

NHA Billing and Coding Complete Study Guide **(CBCS) 2021-2022.**

-24 Unrelated E/M Service by the same physician during a postoperative period (Correct Response) - this is attached to the code of the E/M service provided to a pt during the postop period to indicate that the service is not part of the postoperative care which is usually part of the package of services of the surgery performed. Major surgical procedures will usually have a postop period of 90 days, minor, 10 days. Used only w/ E/M codes

-26 Professional Component (Correct Response) - Most procedures have both professional (physician) and technical components. This modifier is attached to the procedure to indicate that the dr provided only the professional component

-32 Mandated Services (Correct Response) - used to indicate that the service provided was required by 3rd party payer, gov, legislative or regulatory body. this does not include second opinion requested by a pt, family member, or another physician

-50 Bilateral Procedure (Correct Response) - used when the same procedure is performed on a mirror-image part of the body

-51 Multiple Procedure (Correct Response) - used when
-more than 1 procedure is performed in the same surgical episode
-one code does not describe all of the procedures performed
-the secondary procedure is not minor or incidental to the major procedure
Ex; *same operation, different site, *multiple operations, same operative session, *procedure performed multiple times

-58 Staged or Related Procedure or Service by the same Physician during the Postoperative Period (Correct Response) - used to explain that the procedure or service done during a postop period was planned at the time of the original procedure. also used if a therapeutic procedure is performed b/c of the findings from a diagnostic procedure

-78 Return to Operating Room for a Related Procedure During the Postoperative Period (Correct Response) - to report a circumstance in which the dr returns to the operating room to address a complication stemming from the initial procedure (third party payers usually pay the surgery portion of the complications surgical package b/c the pt remains in the postop period of the initial procedure. documentation must clearly indicate the reason for the return to the operating room)

-90 reference (outside) laboratory (Correct Response) - used to indicate that the procedure was done by outside lab and not by reporting facility

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Certified Billing and Coding Specialist (CBCS) 2. 1 Study Guide Marilyn Fenichel, 2014-07-31 *Medical Coding Certification Exam Preparation: A Comprehensive Guide* Cynthia Ward, Cynthia Stewart, 2013-02-21

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Newman's Billing and Coding Specialist Study Guide Xavier Newman, Xavier R S Newman Nrcs, 2012-01-01

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.

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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 Medical Coding Vino C. Mody, Jr.,2019-07-10 This book teaches medical coding for anesthesia and pain management It will prepare the reader for passing the Certified Anesthesia and Pain Management Coder CANPC exam as well as improving their professional practice The book goes beyond the concepts and applications that are required to pass the exam It provides critical insights into actual scenarios faced by coders in the real world 70 unique cases are presented that will highlight the correct coding method These give the reader practice in applying principles to actual patient cases The author s unique formula allows the reader to arrive at the best coding decision for the most complex patients Each case is discussed from a clinical viewpoint to explain the coding rational This book is both an invaluable asset for anyone working towards a CANPC exam but also serves as a useful reference for those currently holding the certificate **Certified Billing and Coding Specialist (CBCS) Study Guide** Ascend Learning,2012-02-27

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