

## Medical Billing And Coding For Dummies

The definitive guide to starting a successful career in medical billing and coding With the healthcare sector growing at breakneck speed—it's currently the largest employment sector in the U.S. and expanding fast—medical billing and coding specialists are more essential than ever. These critical experts, also known as medical records and health information technicians, keep systems working smoothly by ensuring patient billing and insurance data are accurately and efficiently administered. This updated edition provides everything you need to begin—and then excel in—your chosen career. From finding the right study course and the latest certification requirements to industry standard practices and insider tips for dealing with government agencies and insurance companies, Medical Billing & Coding For Dummies has you completely covered. Find out about the flexible employment options available and how to qualify Understand the latest updates to the ICD-10 Get familiar with ethical and legal issues Discover ways to stay competitive and get ahead The prognosis is good—get this book today and set yourself up with the perfect prescription for a bright, secure, and financially healthy future!

ICD-10-CM 2020: 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 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 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 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 2020 are bound into this codebook. FEATURES AND BENEFITS: Full list of code changes. Quickly see the complete list of new, revised, and deleted codes affecting the FY 2020 codes; QPP symbol in the tabular section. The symbol identifies diagnosis codes associated with Quality Payment Program (QPP) measures under MARCA; The addition of more than 100 coding tips. Obtain insight into coding for physician and outpatient settings; The addition of more than 300 new 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; Intuitive features and format. This edition includes full-color illustrations and visual alerts, including color-coding and symbols that identify coding notes and instructions, additional character requirements, codes associated with 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 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 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 component of codes for acquired conditions and injuries affecting the muscles and tendons; Appendixes. Supplement your coding knowledge with information on proper coding practices, risk adjustment coding, pharmacology, and Z codes.

Understanding Medical Coding contains instruction for both inpatient and outpatient coding, and links a connection to the billing/reimbursement/collections process. The book takes the user through all steps necessary to code a claim correctly, link the correct CPT and ICD-9-CM codes for reimbursement for various insurance carriers and government entities, explains adjustments and how and when to bill patients, and what to do if there is a denial or rejection. The book provides an overview of both CPT and ICD-9-CM coding, and also provides more

code-specific information, concentrating on specialty coding and the levels of coding. Understanding the coding rationales increases knowledge and skill in one or more area, enhancing skills and performance for various facilities locations and departments. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

PROP - Coding Systems Custom

CPT(R) E/M (Evaluation and Management) codes are changing significantly for office visits for the 2021 code set year, prepare yourself with this resource for understanding changes to CPT(R) coding for office and outpatient visits.

CPT(R) 2020 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services.

Learn the basics of physician-based medical billing with MEDICAL BILLING 101, 2E. Clear and practical guidelines introduce you to the job responsibilities and basic processes in the medical billing world. Case studies and software tools like SimClaim™ CMS-1500 software offer you practice on actual forms to build confidence and understanding of the reimbursement process. This easy-to-use guide starts you off on the right path as you begin your journey to becoming a medical billing professional. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

To find the most current and correct codes, dentists and their dental teams can trust CDT 2021: Current Dental Terminology, developed by the ADA, the official source for CDT codes. 2021 code changes include 28 new codes, 7 revised codes, and 4 deleted codes. CDT 2021 contains new codes for counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use, including vaping; medicament application for the prevention of caries; image captures done through teledentistry by a licensed practitioner to forward to another dentist for interpretation; testing to identify patients who may be infected with SARS-CoV-2 (aka COVID-19). CDT codes are developed by the ADA and are the only HIPAA-recognized code set for dentistry. CDT 2021 codes go into effect on January 1, 2021. -- American Dental Association

Today's fast-paced and constantly changing health-care environment demands that you find the answers you need quickly and easily. This brand-new approach to billing and coding teaches you the who, what, why, when, and how of proper diagnostic and procedural coding, claim form completion, and medical recordkeeping.

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additional character requirements, codes associated with 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 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 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 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 information on proper coding practices, risk adjustment coding, pharmacology, and Z codes.

"COMPREHENSIVE HEALTH INSURANCE: BILLING, CODING & REIMBURSEMENT, 2/e" provides students with the knowledge and skills needed to work in a variety of medical billing and coding positions in the medical field. Comprehensive in approach, it covers the foundations of insurance, billing, coding and reimbursement. Students learn not only the submission of claims to the insurance carrier, but also reviewing medical records, verifying patient benefits, submitting a secondary claim, posting payments and appealing the insurance carrier's decision. This edition includes new chapters devoted to HIPAA and ICD-10-CM Medical Coding, as well as outstanding coverage of electronic records. Numerous case studies and patient files are included throughout and demonstrate refunds and appeals, auditing and compliance, Medicare calculations and professionalism.

Your professional coding coach at your fingertips. Increase your confidence with the expert guidance you'll find in the 3rd Edition of this easy-to-use guide. Here's all of the information you need to understand medical billing and coding procedures...in a snap! It's your one-stop source for commonly used codes and categories that don't change frequently and ICD-10 references for locating codes that do. It's like having a master coder by your side showing you how to use the coding reference manuals to increase your efficiency and accuracy.

Work for yourself. Set your own hours. Be your own boss. What exactly are the requirements? Learn about it now in this new book. From computer software to education, find out the ins and outs of this fast-paced, ever changing field. Learn how to market, promote, bill, and stay on top of the changes in this field. Run Your Own Home Medical Billing Service.

For anyone interested in entering into the medical billing field or professionals currently practicing within it. Written by the founder and Executive Director of the National Electronic Billers Association (NEBA), the largest medical billing organization in the country, this book is a comprehensive and authoritative overview of medical billing as a business. Merry Schiff, a renown teacher of thousands of students, brings her understanding and teaching skills to the market. Medical Billing Handbook leaves no question unanswered. A comprehensive approach provides information on all aspect of the business including; policies, procedures, manual and electronic processes, HIPAA, and managing the business.

AAPC's CPB™ Certification Study guide is specifically designed to help individuals prepare for the CPB™ exam. The CPB™ study guide contains fourteen chapters to review each section of the CPB™ exam in detail and provides practical examples, sample questions, and test taking techniques. Topics include healthcare regulations pertinent to medical billing; insurance modules and consumer driven health plans; the patient registration process and data capture; the basics of ICD-10-CM, CPT®, and HCPCS coding; medical necessity; medical claim forms and the billing process; accounts receivable and the collection process; and detail on government carriers, common commercial carriers, and workers' compensation. If you have billing experience or have successfully completed medical billing training, this study guide will optimize exam preparation. The study guide is not an introduction to billing but a review of

billing concepts. Key Features: - Practical Examples - Testing Techniques for CPB™ exam - Questions designed to mimic the CPB™ certification exam - Each chapter includes ten review questions geared to test important concepts - Study guide written by same task force who wrote the CPB™ exam - 50 question practice test, including cases, with answers and rationales AAPC's CPB™ Online Practice Exams are highly recommended to supplement this study guide. These online practice exams will add an additional 150 questions to your preparation.

While the vast majority of providers never intend to commit fraud or file false claims, complex procedures, changing regulations, and evolving technology make it nearly impossible to avoid billing errors. For example, if you play by HIPAA's rules, a physician is a provider; however, Medicare requires that the same physician must be referred to as a supplier. Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards. Far from being a benign issue, differing guidelines can lead to false claims with financial and even criminal implications. Compliance for Coding, Billing & Reimbursement, Second Edition: A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding, billing, and reimbursement (CBR) processes that seem to force providers to choose between being paid and being compliant. Fully revised to account for recent changes and evolving terminology, this unique and accessible resource covers statutorily based programs and contract-based relationships, as well as ways to efficiently handle those situations that do not involve formal relationships. Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops, Duane Abbey offers a logical approach to CBR compliance. Designed to facilitate efficient reimbursements that don't run afoul of laws and regulations, this resource –

- Addresses the seven key elements promulgated by the OIG for any compliance program
- Discusses numerous types of compliance issues for all type of healthcare providers
- Offers access to online resources that provide continually updated information
- Cuts through the morass of terminology and acronyms with a comprehensive glossary
- Includes a CD-ROM packed with regulations and information

In addition to offering salient information illustrated by case studies, Dr. Abbey provides healthcare providers and administrators, as well as consultants and attorneys, with the mindset and attitude required to meet this very real challenge with savvy, humor, and perseverance.

Updated for 2018 ICD-10 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 and experience to provide the largest number of valuable facts you can find in 6 pages, designed so that answers can be found fast with color coded sections, and bulleted lists. A must for students seeking coding certification and a great desktop refresher for professionals. 6-page laminated guide includes:

- General Coding & Legal Guidelines
- Coding Tips
- Conditions & Diagnoses
- Diagnosis Coding
- Pathology & Laboratory
- Reimbursement & Billing Tips
- Coding Evaluation & Management
- Services
- ICD-10 Terms, Notations & Symbols
- Wounds & Injuries
- Important Resources
- Anesthesia, Surgery & Radiology
- Diagnostic Coding

AAPC's Official CPC® Certification Study guide is specifically designed to help individuals prepare for the CPC® exam. Twenty chapters will guide you through a review of anatomy and terminology, ICD-10, HCPCS, and CPT® coding for each body system, E/M coding, anesthesia, radiology, pathology/laboratory and appropriate use of modifiers. This covers all the content sections found on the exam and will also provide you with testing tips for taking the AAPC's CPC® exam. The study guide is not an introduction to coding but a review of coding concepts. Key Features: - Anatomy and Medical Terminology Review - Practical Examples - Testing Techniques for CPC® exam - Questions designed to mimic the CPC® certification exam - Each chapter includes ten review questions geared to test important coding concepts - Study guide written by same task force who wrote the CPC® exam - 200+ Test your

Knowledge questions with answers and rationales

Clueless? Feel Like a Dummy? Get Demystified! This handy resource clearly explains the principles and practices used by medical offices, hospitals, and health facilities to encode medical services in order to receive payment from government agencies and insurance companies.

UNIQUE! Six full practice exams on Evolve simulate the experience of taking actual coding certification exams, allowing students to assess their strengths and weaknesses in order to develop a plan for focused study. Answers and rationales to questions on the practice exams let students check their work. Concise outline format helps students access key information quickly and study more efficiently. Extra instructor-led quizzes provide 600 questions to utilize for additional assessment. Mobile-optimized quick quizzes offer on-the-go practice with more than 350 medical terminology, pathophysiology, CPT, HCPCS, and ICD-10-CM questions. "Real-life" coding reports (cleared of any confidential information) simulate the reports that students will encounter on the job and help them apply key coding principles to actual cases. Test-taking tips in the Success Strategies section guide students step-by-step through the entire exam process.

Organized for quick and accurate coding, HCPCS Level II 2022 Professional Edition codebook includes the most current Healthcare Common Procedure Coding System (HCPCS) codes and regulations for accurate medical billing and maximum permissible reimbursement

This is a book for questions about what medical coding and medical billing is, how to start your own business as a medical coder at home or even a medical biller. The book tutors' students to pass the AAPC CPC exam. The book also has full course information. The sessions include Medical Billing, Coding, Medical Terminology, body systems, definitions and a host of surgical descriptions. The book also has testing techniques along with pictures to give you an idea of what the field is about. The class is about motivation and helping people achieve their goals. The book has a huge amount of answers for people who are wanting to grow into the next level of Medical Billing and Coding or just for people who are at home who want to learn about medical coding and billing as a profession and how they can learn the skill. This book is an informational tool for those who want many questions answered about billing and coding. The awesome thing that stands out in this book is that you can ask the author questions live if the reader does not see something that they may have a question about they can email the author or via phone contact. The reader can also contact the instructor through the class to ask questions this is all free. The book is designed to educate and inform new students and prior students on how to take the billing and coding to the next level. All the stories and summaries in the book are real-life experiences. The book introduces a class session that can be taken at the pace of the student, whether you are working full time or part-time a schedule will be prepared for the student to accomplish their goal. Most importantly information on passing the CPC (certified professional coder exam) this exam is given through AAPC (American Academy of Professional Coders) it is one of the most important exams a student will take. The fun of just mastering a skill and knowing how well you are in it and how you can perform the task is a plus in the billing and coding world. Being certified will set you apart from the uncertified you will have more of an opportunity to excel in the field either working at home or in a medical facility. You and I will take this journey together. If your home and watching television just trying to figure out what to do, what is next, what career should you do, this is the one for you. Read the book all those questions you had will be answered. In this book, you will see motivation, inspiration, and

transformation.

CPT(R) 2022 Professional Edition is the definitive AMA-authored resource to help healthcare professionals correctly report and bill medical procedures and services. Pearson's Comprehensive Medical Coding: A Path to Success offers comprehensive coverage of all code sets (ICD-10-CM/PCS, ICD-9-CM, CPT, HCPCS) and can be used for three coding courses: diagnosis coding, physician procedure coding, and inpatient hospital coding. Designed to give readers a strong foundation in essential competencies, Pearson's Comprehensive Medical Coding organizes chapters around three basic coding skills-abstracting, assigning, and arranging codes. Students are guided through the entire coding process in each chapter. Flexible in its organization and progressive in its numerous exercises of varying levels, the book is appropriate for traditional, modular, linear, and wheel courses. Guided Examples teach the coding process, while Mini-medical Records help students learn how to identify and abstract pertinent information from medical documentation. Throughout the book, superior in-text features provide a clear learning path to student success. Also available with MyHealthProfessionsLab This title is also available with MyHealthProfessionsLab--an online homework, tutorial, and assessment program designed to work with this text to engage students and improve results. Within its structured environment, students practice what they learn and test their understanding to help them better absorb course material and understand difficult concepts. Comprehensive content spans the entire MIBC curriculum, allowing instructors to customize their course and providing students with a consistent learning experience across the program. Students, if interested in purchasing this title with MyHealthProfessionsLab, ask your instructor for the correct package ISBN and Course ID. Instructors, contact your Pearson representative for more information. NOTE: You are purchasing a standalone product; MyHealthProfessionsLab(tm) does not come packaged with this content. If you would like to purchase both the physical text and MyHealthProfessionsLab search for: 0134254376 / 9780134254371 Pearson's Comprehensive Medical Coding plus MyHealthProfessionsLab with Pearson eText for MIBC -- Access Card. That package consists of: 0133797783 / 9780133797787 Pearson's Comprehensive Medical Coding 0134141466 / 9780134141466 MyHealthProfessionsLab with Pearson eText -- Access Card--for Comprehensive Medical Coding, 1/e

This complete self-study course on coding combines content, practice, and self-assessment into one online learning tool that the learner can follow at 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 from the text, checking their comprehension along the way, and providing feedback and encouragement. Users follow the program and learn at their own pace, working through chapter "lesson lectures" and reading assigned sections of the text as they progress. Interactive exercises, questions, and activities allow users to check their comprehension and learn from immediate feedback. Illustrations clarify concepts and familiarize students with the clinical procedures they are learning to code. 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 narration explain and demonstrate clinical procedures. Hypertext links incorporated into the lesson lectures open pop-up boxes with further explanations and/or definitions of concepts and terms. Links to relevant web

sites provide additional resources to enhance learning or stimulate discussion within a cohort group. An extensive glossary of approximately 650 terms provides correct definition for key terms throughout the course. All content has been updated to current industry 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 includes engaging "lesson lectures" by the author, guiding the learner through the online and text content. Interspersed self-comprehension questions, learning activities, and lesson quizzes throughout the online content allow learners to check their comprehension and learn from feedback. End-of-chapter review and self-assessment exercises include a specially created case-based coding activity, as well as matching, fill-in-the-blank, and multiple choice. Answers to the textbook exercises allow students to check their work on the exercises printed in the text against the answers posted within the course.

Accurate coding takes time, and time is the one thing you don't have enough of. But we're here to change that. With the Coders' Specialty Guide 2021: Neurology/ Neurosurgery, your indispensable resource for streamlining neurology procedures coding—you can outpace the clock and get out from under the paperwork. Fast and accurate coding is as simple as referring to a single page. The one code, one page design of the Coders' Specialty Guide 2021: Neurology/ Neurosurgery puts all the supporting info you need at your fingertips—code descriptors and lay terms, ICD-10 cross references, CCI edits, Medicare reimbursement rates, anatomical illustrations, and revenue-saving coding, billing, and reimbursement tips. Get fast and equitable reimbursement with at-a-glance access to: Neurology and neurosurgery CPT® codes, including 2021 codes How-to advice for new and revised codes Official descriptors for codes (Categories I-III) Straightforward lay term descriptions of how neurology providers perform procedures Expert billing tips to positively impact your bottom-line Medicare reimbursement for each code with facility and non-facility RVUs CCI edits to quickly identify bundled codes Essential coding indicators and appendix of terminology with definitions HCPCS codes for neurology – plus lay terms and revenue-enhancing tips Index of all codes with page numbers that simplify code searches Dictionary-style headers for quick navigation Illustrations with codes for each image to help you choose the code And much more! \*CPT® is a registered trademark of the American Medical Association

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Quality Payment Program (QPP) measures under 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 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 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 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 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 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 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 information on proper coding practices, risk-adjustment coding, pharmacology, and Z-codes.

Medical coding professionals provide a key step in the medical billing process. Every time a patient receives professional health care in a physician's office, hospital outpatient facility or ambulatory surgical center (ASC), the provider must document the services provided. The medical coder will abstract the information from the documentation, assign the appropriate codes, and create a claim to be paid, whether by a commercial payer, the patient, or CMS. While the medical coder and medical biller may be the same person or may work closely together to make sure all invoices are paid properly, the medical coder is primarily responsible for abstracting and assigning the appropriate coding on the claims. In order to accomplish this, the coder checks a variety of sources within the patient's medical record, (i.e. the transcription of the doctor's notes, ordered laboratory tests, requested imaging studies and other sources) to verify the work that was done. Then the coder must assign CPT codes, ICD-9 codes and HCPCS codes to both report the procedures that were performed and to provide the medical biller with the information necessary to process a claim for reimbursement by the appropriate insurance agency. This text is intended to dispel any ambiguity prior to taking your national certification. This text contains over 400 preparatory examination questions, covering ICD-9, ICD-10, Revenue cycle, Medical report extrapolation assignments, HCPCS, UB04, and CPT.

Your complete guide to a career in medical billing and coding, updated with the latest changes in the ICD-10 and PPS This fully updated second edition of Medical Billing & 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 providers moving more rapidly to electronic record systems, data accuracy and efficient data processing is more important than ever. Medical Billing & Coding 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 current industry changes in ICD-10 (10th revision of the International Statistical Classification

of Diseases and Related Health Problems) and PPS (Prospective Payment Systems), expanded coverage on the differences between EHRs and MHRs, the latest certification requirements and standard industry practices, and updated tips and advice for dealing with government agencies and insurance companies. Prepare for a successful career in medical billing and coding Get the latest updates on changes in the ICD-10 and PPS Understand how the industry is changing and learn how to stay ahead of the curve Learn about flexible employment options in this rapidly growing industry Medical Billing & Coding For Dummies, 2nd Edition provides aspiring professionals with detailed information and advice on what to expect in a billing and coding career, ways to find a training program, certification options, and ways to stay competitive in the field.

CPT® 2021 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services. Providers want accurate reimbursement. Payers want efficient claims processing. Since the CPT® code set is a dynamic, everchanging standard, an outdated codebook does not suffice. Correct reporting and billing of medical procedures and services begins with CPT® 2021 Professional Edition. Only the AMA, with the help of physicians and other experts in the health care community, creates and maintains the CPT code set. No other publisher can claim that. No other codebook can provide the official guidelines to code medical services and procedures properly.

**FEATURES AND BENEFITS** The CPT® 2021 Professional Edition codebook covers hundreds of code, guideline and text changes and features: CPT® Changes, CPT® Assistant, and Clinical Examples in Radiology citations -- provides cross-referenced information in popular AMA resources that can enhance your understanding of the CPT code set E/M 2021 code changes - gives guidelines on the updated codes for office or other outpatient and prolonged services section incorporated A comprehensive index -- aids you in locating codes related to a specific procedure, service, anatomic site, condition, synonym, eponym or abbreviation to allow for a clearer, quicker search Anatomical and procedural illustrations -- help improve coding accuracy and understanding of the anatomy and procedures being discussed Coding tips throughout each section -- improve your understanding of the nuances of the code set Enhanced codebook table of contents -- allows users to perform a quick search of the codebook's entire content without being in a specific section Section-specific table of contents -- provides users with a tool to navigate more effectively through each section's codes Summary of additions, deletions and revisions -- provides a quick reference to 2020 changes without having to refer to previous editions Multiple appendices -- offer quick reference to additional information and resources that cover such topics as modifiers, clinical examples, add-on codes, vascular families, multianalyte assays and telemedicine services Comprehensive E/M code selection tables -- aid physicians and coders in assigning the most appropriate evaluation and management codes Adhesive section tabs -- allow you to flag those sections and pages most relevant to your work More full color procedural illustrations Notes pages at the end of every code set section and subsection

Completely updated to reflect the massive changes to healthcare law! Medical Billing and Coding Demystified clearly explains the practices used by medical offices, hospitals, and healthcare facilities to encode medical services in order to receive payment from government agencies and insurance companies. Like other entries in this bestselling series, this self-teaching guide uses a building-block approach that allows readers to learn at their own pace and test themselves along the way. No previous medical or accounting training or experience is necessary to benefit from Medical Billing and Coding Demystified, and the book can be used as a classroom textbook or as a complement to larger texts. This new edition offers detailed coverage of the sweeping revisions that have taken place in healthcare law, including the transition from ICD9 to ICD10 coding and the Patient Protection and Affordable Healthcare Acts. It also includes an important overview of medical billing software. Includes valuable

