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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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