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years, and our proven
strategies have helped
legions of students achieve
their dreams

Updated for 2018 ICD-10 CM
(International
Classification of Diseases,
Clinical Modification)

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guidelines, this 6 page laminated guide covers core essentials of coding clearly and succinctly. Author Shelley C. Safian, PhD, RHIA, CCS-P, COC, CPC-I, AHIMA-approved ICD-10-CM/PCS trainer used her knowledge

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and experience to provide the largest number of valuable facts you can find in 6 pages, designed for you to find answers fast with color coded sections, and bulleted lists. A must for students seeking coding

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certification and a great desktop refresher for professionals for classifying and coding diagnoses, symptoms and procedures recorded in conjunction with hospital care. 6-page laminated guide

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**includes: General Coding
Conventions & Official
Guidelines Instructional
Notations Chapter-Specific
Official Guidelines
Selection of Principal
Diagnosis Reporting
Additional Diagnoses**

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Diagnostic Coding &
Reporting Guidelines for
Outpatient Services Steps to
Coding Diagnoses Using the
ICD-10-CM Manual
Documentation of
Complications of Care Rules
of Compliance External Cause

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Codes Sequencing Multiple
Codes Correctly What to Code
& What Not to Code The
Process of Abstracting
Medical Coding ICD-10-PCS
Selection of Principal
Procedure ICD-10-PCS Coding
Conventions ICD-10-PCS

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Sections & Subsections

Medical & Surgical Section:

Guidelines Obstetrics

Section: Guidelines New

Technology Section:

Guidelines ICD-10-PCS Terms

"A groundbreaking and
illuminating look at the

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state of abortion access in
America and the first long-
term study of the
consequences—emotional,
physical, financial,
professional, personal, and
psychological—of receiving
versus being denied an

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abortion on women's lives"--
OB/GYN Coding Manual
Practice + Proven Strategies
CPT 2001
2021 Ob/GYN Coding Manual:
Components of Correct
Procedural Coding
Occupational Outlook

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Handbook

ICD-10-CM 2022: The Complete Official Codebook provides the entire updated code set for diagnostic coding, organized to make the challenge of accurate coding easier. This codebook is the

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cornerstone for establishing medical necessity, correct documentation, determining coverage and ensuring appropriate reimbursement. Each of the 22 chapters in the Tabular List of Diseases and Injuries is organized to provide quick and simple navigation

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to facilitate accurate coding. The book also contains supplementary appendixes including a coding tutorial, pharmacology listings, a list of valid three-character codes and additional information on Z-codes for long-term drug use and Z-codes that

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can only be used as a principal diagnosis. Official 2022 coding guidelines are included in this codebook. FEATURES AND BENEFITS Full list of code changes. Quickly see the complete list of new, revised, and deleted codes affecting

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the CY2022 codes, including a conversion table and code changes by specialty. QPP symbol in the tabular section. The symbol identifies diagnosis codes associated with Quality Payment Program (QPP) measures under

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MACRA. New and updated coding tips. Obtain insight into coding for physician and outpatient settings. Chapter 22 features U-codes and coronavirus disease 2019 (COVID-19) codes Improved icon placement for ease of use New and

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updated definitions in the tabular listing. Assign codes with confidence based on illustrations and definitions designed to highlight key components of the disease process or injury and provide better understanding of complex diagnostic

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terms. Intuitive features and format. This edition includes color illustrations and visual alerts, including color-coding and symbols that identify coding notes and instructions, additional character requirements, codes associated with

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CMS hierarchical condition categories (HCC), Medicare Code Edits (MCEs), manifestation codes, other specified codes, and unspecified codes. Placeholder X. This icon alerts the coder to an important ICD-10-CM

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convention--the use of a "placeholder X" for three-, four- and five-character codes requiring a seventh character extension. Coding guideline explanations and examples. Detailed explanations and examples related to application of

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the ICD-10-CM chapter guidelines are provided at the beginning of each chapter in the tabular section. Muscle/tendon translation table. This table is used to determine muscle/tendon action (flexor, extensor, other), which is a

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component of codes for acquired conditions and injuries affecting the muscles and tendons Index to Diseases and Injuries. Shaded guides to show indent levels for subentries. Appendices. Supplement your coding knowledge with

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information on proper coding practices, risk-adjustment coding, pharmacology, and Z-codes. Let's Code It! provides a 360-degree learning experience for anyone interested in the field of medical coding, with strong guidance down

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the path to coding certification. Theory is presented in easy-to-understand language and accompanied by lots of examples. Hands-on practice is included with real-life physician documentation, from both outpatient

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and inpatient facilities, to promote critical thinking analysis and evaluation. This is in addition to determination of accurate codes to report diagnoses, procedures, and ancillary services. All of this is assembled to support the reader's

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development of a solid foundation upon which to build a successful career after graduation. The Safian/Johnson Medical Coding series includes the following products: Let's Code It! ICD-10-CM Let's Code It! ICD-10-CM/PCS Let's

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are designed to fit the most common
course content selections. Let's
Code It! is the comprehensive
offering with coverage of

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ICD-10-CM, ICD-10-PCS, CPT, and
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Procedural Coding Expert
2022AAPC

Current Procedural Terminology,
Cpt 2003

Medical Billing and Coding For

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Dummies

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A Quickstudy Laminated Reference
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career in medical
billing and coding,
updated with the latest
changes in the ICD-10
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Coding For Dummies provides readers with a complete overview of what to expect and how to succeed in a career in medical billing and coding. With healthcare

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Medical Billing & Coding

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For Dummies gives you everything you need to know to get started in medical billing and coding. This updated resource includes details on the most

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current industry changes
in ICD-10 (10th revision
of the International
Statistical
Classification of
Diseases and Related
Health Problems) and PPS

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(Prospective Payment Systems), expanded coverage on the differences between EHRs and MHRs, the latest certification requirements and

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career, ways to find a
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and ways to stay
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of 2022 code changes for durable medical equipment (DME), injectables, supplies – and various Medicare services put your HCPCS Level II coding at risk.

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But you don't have to lose revenue. Rely on the HCPCS Level II Expert 2022 for the latest code updates to bill supplies, equipment, and drugs to

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cover with 2022 HCPCS Level II modifiers. Key Features and Benefits: Complete 2022 HCPCS Level II code set with new, revised, and deleted codes – plus a

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Customized, easy-to-use
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customized entries to
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codes HCPCS Level II G
code to CPT®code

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crosswalks Table of
Drugs and Biologicals,
including brand-name
drugs and generic drugs
NCCI edits (Column 1 and
Column 2) Full-color
anatomical illustrations

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to help you accurately
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describes AHA Coding
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history of the coding system, a tour of each book, and tips for success! Training courses only available for ICD-10-PCS, ICD-10-CM, HCPCS Level

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Decades of research have

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demonstrated that the parent-child dyad and the environment of the familyâ€"which includes all primary caregiversâ€"are at the foundation of children's

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well-being and healthy development. From birth, children are learning and rely on parents and the other caregivers in their lives to protect and care for them. The

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impact of parents may never be greater than during the earliest years of life, when a child's brain is rapidly developing and when nearly all of her or his

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experiences are created and shaped by parents and the family environment. Parents help children build and refine their knowledge and skills, charting a

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trajectory for their health and well-being during childhood and beyond. The experience of parenting also impacts parents themselves. For

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instance, parenting can enrich and give focus to parents' lives; generate stress or calm; and create any number of emotions, including feelings of happiness,

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sadness, fulfillment,
and anger. Parenting of
young children today
takes place in the
context of significant
ongoing developments.
These include: a rapidly

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growing body of science on early childhood, increases in funding for programs and services for families, changing demographics of the U.S. population, and greater

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diversity of family structure. Additionally, parenting is increasingly being shaped by technology and increased access to information about

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parenting. Parenting Matters identifies parenting knowledge, attitudes, and practices associated with positive developmental outcomes in children ages 0-8;

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universal/preventive and targeted strategies used in a variety of settings that have been effective with parents of young children and that support the identified

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knowledge, attitudes,
and practices; and
barriers to and
facilitators for
parents' use of
practices that lead to
healthy child outcomes

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as well as their participation in effective programs and services. This report makes recommendations directed at an array of stakeholders, for

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promoting the wide-scale adoption of effective programs and services for parents and on areas that warrant further research to inform policy and practice. It

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is meant to serve as a roadmap for the future of parenting policy, research, and practice in the United States.

Understanding Medical Coding: A Comprehensive

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Guide

Diagnosis Codes for
Providers & Facilities

Let's Code It!

Midwifery & Women's

Health Nurse

Practitioner

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Certification Review
Guide

Improve Efficiency, Boost
Reimbursement, and Master 2022 CPT®
Code Changes with the Procedural Coding
Expert 2022 The user-friendly design of
this expansive resource lays out the 2022

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CPT® code set with full code descriptors, E/M coding advice, CPT® to HCPCS Level II G code crosswalks, CPT® and HCPCS Level II modifiers with definitions and tips, proprietary laboratory analyses codes, inpatient-only procedure codes, brand-name vaccinations associated with CPT® codes, vascular families for

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interventional radiology coding, Medicare Physician Fee Schedule (MPFS) details — and so much more! Everything you need for each coding decision, conveniently organized, is easily identifiable with color-coded alerts and highlights. Get quick access to essential data for spot-on CPT® coding. Key Features and Benefits:

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proprietary laboratory analyses codes.

2022 Coding Advice for

New/Revised/Deleted Codes: Avoid errors with coding tips for new and revised codes, plus go-to crosswalks for deleted codes.

CPT® and HCPCS Level II Modifiers:

Refer to definitions and guidance for assigning modifiers correctly. CPT®-to-G

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Code Crosswalks: Quickly locate G codes for billing Medicare and other payers simply by looking up CPT® Colored Symbols and Code Alerts: Expansive highlights throughout the chapters emphasize coding and billing requirements and reimbursement information:
New/revised, add-on, and re-sequenced

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codes FDA approval pending Modifier 51
or 63 exempt Female/male only
procedures, maternity services/procedures
MIPs code, telemedicine code Facility/non-
facility total RVUs Global days MUEs
Modifier crosswalks HCPCS code dosage
for drugs Payment Limit Maximum
Reimbursement Amount ASC payment

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Assistant article references Appendices:
Access all the information you need in one
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deleted codes for 2022 2022 crosswalks
for deleted codes Inpatient-only procedure
codes Category II modifiers Re-sequenced

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codes Vascular families for interventional radiology Lists of modifier 51 exempt, modifier 63 exempt, and add-on codes Place of service and type of service codes and definitions Payment status indicators and definitions HCPCS Level II modifiers and descriptions Brand-name and generic vaccinations associated with CPT® codes

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Drug class list Helpful Illustrations: Boost your understanding of procedures with detailed anatomical illustrations throughout the chapters. E/M Office and Other Outpatient (99202–99215) Audit Worksheet: Keep your E/M pay on track by ensuring compliance with 2021 E/M guidelines. Dictionary-style Headers and

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Bleed Tabs: Easily navigate chapters with color-coded page headings highlighting the code range on every page. Note Pages: Use convenient note pages between each chapter to jot down critical coding reminders. Procedural Coding Expert 2022 provides an easy way to maximize reimbursement in the year ahead. Note:

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Principles of CPT Coding, ninth edition, is a best-selling resource that provides education on CPT billing and guidelines. It

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offers valuable training on how to code correctly with CPT.

Conquer 2022 CPT® and HCPCS code changes for pathology and improve your reporting accuracy and productivity. Say goodbye to coding confusion, claim denials, and lost revenue with AAPC's one-stop Coders' Specialty Guide 2022:

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Pathology/ Laboratory. This vital resource, with its smartly designed quick-reference layout, gives you instant access to everything you need for each CPT® code, all intelligently organized on one page—lay terms, ICD-10 CrossRefs, CCI edits, modifier crosswalks, relative value units, Medicare fee essentials, helpful indicators,

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and coding tips. Defeat your pathology and laboratory coding challenges with these indispensable features: Pathology and Laboratory CPT® codes, including 2022 new and revised codes Official descriptors for Categories I-III Lay term description of how each procedure is performed in plain English Specialized advice on pathology

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and laboratory coding and billing by industry experts Fee schedule (physicians and hospitals) along with RVUs Detailed illustrations for numerous pathology and laboratory procedures CCI edits for procedures Coding indicators for global days, diagnostic tests, and more Appendix of terminology and definitions HCPCS

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codes with lay terms and expert tips to help you capture complete reimbursement
ICD-10-CM-to-CPT® crosswalks to facilitate more accurate code searching
Index with page numbers to simplify your code search
Headers with code ranges on each page for easier navigation
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Components of Correct Procedural Coding
Documentation Guidelines for Evaluation
and Management Services

ICD-10-CM 2021: The Complete Official
Codebook with Guidelines

INSURANCE HANDBOOK FOR
THE MEDICAL OFFICE is a key
text for medical administrative

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assisting, medical front office programs, or those who wish to become insurance billing specialists, claims assistance professionals, or electronic claims processors for physicians' practices and

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hospital outpatient clinics. Those already practicing in this area will also find this text beneficial, as will health claims examiner programs. The goal of this extremely up-to-date text is to increase efficiency

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and streamline administrative procedures for the most exasperating aspect of the doctor's office routine: insurance billing. This text offers guidance for all aspects of submitting, tracing,

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appealing, and transmitting claims for today's full range of health plans. Important coverage of diagnostic coding, procedural coding, office and insurance collection strategies, Medicare, Managed Care, and

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format). This full-color format will help the students identify each insurance payer with a specific color and icon, thus making the learning process more effective. The text has been updated to reflect recent

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changes in procedural coding for government programs and the private sector. Also in this edition, the text has been completely rewritten by the author to emphasize procedural (CPT and HCPCS)

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and diagnostic (ICD-9-CM) coding and documentation which are the keystones to obtaining maximum reimbursement.

This is the most comprehensive HCPCS book

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available. It contains important information, as dictated by CMS, but presents it in an easy-to-use format to guide the coder confidently through current codes and modifiers, as well as code changes,

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additions, and deletions.

ICD-10-CM 2021: The Complete Official Codebook provides the entire updated code set for diagnostic coding, organized to make the challenge of accurate coding easier. This codebook is

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the cornerstone for establishing medical necessity, determining coverage and ensuring appropriate reimbursement. Each of the 21 chapters in the Tabular List of Diseases and Injuries is

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organized to provide quick and simple navigation to facilitate accurate coding. The book also contains supplementary appendixes including a coding tutorial, pharmacology listings, a list of valid three-character

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codes and additional information on Z-codes for long-term drug use and Z-codes that can only be used as a principal diagnosis. Official coding guidelines for 2021 are bound into this codebook.

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FEATURES AND BENEFITS Full list of code changes. Quickly see the complete list of new, revised, and deleted codes affecting the FY 2021 codes, including a conversion table and code changes by specialty.

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QPP symbol in the tabular section. The symbol identifies diagnosis codes associated with Quality Payment Program (QPP) measures under MACRA. New and updated coding tips. Obtain insight into coding for

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physician and outpatient settings. New and updated definitions in the tabular listing. Assign codes with confidence based on illustrations and definitions designed to highlight key

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components of the disease process or injury and provide better understanding of complex diagnostic terms. Intuitive features and format. This edition includes full-color illustrations and visual alerts,

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including color-coding and symbols that identify coding notes and instructions, additional character requirements, codes associated with CMS hierarchical condition

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categories (HCC), Medicare Code Edits (MCEs), manifestation codes, other specified codes, and unspecified codes. Placeholder X. This icon alerts the coder to an important ICD-10-CM

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convention--the use of a "placeholder X" for three-, four- and five-character codes requiring a seventh character extension. Coding guideline explanations and examples. Detailed explanations and

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examples related to application of the ICD-10-CM chapter guidelines are provided at the beginning of each chapter in the tabular section.

Muscle/tendon translation table. This table is used to

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determine muscle/tendon action (flexor, extensor, other), which is a component of codes for acquired conditions and injuries affecting the muscles and tendons Index to Diseases and Injuries. Shaded guides to

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show indent levels for subentries. Appendices. Supplement your coding knowledge with information on proper coding practices, risk adjustment coding, pharmacology, and Z codes.

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Academy of Professional
Coders' CPC Exam
Supporting Parents of Children
Ages 0-8
A Systems Approach
ICD-10-CM 2022 the Complete

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Official Codebook with
Guidelines

National Registry Paramedic
Prep

Effectively manage the
business side of medicine.
Profit margin,

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collections, cash flow,
compliance, human
resources, health
information, efficient
business processes—the
broad responsibilities and
complex requirements of

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practice management are endless. Drop one ball in the daily juggle and the fallout can be costly. There's never enough time, which makes it tough to stay on top of regulations

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to maximize reimbursement
Using assessment tools to
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Preparing a risk plan and
know what questions to ask
Knowing how and why you
should implement policies

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The Clinical Manual for
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guide to the clinical challenges that often arise in the patient with cancer. This third edition features 163 chapters, including 12 new chapters, and over 1,400 pages.

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Updated annually, this publication provides a comprehensive summary of CPT codes most relevant to the specialty. The manual includes new and revised codes for 2020 and

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provides a detailed description of the physician work required to report a service.

Medical Coding ICD-10-CM
You Code It! Abstracting
Case Studies Practicum

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2022: Pathology/
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Practice Management
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Edition

Practical and easy to understand, UNDERSTANDING MEDICAL CODING: A COMPREHENSIVE GUIDE, THIRD EDITION teaches readers everything they need to

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know about medical coding. Through clear, step-by-step instructions, readers will learn how to code a claim correctly, link the correct CPT and ICD-9-CM codes for reimbursement,

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understand adjustments as well as how and when to bill patients, and determine what to do if there is a denial or rejection. Coverage has been thoroughly updated to

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include information on ICD-10-CM and how it compares to ICD-9-CM. CPT coding and modifiers are also discussed, as well as more code-specific information, concentrating

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on specialty coding and the levels of coding.

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version.

This complete self-study course on coding combines content, practice, and self-assessment into one online learning tool that the learner can follow at

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his or her own pace. The online program assumes the role of instructor, guiding individuals through the material and directing them when to read relevant sections

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from the text, checking their comprehension along the way, and providing feedback and encouragement. Users follow the program and learn at their own pace,

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working through chapter "lesson lectures" and reading assigned sections of the text as they progress. Interactive exercises, questions, and activities allow users to

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check their comprehension and learn from immediate feedback. Illustrations clarify concepts and familiarize students with the clinical procedures they are learning to code.

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Chapter exams are scored and incorporated in a grade book, which users can view to evaluate their progress. A series of approximately 18 SlideShows with audio

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narration explain and demonstrate clinical procedures. Hypertext links incorporated into the lesson lectures open pop-up boxes with further explanations and/or

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definitions of concepts and terms. Links to relevant web sites provide additional resources to enhance learning or stimulate discussion within a cohort group. An

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approximately 650 terms
provides correct
definition for key terms
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content has been updated
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standards; for use with Step-by-Step Medical Coding, 5th Edition ensuring that students learn from the most up-to-date material available. Each online chapter

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activities, and lesson quizzes throughout the online content allow learners to check their comprehension and learn from feedback. End-of-chapter review and self-

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assessment exercises include a specially created case-based coding activity, as well as matching, fill-in-the-blank, and multiple choice. Answers to the

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an advanced treatment procedure for skin cancer, offers the highest potential for recovery—even if the skin cancer has been previously treated. This procedure is

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*a state-of-the-art
treatment in which the
physician serves as
surgeon, pathologist, and
reconstructive surgeon. It
relies on the accuracy of
a microscope to trace and*

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ensure removal of skin cancer down to its roots. This procedure allows dermatologists trained in Mohs Surgery to see beyond the visible disease and to precisely identify and

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*remove the entire tumor,
leaving healthy tissue
unharmmed. This procedure
is most often used in
treating two of the most
common forms of skin
cancer: basal cell*

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carcinoma and squamous cell carcinoma. The cure rate for Mohs Micrographic Surgery is the highest of all treatments for skin cancer—up to 99 percent even if other forms of

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*treatment have failed.
This procedure, the most
exact and precise method
of tumor removal,
minimizes the chance of
regrowth and lessens the
potential for scarring or*

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Coding

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Theory and practical review questions
(located at the end of each chapter)

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focus on recalling important chapter information and application of codes. A step-by-step approach makes it easier for students to build coding skills and remember the material. Learning objective and glossary review questions reinforce student

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understanding of key chapter concepts and terms. 30-day trial to TruCode® Encoder Essentials gives students experience with using an encoder (plus access to additional encoder practice exercises on the Evolve website). UNIQUE! "Real-life"

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codes. Official Guidelines for Coding and Reporting boxes show the official guidelines wording for inpatient and outpatient coding alongside in-text explanations. Exercises, Quick Checks, and Toolbox features reinforce coding rules and concepts,

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and emphasize key information. Valuable tips and advice are offered in features such as From the Trenches, Coding Shots, Stop!, Caution!, Check This Out, and CMS Rules. Sample EHR screenshots (in Appendix D) show examples similar to

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the electronic health records students will encounter in the workplace.

Preceded by: Midwifery and women's health nurse practitioner certification review guide / Beth M. Kelsey and Jamille Nagtalon-Ramos. Third edition. [2015].

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The 2001 CPT Professional comes with all 2001 code information. This code book also includes colour keys, anatomical illustrations, medical terminology, thumb tabs and a convenient spiral binding.

Child Neglect

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Coders' Specialty Guide 2022:
Emergency Medicine
HCPCS Level II Expert 2022
Medical Terminology
A Guide for Prevention, Assessment,
and Intervention
Learn the ins and outs of coding and

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how to successfully navigate the CPC and CCS-P exams. This comprehensive, straightforward review takes the complicated process of coding and makes it easy to understand. With a comprehensive review of CPT,

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ICD-9-CM, and HCPCS and helpful test-taking strategies, this is the best way to prepare for the coding certification exams. It's also the perfect reference for professional coders looking to stay sharp. Each chapter in the volume features

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outlines, objectives, line drawings, pronunciation keys and worksheets for immediate feedback. The book uses word-building and the body-systems approach to teach terminology. Medical records sections relate the content to real-

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life situations.

Contains 2008 CPT registered] codes and descriptions for procedures performed often by ob-gyns - laparoscopic and hysteroscopic procedures, female genital system procedures, and

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maternity care and delivery
procedures.

CPT Professional 2022

Parenting Matters

Step-by-step Medical Coding, 2017

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American Midwifery Certification Board (AMCB) and the National Certification Corporation (NCC) test blueprints, it contains nearly 1,000 questions and comprehensive rationales representing those found on the exams. Completely updated

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and revised with the most current evidence and practice standards, the new edition incorporates expanded content on pharmacology, pathophysiology, and diagnostic tools. Important Notice: The digital edition of this book is missing some

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of the images or content found in the print edition. Please note Navigate Test Prep is not included with the eBook and must be purchased separately.

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designed Coders' Specialty Guide 2022: Emergency Medicine makes nailing down the right code as simple as turning a page. All the details you need for each service or procedure are arranged for at-a-glance reference on one

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page—official code descriptors, ICD-10 CrossRefs, RVUs, and lay terms in easy-to-understand language, CCI edits, anatomical illustrations, expert coding tips, best-in-class strategies, and reimbursement details for Medicare.

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Emergency medicine CPT®codes,
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Emergency medicine coding and
billing tips from industry experts to
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Updated Medicare reimbursement
information for hospitals and

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payments Crosswalks for modifiers
CCI edits to make accurate bundling
decisions Vital indicators for global
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Quick-view ICD-10-CM crosswalks
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