

CPT Code Categories

Category 1:

Popular Procedures and Medical Practices

9 9 2 5 3
X X X X X

5-Digit Numeric Codes



Evaluation and Management



Anesthesiology



Surgery



Radiology



Pathology and laboratory

Examples of Category 1 Codes:

99253
76498
86900

Initial inpatient consultation
Unlisted diagnostic radiographic procedures
Blood typing, ABO

Category 2:

Clinical Laboratory Services

0 0 0 1 F
X X X X X

Alphanumeric character

- First 4 characters are numerical digits

- Last character is the letter F



Composite measures 0001F



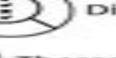
Patient management 0500F-0503F



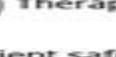
Patient history 1000F-1002F



Physical examination 2000F



Diagnostic/screening processes of results 3000F



Therapeutic, preventive or other interventions 4000F-4011F



Patient safety 6000F



Follow-up or other outcomes 5000F

Examples of Composite Measures:

0001F
0002F
0006F

Blood pressure measured
Tobacco use, smoking, assessed
Statins therapy, prescribed

Category 3:

Newer technologies, services and procedures – not yet popular
Temporary Codes

Cpt Medical Coding User Guide

Alice Covell

Cpt Medical Coding User Guide:

Practice Management Reference Guide - First Edition AAPC,2020-03-16 Effectively manage the business side of medicine Profit margin collections cash flow compliance human resources health information efficient business processes the broad responsibilities and complex requirements of 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 and best practices That s where AAPC s Practice Management Reference Guide becomes vital to your organization providing you with one stop access to the latest and best in practice management From office operations to financial oversight the Practice Management Reference Guide lays out essential guidance to help you optimize efficiency security and profitability Benefit from actionable steps to streamline accounts receivable Discover how to bring in new patients and keep the ones you have happy Leverage real world strategies to command payer relations recruitment training employee evaluations HIPAA MACRA Medicare CDI EHR everything you need to ensure bountiful operations in 2020 and beyond With the Practice Management Reference Guide you ll gain working knowledge covering the spectrum of practice management issues including Negotiating favorable payer contracts Preventing an appeals backlog Remaining audit ready Correctly applying incident to billing rules to maximize reimbursement Using assessment tools to evaluate your risk Preparing a risk plan and know what questions to ask Knowing how and why you should implement policies and protocols Complying with state and federal patient privacy rules [Coders' Dictionary & Reference Guide - First Edition](#) AAPC,2020-06-30 Finding the coding and billing information you need just got easier The Coders Dictionary Reference Guide is the perfect companion for coding and billing students and busy professionals This unique resource designed for your everyday use provides a complete reference library in one convenient and affordable volume Now you can clear the pile of books from your desk and find all the supporting information you need for medical billing and coding Boost your productivity with fingertip access to medical terms and industry acronyms Double check your modifier usage Find quick answers to your E M anesthesia and surgery coding questions Refer to educational illustrations and solidify your reporting know how with essential lay terms Speed up your workflow with these beneficial features Exhaustive list of thousands of medical terms with definitions in an easy to understand language Billing coding and reimbursement terms defined to familiarize you with current regulations requirements processes and agencies How to guidance for coding procedures from the Surgery section with explanations of common terms Evaluation and Management E M Survival Guideto help you identify the right choice for E M service levels Anesthesia primer to distinguish between various types of anesthesia Modifiers and lay descriptions for CPT and HCPCS modifiers in plain English to eliminate your confusion as to when and how to apply modifiers Lists of prefixes suffixes abbreviations and eponyms frequently used in coding Anatomical illustrations to enhance your understanding of services and procedures Place of service POS and type of service TOS lists And much more **Reference Guide for Medicare Physician & Supplier Billers** ,2004 *Nonphysician*

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Clinical Documentation Reference Guide - First Edition AAPC, 2020-03-12 It's not the quantity of clinical documentation that matters it's the quality Is your clinical documentation improvement CDI program identifying your outliers Does your documentation capture the level of ICD 10 coding specificity required to achieve optimal reimbursement Are you clear on how to fix your coding and documentation shortfalls Providing the most complete and accurate coding of diagnoses and site specific procedures will vastly improve your practice's bottom line Get the help you need with the Clinical Documentation Reference Guide This start to finish CDI primer covers medical necessity joint shared visits incident to billing preventative care visits the global surgical package complications and comorbidities and CDI for EMRs Learn the all important steps to ensure your records capture what your physicians perform during each encounter Benefit from methods to effectively communicate CDI concerns and protocols to your providers Leverage the practical and effective guidance in AAPC's Clinical Documentation Reference Guide to triumph over your toughest documentation challenges Prevent documentation deficiencies and keep your claims on track for optimal reimbursement Understand the legal aspects of documentation Anticipate and avoid documentation trouble spots Keep compliance issues at bay Learn proactive measures to eliminate documentation problems Work the coding mantra specificity specificity specificity Avoid common documentation errors identified by CERT and RACs Know the facts about

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The Next Step Medical Coding Carol J. Buck,2005-12 Presents cases that are to be coded with service codes CPT and HCPCS and diagnosis codes ICD 9 CM in the outpatient settings of the clinic and outpatient departments of the hospital for both the physician professional and the facility hospital services

HIPAA Reference Guide - First Edition AAPC,2020-03-13 Is your HIPAA compliance program and breach reporting up to date Over 94% of providers have experienced some form of data breach and over 50% have had 5 or more data breaches From phishing campaigns and PHI containing emails sent to the wrong recipients to unencrypted devices and servers left publicly accessible the total number of breaches in 2019 outnumbered the previous year by more than 33% according to research from Risk Based Security Get comprehensive guidance to implement HIPAA protocols and prevent the fallout of a data breach with AAPC s HIPAA Reference Guide Our nationally recognized HIPAA compliance experts lay out best practices and build on case studies to guide you through the dos and don ts of compliance We show you how to recognize and lock down your risk areas including how to Build and maintain a culture of security Evaluate your vulnerabilities and guard against cyber threats Assess analyze and manage your EHR Immunize your workstations Implement HIPAA compliant use of mobile devices Ensure your BAAs are HIPAA compliant Prepare for community wide disasters Plot out your practice s security incident response plan

[Medical Coding Online \(Classroom\) for Step-by-Step Medical Coding 2006 \(User Guide and Access Code\)](#) Carol J. Buck,2005-12 Medical Coding Online represents a complete course on advanced coding combining content self study and assessment into one product that can be immediately implemented as part of a distance learning program or used to enhance a traditional classroom The course book provides all the content in detail while the online component reinforces the important concepts in concise lessons incorporating figures photographs audio narrated slide shows and links to relevant web sites Self study includes a variety of interactive activities including unique case based exercises designed specifically for medical coding Includes a variety of student and instructor communication options such as real time chat class calendar e mail connections bulletin board digital drop box discussion board Instructor syllabus and gradebooks to allow for flexibility and enhanced learning Uses a unique case approach to advanced coding so students will get a more accurate feel for what a coder does on the job as well as matching fill in the blank multiple choice and true false Each on line chapter includes engaging synopses of all the lessons in the textbook Includes approximately 18 slide shows

with audio narration to explain physical processes being demonstrated Hot concept key terms within text provides definitions of key concepts terms at a single click to enables student to access correct definitions instantly Lesson Lectures contain hypertext links opening pop up boxes with further explanations to enable students to dig deeper into the content

Automatically scores end of chapter assessments to allow instructors to evaluate their students comprehension and know their grades at any time during the progression through the course Extensive glossary provides definitions of approximately 650 key terms All content has been updated to current industry standards and for use with Step by Step Medical Coding 2006 edition The entire design has been updated to make the course more easy to use

Evaluation and Management

Coding Reference Guide - First Edition AAPC,2020-06-30 Defeat the challenges that threaten your E M claims and compliance success Evaluation and management E M services are the lifeblood of your revenue stream and yet they re the most problematic to report Claim denials remain high E M coding errors in fact rose from 11 9% in 2018 to account for 12 8% of CMS s overall 2019 improper payment rate How much E M revenue are you losing Safeguard your organization from claim denials and audit scrutiny with the Evaluation Management Coding Reference Guide Our experts break down E M coding rules and requirements into simple manageable steps written in everyday language to boost your E M reporting skills Learn how to capture the key components of medical history physical exam and medical decision making and capitalize on real world clinical scenarios to prevent over or under coding The Evaluation Management Coding Reference Guide will help you prep for 2021 E M guideline changes overhauling new and established office and outpatient services and walk you through online digital E M services remote physiologic monitoring and more Master the ins and outs of E M coding CPT guidelines level of service modifiers regulations and documentation guidelines Put an end to avoidable denials and optimize your E M claims for full and prompt reimbursement Benefit from expert tutorials covering the spectrum of E M reporting concepts and challenges Prep for 2021 guideline changes and their impact on your organization Master the ins and outs of E M guidelines in CPT Capture the seven components of E M services Sort out medical decision making coding Avoid the pitfalls of time based coding Nail down specifics for critical care E M services Clear up modifier confusion Understand NPPs rules for same day E M services Take the guesswork out of complexity determinations Get the details on coding surgery and E M together Learn the principles of E M documentation

The Software Encyclopedia ,1997

Insurance Handbook for the Medical Office Marilyn Takahashi Fordney,2002 INSURANCE HANDBOOK FOR THE MEDICAL OFFICE is a key text for medical administrative 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 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 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 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 more is presented. Additionally, a free CD ROM featuring the HCFA 1500 claim form is included with the book. The CD ROM contains 10 scored patient case studies with related insurance information so that the student can practice completing the HCFA 1500 claim form in a fun interactive format.

Basic

CPT/HCPCS Coding, 2007 Edition Gail I. Smith, 2006-12 **Step-by-step Medical Coding** Carol J. Buck, Karla R. Lovaasen, Deborah L. Neville, 2002 Step by Step Medical Coding takes a practical approach to training students for a career in medical coding. It begins with an introduction to Current Procedural Terminology (CPT) followed by in-depth explanations of the sections found in the CPT manual. Several chapters organized to follow the CPT codes by body system introduce various procedures and demonstrate how to code each one. Practice exercises following each step of information and at the end of each unit reinforce important concepts and allow users to check their comprehension. Unit 2 covers the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) and Unit 3 offers information about third-party reimbursement. An appendix provides the official ICD-9-CM guidelines for coding and reporting.

Physicians Fee & Coding Guide, 2011 **Coding Workbook for the Physician's Office** Alice Covell, 2001-06-06 This workbook contains coding exercises referencing each section of the CPT-4 and ICD-9-CM coding manuals as well as HCPCS Level II Codes. These exercises use the same terms physicians use when they describe services. Students will expand their medical vocabulary as well as increase their coding skills for the physician's office. This workbook includes HCFA Health Care Financing Administration rules for diagnosis coding and reporting by physicians. Students need current CPT-4, ICD-9-CM, HCPCS coding manuals to complete the exercises.

Mohanty V. St. John Heart Clinic, S.C., 2005

Whispering the Strategies of Language: An Mental Journey through **Cpt Medical Coding User Guide**

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