting are included in full for fast, easy access to coding rules when you need them. UNIQUE! 32 full-color Netter anatomy images are included in the front of the book and cross referenced within the coding tables, helping you understand anatomy and how it affects coding. Age and Sex edits identify the codes associated with age and sex limitations in the Definition of Medicare Code Edits, so you can accurately detect inconsistencies between a patient's age and sex and any diagnosis or procedure on the patient's record. New, full color tables make it easier to build the proper code.

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### **ICD-10-CM DIAGNOSTIC CODING SYSTEM: EDUCATION, PLANNING AND IMPLEMENTATION (BOOK ONLY)**

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Cengage Learning 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.

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### **INTERNATIONAL CLASSIFICATION OF DISEASES FOR ONCOLOGY**

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#### **ICD-O**

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World Health Organization This edition of ICD-O, the standard tool for coding diagnoses of neoplasms in tumour and cancer registrars and in pathology laboratories, has been developed by a working party convened by the International Agency for Research on Cancer / WHO. ICD-O is a dual classification with coding systems for both topography and morphology. The book has five main sections. The first provides general instructions for using the coding systems and gives rules for their implementation in tumour registries and pathology laboratories. Section two includes the numerical list of topography codes, which remain unchanged from the previous edition. The numerical list of morphology codes is presented in the next section, which introduces several new terms and includes considerable revisions of the non-Hodgkin lymphoma and leukaemia sections, based on the WHO Classification of Hematopoietic and Lymphoid Diseases. The five-digit morphology codes allow identification of a tumour or cell type by histology, behaviour, and grade. Revisions in the morphology section were made in consultation with a large number of experts and were finalised after field-testing in cancer registries around the world. The alphabetical index gives codes for both topography and morphology and includes selected tumour-like lesions and conditions. A guide to differences in morphology codes between the second and third editions is provided in the final section, which includes lists of all new code numbers, new terms and synonyms added to existing code definitions, terms that changed morphology code, terms for conditions now considered malignant, deleted terms, and terms that changed behaviour code.

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### **WORKBOOK FOR STEP-BY-STEP MEDICAL CODING, 2013 EDITION - E-BOOK**

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Elsevier Health Sciences Strengthen your ability to code accurately and obtain the correct reimbursement for medical services with this helpful workbook. Specifically designed to parallel the content of Carol J. Buck's Step-By-Step Medical Coding, 2013 Edition, it provides more than 1,500 questions and terminology exercises that cover both the ICD-9 and ICD-10 diagnosis coding systems, and includes over 90 original source documents to familiarize you with the materials you'll encounter in practice. Dual coding in chapters 13-31 (where both ICD-10 and ICD-9 answers are provided for every question requiring an ICD answer) ensures you can code using the sets of both today and tomorrow. Complete coverage of the new ICD-10 code set prepares you for the eventual transition from ICD-9 to ICD-10. Three types of activities help you master key concepts and apply your knowledge: Theory: fill-in-the-blank, multiple-choice, and true/false questions Practical: line coding exercises Reports: practice coding with actual medical record documentation Consistent question format with odd numbered answers provided mirrors the format of the main text to improve your coding skills and promote critical thinking. Over 90 original source documents, cleared of all confidential information, provide real-world experience with the reports you will encounter on the job. Updated content presents the latest coding information so you can practice with the most current information available.

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### **2013 ICD-9-CM FOR HOSPITALS, VOLUMES 1, 2 AND 3 STANDARD EDITION**

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### **2013 CCS CODING EXAM REVIEW**

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#### **THE CERTIFICATION STEP WITH ICD-9-CM**

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Elsevier Health Sciences With the expert insight of leading coding educator Carol J. Buck, this complete exam review highlights the content you'll need to master to pass the AHIMA CCS certification exam and take your coding career to the next step. CCS Coding Exam Review 2013: The Certification Step with ICD-9-CM features an easy-to-follow outline format that guides you through the anatomy, terminology, and pathophysiology for each organ system; reimbursement concepts; an overview of CPT, ICD-9-CM, and HCPCS coding; and more. Two full practice exams and a final exam modeled on the actual CCS exam simulate the testing experience and help prepare you for success. Companion Evolve website includes electronic practice exams that simulate the actual AHIMA exam experience to help you overcome test anxiety. Pre-, post-, and final exams allow you to track your learning. Answers and rationales reinforce your understanding of coding concepts. Updates, study tips, and helpful web links aid your understanding. Comprehensive CCS coverage highlights essential information for passing the AHIMA CCS exam, accompanied by detailed figures, for the most efficient exam review. Concise outline format gives you quick and easy access to content and helps you make the most of your study time. **NEW!** Facility-based coding activities challenge you to apply your knowledge to 35 realistic inpatient case scenarios, providing valuable practice and preparation for the CCS exam.

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## **IMPROVING DIAGNOSIS IN HEALTH CARE**

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National Academies Press Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001) finds that diagnosis-and, in particular, the occurrence of diagnostic errors"has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

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## **2013 ILLUSTRATED CODING AND BILLING EXPERT FOR GENERAL SURGERY/ GASTROENTEROLOGY**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT code, coding tips, CPT to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013 ICD-10-CM Diagnosis Codes -- The most common ICD- 10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT to ICD-9-CM crosswalks \* NCCI edits -- helps identify which codes are bundled and which codes can be billed separately \* Code-specific RVUs -- determine code sequencing and calculate reimbursement or fees \* Global days, assistant-at-surgery and prior approval at a glance \* Pub 100 references -- find out the regulations and guidelines for Medicare's covered services \* Modifier rules -- identify which modifier rules apply for each code and find the right codes quickly Format: Spiralbound CPT is a registered trademark of the American Medical Association.

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## **2013 ILLUSTRATED CODING AND BILLING EXPERT FOR OPHTHALMOLOGY**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT code, coding tips, CPT to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013! ICD-10-CM Diagnosis Codes -- The most common ICD- 10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT to ICD-9-CM crosswalks \* NCCI edits -- helps identify which codes are bundled and which codes can be billed separately \* Code-specific RVUs -- determine code sequencing and calculate reimbursement or fees \* Global days, assistant-at-surgery and prior approval at a glance \* Pub 100 references -- find out the regulations and guidelines for Medicare's covered services \* Modifier rules -- identify which modifier rules apply for each code and find the right codes quickly Format: Spiralbound CPT is a registered trademark of the American Medical Association.

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### **2013 ICD-10-PCS DRAFT EDITION - E-BOOK**

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Elsevier Health Sciences Build or assign procedure codes accurately with Carol J. Buck's 2013 ICD-10-PCS Draft Manual. Using Netter's Anatomy illustrations along with the ICD-10-PCS Official Guidelines for Coding and Reporting, this handy reference simplifies the procedure coding system by giving you the information and tables you need to ensure accurate billing and optimal reimbursement for hospital-based medical services. Coverage of ICD-10-PCS codes prepares you for the new code set replacing ICD-9-CM Volume 3 for hospital-based, inpatient procedures. UPDATED 2013 Official Draft Code set includes the ICD-10 codes needed for inpatient procedure coding. ICD-10-PCS Official Guidelines for Coding and Reporting are included in full for fast, easy access to coding rules when you need them. UNIQUE! 32 full-color Netter anatomy images are included in the front of the book and cross referenced within the coding tables, helping you understand anatomy and how it affects coding. Age and Sex edits identify the codes associated with age and sex limitations in the Definition of Medicare Code Edits, so you can accurately detect inconsistencies between a patient's age and sex and any diagnosis or procedure on the patient's record. New, full color tables make it easier to build the proper code.

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### **2013 ILLUSTRATED CODING AND BILLING EXPERT FOR UROLOGY/ NEPHROLOGY**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT code, coding tips, CPT to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013! ICD-10-CM Diagnosis Codes -- The most common ICD-10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT to ICD-9-CM crosswalks \* NCCI edits -- helps identify which codes are bundled and which codes can be billed separately \* Code-specific RVUs -- determine code sequencing and calculate reimbursement or fees \* Global days, assistant-at-surgery and prior approval at a glance \* Pub 100 references -- find out the regulations and guidelines for Medicare's covered services \* Modifier rules -- identify which modifier rules apply for each code and find the right codes quickly Format: Spiralbound CPT is a registered trademark of the American Medical Association.

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### **MODEL RULES OF PROFESSIONAL CONDUCT**

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American Bar Association The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

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### **ILLUSTRATED CODING AND BILLING EXPERT FOR OB/GYN 2013**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT code, coding tips, CPT to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013! ICD-10-CM Diagnosis Codes -- The most common ICD-10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT to ICD-9-CM crosswalks \* NCCI edits -- helps identify which codes are bundled and which codes can be billed separately \* Code-specific RVUs -- determine code sequencing and calculate reimbursement or fees \* Global days, assistant-at-surgery and prior approval at a glance \* Pub 100 references -- find out the regulations and guidelines for Medicare's covered

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### **ADMINISTRATIVE SIMPLIFICATION - ADOPTION OF STANDARD FOR UNIQUE HEALTH PLAN IDENTIFIER - ADDITION TO NATIONAL PROVIDER IDENTIFIER REQUIREMENTS, ETC. (US CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION) (CMS) (2018 EDITION)**

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Createspace Independent Publishing Platform Administrative Simplification - Adoption of Standard for Unique Health Plan Identifier - Addition to National Provider Identifier Requirements, etc. (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) The Law Library presents the complete text of the Administrative Simplification - Adoption of Standard for Unique Health Plan Identifier - Addition to National Provider Identifier Requirements, etc. (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition). Updated as of May 29, 2018 This final rule adopts the standard for a national unique health plan identifier (HPID) and establishes requirements for the implementation of the HPID. In addition, it adopts a data element that will serve as an other entity identifier (OEID), or an identifier for entities that are not health plans, health care providers, or individuals, but that need to be identified in standard transactions. This final rule also specifies the circumstances under which an organization covered health care provider must require certain noncovered individual health care providers who are prescribers to obtain and disclose a National Provider Identifier (NPI). Lastly, this final rule changes the compliance date for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding, including the Official ICD-10-PCS Guidelines for Coding and Reporting, from October 1, 2013 to October 1, 2014. This book contains: - The complete text of the Administrative Simplification - Adoption of Standard for Unique Health Plan Identifier - Addition to National Provider Identifier Requirements, etc. (US Centers for Medicare and Medicaid Services Regulation) (CMS) (2018 Edition) - A table of contents with the page number of each section

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### **TRANSITION TO DIAGNOSIS-RELATED GROUP (DRG) PAYMENTS FOR HEALTH**

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#### **LESSONS FROM CASE STUDIES**

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World Bank Publications This book examines how nine different health systems--U.S. Medicare, Australia, Thailand, Kyrgyz Republic, Germany, Estonia, Croatia, China (Beijing) and the Russian Federation--have transitioned to using case-based payments, and especially diagnosis-related groups (DRGs), as part of their provider payment mix for hospital care. It sheds light on why particular technical design choices were made, what enabling investments were pertinent, and what broader political and institutional issues needed to be considered. The strategies used to phase in DRG payment receive special attention. These nine systems have been selected because they represent a variety of different approaches and experiences in DRG transition. They include the innovators who pioneered DRG payment systems (namely the United States and Australia), mature systems (such as Thailand, Germany, and Estonia), and countries where DRG payments were only introduced within the past decade (such as the Russian Federation and China). Each system is examined in detail as a separate case study, with a synthesis distilling the cross-cutting lessons learned. This book should be helpful to those working on health systems that are considering introducing, or are in the early stages of introducing, DRG-based payments into their provider payment mix. It will enhance the reader's understanding of how other countries (or systems) have made that transition, give a sense of the decisions that lie ahead, and offer options that can be considered. It will also be useful to those working in health systems that already include DRG payments in the payment mix but have not yet achieved the anticipated results.

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### **2013 ILLUSTRATED CODING AND BILLING EXPERT FOR CARDIOLOGY/ CARDIOTHORACIC SURGERY/ VASCULAR SURGERY**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT<sup>®</sup> code, coding tips, CPT<sup>®</sup> to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013! ICD-10-CM Diagnosis Codes -- The most common ICD-10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT<sup>®</sup>, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT<sup>®</sup> codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT<sup>®</sup>, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT<sup>®</sup> to ICD-9-CM

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### **THE CLINICAL DOCUMENTATION IMPROVEMENT SPECIALIST'S GUIDE TO ICD-10**

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HC Pro, Inc. Take charge of ICD-10 documentation requirements The implementation of ICD-10 brings with it new documentation requirements that will have a significant impact on the work of your CDI team. The higher degree of specificity of information needed to code accurately will have a direct correlation to reimbursement and compliance. CDI specialists need a firm understanding of the new code set, and the rules that govern it, to obtain the appropriate level of documentation from physicians. The Clinical Documentation Improvement Specialist's Guide to ICD-10 is the only book that addresses ICD-10 from the CDI point of view. Written by CDI experts, it explains the new documentation requirements and clinical indicators of commonly reported diagnoses and the codes associated with those conditions. You'll find the specific documentation requirements to appropriately code conditions such as heart failure, sepsis, and COPD. Learn from your peers The Clinical Documentation Improvement Specialist's Guide to ICD-10 includes case studies from two hospitals that have already begun ICD-10 training so you can use their timelines as a blue print to begin your organization's training and implementation. ICD-10 implementation happens in 2013. It's not too soon to start developing the expertise and comfort level you'll need to manage this important industry change and help your organization make a smooth transition. Benefits: \* Tailored exclusively for CDI specialists \* Side-by-side comparison of what documentation is necessary now v. what will be required starting October 1, 2013 \* Timelines to train physicians in new documentation requirements to ensure readiness by implementation date \* Strategies and best practices to ensure physician buy-in

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### **WORKBOOK FOR ICD-10-CM/PCS CODING: THEORY AND PRACTICE, 2013 EDITION - E-BOOK**

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Elsevier Health Sciences Specially designed to parallel the material in ICD-10-CM/PCS Coding: Theory and Practice, 2nd Edition, this helpful workbook provides in-depth study and review of ICD-10-CM/PCS coding concepts. Engaging, interactive exercises reinforce your understanding of text content and challenge you to apply your knowledge to real-world scenarios. Hands-on application activities and case studies help you master text concepts by applying them to actual health records and case scenarios. All coding examples and exercises (including answer keys) show ICD-10-CM/ICD-10-PCS codes to prepare you for the proposed October 2014 implementation. ICD-10 Official Guidelines for Coding and Reporting in each coding chapter help you further understand how to code diagnoses. Matching exercises, multiple-choice questions, coding questions, and case scenarios with MS-DRG assignment reinforce key content from the text. Companion Evolve website for the text offers convenient online access to updates, partial answer keys, and coding guidelines. UPDATED! Includes the latest ICD-10 code revisions to ensure you have the most up-to-date information available.

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### **ADAMS' CODING AND REIMBURSEMENT**

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#### **A SIMPLIFIED APPROACH**

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Mosby Combining the basics of coding, insurance, and reimbursement in one concise text, Adams' Coding and Reimbursement: A Simplified Approach, 4th Edition looks at the big picture of medical billing and coding and shows how it fits into the physician reimbursement system. Clearly organized, full-color chapters guide you through the entire coding and claims process, detailing coding rules and applications, insurance guidelines, and the reimbursement system. Realistic, hands-on practice helps you apply what you've learned. Written by medical insurance, billing, and coding expert Wanda Adams, this edition includes the latest ICD-9-CM and CPT codes, a new chapter on HCPCS coding, and a new chapter preparing you for the 2013 transition to ICD-10-CM. Hybrid approach to coding and insurance shows how coding, claims submission, and reimbursement go hand in hand. Coding exercises teach you how to correctly code using the ICD-9-CM and CPT manuals. Coding Tips boxes highlight important information. Test Your Knowledge questions within each chapter help you assess your strengths and weaknesses and prepare for exams. Code It and Claim It! program on the companion Evolve website familiarizes you with a professional coding claim interface and provides practice with actual patient cases. NEW ICD-10-CM Diagnostic Coding chapter prepares you for the 2013 transition to ICD-10. NEW HCPCS Coding System chapter provides an overview of the HCPCS system and its applications. Coding exercises and examples include both ICD-9-CM and ICD-10-CM codes, in preparation for the 2013 transition to ICD-10.

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### **2013 ILLUSTRATED CODING AND BILLING EXPERT FOR ANESTHESIA/ PAIN MANAGEMENT**

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This product will be available for shipment in December 2012. This all-in-one resource contains all the coding information you need for your specialty. Plain English descriptions of each CPT code, coding tips, CPT to ICD-9-CM crosswalks and other valuable information to make specialty coding easier and more efficient than ever. This is the code book you'll be reaching for again and again for use on a daily basis. \* New for 2013! ICD-10-CM Diagnosis Codes -- The most common ICD-10-CM diagnoses are crosswalked for each procedure. These codes are listed along with ICD-9-CM diagnosis codes so that this resource can be used for the entire calendar year. \* The MOST detailed illustrations of any specialty reference -- gives you visual clarification of anatomy and key procedural elements for coding purposes \* 2013 CPT, ICD-9-CM, and ICD-10-CM codes relevant to each respective specialty to speed up your coding \* Plain English Descriptions of all CPT codes for the specialty -- guides your code selection and verification and explains associated conditions or medical indications \* CPT, HCPCS, and ICD-9-CM Alphabetic Index -- identify references to each index \* Powerful crosswalks -- identify medical necessity with CPT to ICD-9-CM crosswalks \* NCCI edits -- helps identify which codes are bundled and which codes can be billed separately \* Code-specific RVUs -- determine code sequencing and calculate reimbursement or fees \* Global days, assistant-at-surgery and prior approval at a glance \* Pub 100 references -- find out the regulations and guidelines for Medicare's covered services \* Modifier rules -- identify which modifier rules apply for each code and find the right codes quickly Format: Spiralbound CPT is a registered trademark of the American Medical Association.

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### **ICD-10-CM QUICK REFERENCE FOR CARDIOLOGY 2013**

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The 2013 ICD-10-CM Quick Reference for Cardiology includes mappings, guidelines and common codes for your speciality. This convenient and reliable reference is a must-have. Key Features: ICD-9-CM to ICD-10-CM mapping for common conditions. Expert guidance and documentation requirements for the most difficult coding challenges. Key terms and official coding guidelines for supporting code assignment.

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### **ICD-10-CM/PCS CODING: THEORY AND PRACTICE, 2014 EDITION - E-BOOK**

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Elsevier Health Sciences With comprehensive, practical coverage of ICD-10-CM and ICD-10-PCS medical coding, ICD-10-CM/PCS Coding: Theory and Practice, 2014 Edition provides a thorough understanding of diagnosis coding in physician and hospital settings. It combines basic coding principles, clear examples, challenging exercises, and the ICD-10-CM and ICD-10-PCS Official Guidelines for Coding and Reporting to ensure coding accuracy using the latest codes. From leading medical coding authorities Karla Lovaasen and Jennifer Schwerdtfeger, this 'learn by doing' resource will help you succeed whether you're learning to code for the first time or preparing for the transition to ICD-10! ICD-10-CM/PCS codes are included for all coding exercises and examples, in preparation for the October 2014 implementation of ICD-10. ICD-10-CM and ICD-10-PCS Official Guidelines for Coding and Reporting (OCGR) provide fast, easy access to the latest codes as well as examples of proper application. MS-DRG documentation and reimbursement details guide you through this key component of the coding process. Numerous coding exercises and examples in each chapter break key content into manageable segments and challenge you to apply chapter concepts. Disease coverage, including illustrations and coding examples, helps you understand how commonly encountered conditions relate to ICD-10-CM coding. Integrated medical record coverage provides a context for coding and familiarizes you with documents you will encounter on the job. Updated content includes the ICD-10 code revisions released in Spring 2013, ensuring you have the latest coding information available.

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### **CODER'S GUIDE TO ICD-10**

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Hcpro Incorporated Stay current, Keep learning, Advance your career Reduce fears and help coders understand the new system The Coder's Guide to ICD-10 is a 100-page training guide with detailed information about the new code sets for outpatient and inpatient coders that will introduce the new system, reduce fears, and help them to understand the differences between ICD-10 and ICD-9-CM. The Coder's Guide to ICD-10 is also sold as a part of The ICD-10 Training Toolkit Order now to kick off your preparations! Each Coder's Guide to ICD-10 includes: ICD-10: Why Here, Why Now? ICD-10-CM: An Introduction to Coding Guidelines and Conventions ICD-10-CM Chapter-Specific Coding ICD-10-PCS: An Introduction to Code Structure and Logic ICD-10-PCS: The Details of Procedural Coding

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### **CODERS' DESK REFERENCE FOR ICD-9-CM PROCEDURES**

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Optuminsight Coding is a skill requiring in-depth knowledge of anatomy, physiology, new technology, coding guidelines, and documentation issues. Both novice and experienced

coders will have questions-so when the code book and guidelines do not provide the answers, the Coders' Desk Reference for ICD-9-CM Procedures will. With this comprehensive resource on all the ICD-9-CM procedure codes, you can improve coding confidence by gaining a better understanding of the technical terminology and intricacies of procedures, along with essential coding tips, before selecting a code Features and benefits Optum Edge-ICD-10-PCS Spotlight. Each chapter features a special section explaining a coding guideline or a special coding issue in ICD-10-PCS to help you prepare for the transition. Optum Edge-Detailed procedure descriptions. Find procedures described in detail using terminology found in the medical record. Optum Edge-Numerical organization by ICD-9-CM code. Locate codes quickly with a resource developed to work hand-in-hand with your Optum ICD-9-CM code book. Chapter-by-chapter 2014 coding highlights. There may not be new codes FY 2014, but coding guidance continues to be updated. ICD-9- CM is still the official code set until Oct 2014 stay in compliance. ICD-9-CM instructional chapter. Eliminate guesswork when selecting ICD-9-CM procedure codes by mastering the coding conventions. Official coding tips and helpful scenarios. Improve overall coding accuracy with access to official coding advice specific to ICD-9-CM codes, plus correct coding rule application demonstrated through coding scenarios. AHA's Coding Clinic for ICD-9-CM references. Access the official ICD-9-CM procedural coding advice follow. Detailed illustrations. Understand how anatomy, physiology, and clinical terms affect coding. Eponym chapter. Meet the challenge of coding procedures identified by eponyms in the medical record.

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### **UNDERSTANDING HOSPITAL BILLING AND CODING - E-BOOK**

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Elsevier Health Sciences A basic guide to hospital billing and reimbursement, *Understanding Hospital Billing and Coding, 3rd Edition* helps you understand, complete, and submit the UB-04 claim form that is used for all Medicare and privately insured patients. It describes how hospitals are reimbursed for patient care and services, showing how the UB-04 claim form reflects the flow of patient data from the time of admission to the time of discharge. Written by coding expert Debra P. Ferenc, this book also ensures that you understand the essentials of ICD-10-CM and develop skills in both inpatient coding and outpatient/ambulatory surgery coding. UB-04 Claim Simulation on the companion Evolve website lets you practice entering information from source documents into the claim form. Over 300 illustrations and graphics bring important concepts to life. Detailed chapter objectives highlight what you are expected to learn. Key terms, acronyms, and abbreviations with definitions are included in each chapter. Concept Review boxes reinforce key concepts. Test Your Knowledge exercises reinforce lessons as you progress through the material. Chapter summaries review key concepts. Practice hospital cases let you apply concepts to real-life scenarios. UPDATED content reflects the most current industry changes in ICD-10, MR-DRGs, PPS Systems, and the Electronic Health Record. NEW Hospital Introduction chapter includes a department-by-department overview showing how today's hospitals really work NEW Health Care Payers and Reimbursement section follows the workflow of the hospital claim by including successive chapters on payers, prospect payment systems, and accounts receivable management.

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### **THE NEXT STEP: ADVANCED MEDICAL CODING AND AUDITING, 2013 EDITION**

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Elsevier Health Sciences Learning advanced medical coding concepts is easy with Carol J. Buck's proven, step-by-step method! *The Next Step: Advanced Medical Coding and Auditing, 2013 Edition* provides an in-depth understanding of physician-based medical coding and coding services such as medical visits, diagnostic testing and interpretation, treatments, surgeries, and anesthesia. Patient cases reflect actual medical records - with personal details changed or removed - and give you real-world experience coding from physical documentation with advanced material. Enhance your clinical decision-making skills and learn to confidently pull the right information from documents, select the right codes, determine the correct sequencing of those codes, properly audit cases, and prepare for the transition to ICD-10-CM with the help of Carol J. Buck! Auditing cases in every chapter offer realistic experience with auditing coded reports. UNIQUE! Evaluation and Management (E/M) Audit Forms, developed to determine the correct E/M codes, simplify the coding process and help you ensure accuracy. Dual Coding prepares you for the switch to ICD-10 by accompanying all ICD-9 answers with corresponding codes from ICD-10-CM. Realistic patient cases simulate the professional coding experience by using actual medical records (with personal patient details changed or removed), allowing you to practice coding with advanced material. UNIQUE! Netter anatomy plates in each chapter help you understand anatomy and how it affects coding. From the Trenches boxes in each chapter highlight real-life medical coders and provide practical tips, advice, and encouragement. More than 175 illustrations and a full-color design make advanced concepts more accessible and visually engaging. Stronger focus on auditing cases prepares you to assign correct codes to complicated records, as well as audit records for accuracy. Updated content presents the latest coding information so you can practice with the most current information available.