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# Medical Coding and Billing Certification (MCBC) Study Guide I

The services medically necessary for diagnostic code linkage - correct answer What must a coder understand in order to determine the correct diagnosis code assignment?

Correctly identifying primary and secondary insurance policies in order to preserve coordination of benefits - correct answer Avoiding the duplication of benefits paid by the primary and secondary insurance is achieved by:

Use the combination code - correct answer If a combination code is available, a coder should:

blue triangle - correct answer When a code is "revised" in the CPT manual, it will be indicated by:

particular radiology service provided is not described by a specific CPT code - correct answer A coder should use an "unlisted" radiology CPT code when:

Code blocks - correct answer Major topic headings in the Tabular List of ICD-10-CM are known as:

Healthcare Common Procedure Coding System - correct answer Most state Medicaid programs use what type of system to report professional services, procedures, supplies, and equipment?

always a letter - correct answer The first character of ICD-10-CM:

Using a fourth, fifth, sixth or seventh digit when required - correct answer Coding to the highest level of specificity means:

Without - correct answer According to the ICD-10-CM conventions, if the documentation is unclear or does not state that the complication or comorbidity listed in the code description is present with the condition, the default is:

# Amca Billing And Coding Study Guide

**Thomas Griffiths**



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Preparation is the resource your students need to prepare for the CPC and other coding certification exams. It provides a comprehensive review of topics students need to know for these exams including coverage of anatomy, medical terminology, pathophysiology, as well as concepts, guidelines, and rules of medical coding. Authors Cynthia Stewart and Cynthia Ward bring a fresh approach to exam prep based on their teaching experience and helping students prepare for certification exams. They provide the necessary tools to understand how to break each case down and translate services, procedures, and diagnoses into the most appropriate codes for reimbursement. Newman's Billing and Coding Specialist Study Guide Xavier Newman, 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. **Medical Coding Study Guide** Speedy Publishing, 2014-11-26. Individuals who are preparing to take medical coding exams should note that study guides can help them earn the competitive score they want. This is the case for several reasons, including the fact that these study guides tend to incorporate a lot of helpful material, including medical and anatomy terminology reviews, testing techniques for the exam questions that parallel the CPC certification exam, practical examples, review questions designed to test the student's knowledge of important coding concepts, and many more. *Certified Billing and Coding Specialist (CBCS) 2.1 Study Guide* Marilyn Fenichel, 2014-07-31.

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