CCS-P Study Set (AHIMA CCS-P Review) with Complete Solutions

According to AMA medical decision making is measured by - ANSWER-1, number of dx or management options

- 2. amount and complexity of data review
- 3. risk of complications

CPT Assistant - ANSWER-provides official guidance in CPT coding

published by the AMA

A barrier to wide spread use of automated code assignments is - ANSWER-poor quality of documentation

When should coders assign codes from lab reports alone - ANSWER-Never. If findings are out of normal range and the physician has ordered additional testing or treatment; consult with the physician as to whether the Dx should be added or if an abnormal finding should be listed.

4 cooperating parties of ICD-9 and responsibilities of each - ANSWER-NCHS (national center for health statistics): maintaines dx classifications in Vol 1&2 CMS: maintains procedural classification in Vol 3 AHIMA & AHA: give advice & assistance on coding guidelines in conjunction with health information management practitioners, physicians, & other users of ICD-9

When can code 99291 (E/M critical care) be used in place of a medical visit or ER code - ANSWER-When the patient meets the definition of critical care and receives outpatient care on the same day

limiting charge - ANSWER-this is the amount a NON PAR Medicare provider can collect from a patient in excess of 15% over the NON PAR Medicare approved amount.

When does CMS send the payment directly to the patient - ANSWER-when a NON PAR provider does not accept assignment

hard coding - ANSWER-refers to CPT/HCPCS codes that appear in the hospitals chargemaster and will be included automatically on the patient's bill.

CAC- computer assisted coding - ANSWER-AHIMA defines as the use of computer software that automatically generates a set of medical codes for review, validation, and use based upon the documentation provided by the various providers of healthcare.

Ahima Ccs P Study Guide

Patricia Schnering

Ahima Ccs P Study Guide:

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