Lesson 22

Resources for the Healthcare Professional

Step 1 Learning Objectives for Lesson 22

When you have completed the instruction in this lesson, you will be trained to do the following:

- Discuss professional organizations pertaining to the healthcare document specialist, and explain services they offer.
- Explain credentialing and how it relates to a healthcare document specialist.
- Identify helpful print and Internet publications that relate to the healthcare profession.

Step 2 Lesson Preview

Look how far you’ve come in this program! You began by learning about insurance, including the terminology specific to medical insurance. Then you studied medical terminology—discovering how to break long terms into simple parts that make sense. You wrapped up Course One by exploring medical ethics and legal issues, as well as the basics of medical records.

In Course Two, you learned the basics of anatomy. In addition, you became an “insider” as you discovered how to handle medical records, medical bills, EOBs and claim forms. You had hands-on practice with medical billing software. You’ll have the opportunity to use the medical billing software in Practice Exercises as you continue in this program. The more you use the software, the more confidence you’ll have.

Course Three focuses on the coding aspect of the healthcare document specialist’s career. Once you understand the organization of the *ICD-9-CM*, you’ll go through the manual chapter by chapter to enhance your knowledge.

In this lesson, you’ll explore Internet resources and publications that will be helpful in your future career.
However, in this first lesson in Course Three, we’re going to step back from the “how-to” aspect of your training and take a look at your future career. There are many organizations and resources available to help you succeed. This lesson is chock full of information to help you find the guidance you need. We’ll provide information on the professional organizations for healthcare document specialists. In addition, we’ll discuss credentialing and certification options, and peruse resources that can help you stay abreast of changes in the healthcare field. In fact, you might be surprised at all the help that’s out there for you!

Step 3  Associations for the Healthcare Professional

Over the years, several professional organizations have emerged to help healthcare professionals succeed. These organizations provide educational resources, community ties, job support and more. The three main associations are the American Academy of Professional Coders, the American Health Information Management Association and the Association for Healthcare Documentation Integrity. In the following sections, we’ll take a look at these three associations, as well as others related to the healthcare profession.

American Academy of Professional Coders (AAPC)

The American Academy of Professional Coders (AAPC) was founded in 1988 as the American Academy of Procedural Coders. The goal of the original organization was to provide education, recognition and certification for physician-practice procedural coders. The AAPC also sought to raise the procedural coding standards.

The AAPC specializes in outpatient coding. Today, the AAPC represents coders who work for physicians, clinics, hospitals, outpatient facilities, payers and consulting firms. In all, the AAPC has more than 118,000 members worldwide. Membership is open to not just coders, but to other healthcare information professionals as well.

The AAPC offers the following coding-related services and programs:

- Coding certification exams and study guides
- Examination review classes
- Coding education
- An annual conference
- Local chapters
- AAPC publications

American Academy of Professional Coders (AAPC)
2480 South 3850 West, Suite B
Salt Lake City, UT 84120
(800) 626-CODE (2633)
www.aapc.com
American Health Information Management Association (AHIMA)

The American Health Information Management Association (AHIMA) is a membership organization representing more than 64,000 healthcare professionals. It provides reliable and valid information for all areas of health management. AHIMA began in 1928 as the Association of Record Librarians of North America (ARLNA). The purpose of this organization was to “elevate the standards of clinical records in hospitals and other medical institutions.” This organization has undergone several name changes over the years. It became AHIMA in 1991. It is recognized as the leading source of “HIM knowledge,” a respected authority for rigorous professional certification, and one of the industry’s most active and influential advocates in Congress.1

AHIMA offers a number of services to their members. Among them are:

- Coding certification exams
- Communities of Practice
- Careers Assist: Job Board
- Journal of AHIMA
- Perspectives in HIM

American Health Information Management Association (AHIMA)
233 N. Michigan Avenue, 21st Floor
Chicago, IL 60601-5809
(312) 223-1100 or (800) 335-5535
www.ahima.org


**Association for Healthcare Documentation Integrity (AHDI)**

The Association for Healthcare Documentation Integrity (AHDI), formerly the American Association for Medical Transcription, is the world’s largest professional society representing the clinical documentation sector whose purpose is to set and uphold standards for education and practice in the field of health data capture and documentation that ensures the highest level of accuracy, privacy, and security for the U.S. healthcare system in order to protect the public health, increase patient safety, and improve quality of care for healthcare consumers. According to AHDI, membership to this organization provides access to resources, information, events and services that will enhance their career.

AHDI offers the following services to their members:

- Medical Transcription certification exams
- *Plexus* magazine
- AHDI Webinars
- E-mentoring program

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**Association for Healthcare Documentation Integrity (AHDI)**
4230 Kieran Avenue, Suite 130
Modesto, CA 95356
(800) 982-2182
www.ahdionline.org
American Medical Association

Since 1847, the American Medical Association (AMA) has had one mission: to promote the art and science of medicine and the betterment of public health. The AMA is an important professional organization in the world of health care. The AMA speaks out on important issues like patient rights and the health of the nation, and also created and maintains the CPT. The AMA Web site features a variety of valuable resources. Some of the AMA resources that you might find helpful include:

- CPT code information, including revisions
- CPT licensing
- Annual CPT educational symposium
- CPT Assistant coding journal
- Journal of the American Medical Association (JAMA)
- AMA Code of Medical Ethics

American Hospital Association

The American Hospital Association (AHA) serves hospitals, healthcare networks, patients and communities. The AHA represents the people and organizations in the development of national healthcare policy.

Some of the AMA resources you might find helpful include:

- Publications covering healthcare legislation
- Research on healthcare services and information management

American Hospital Association (AHA)
155 N. Wacker Drive
Chicago, IL 60606
(312) 422-3000 or (800) 424-4301
www.aha.org

Now, let’s look at the credentialing available for healthcare document specialists.


**Step 4  Credentialing**

- You’ve probably heard people use the term *credentials*. Most likely, the word came up in a conversation about someone’s qualifications for a job. In a market where there are so many people offering similar services, *credentials* help people let customers know they are qualified to do a certain job. There are credentials for teachers, accountants, attorneys and more. There are also credentials for healthcare document specialists like you.

Credentialing is a growing trend; it validates your skills and knowledge and sometimes allows for job advancement opportunities. And pay increases! Whether or not you want to be credentialed is up to you. If you don’t want to do it now, you can take that leap sometime in the future.

**National Healthcareer Association**

The National Healthcareer Association (NHA), established in 1989, provides preparation and certification in various healthcare professions. The Certified Billing and Coding Specialist (CBCS) exam focuses on converting a medical procedure and diagnosis into specific codes for submitting a claim for reimbursement. Certification is not necessary for the medical billing profession; however, according to the NHA, benefits to obtaining the CBCS “may include more job opportunities, higher wages and increased job security.”

For more information about the CBCS exam through the NHA, visit its Web site at http://www.nhanow.com.

**American Academy of Professional Coders**

According to the American Academy of Professional Coders, more than 84,000 healthcare professionals around the country hold AAPC certifications. The AAPC offers certifications in medical coding, auditing, compliance and practice management. We’ll discuss the requirements of the medical coding certifications.

**Certified Professional Coder (CPC)**

The Certified Professional Coder (CPC) is the American Academy of Professional Coder’s main coding certification, with the focus on diagnostic and procedural codes for outpatient services. In addition to the codes, the CPC’s abilities include knowledge of coding rules and regulations including compliance and reimbursement.

Full CPC credentialing requires two years of coding experience. However, you can waive one year of experience with successful completion of this program! You’re almost halfway there.
Certified Professional Coder-Hospital (CPC-H)

Another credential offered by the AAPC is the Certified Professional Coder-Hospital (CPC-H). This credential focuses on outpatient facilities such as ambulatory surgical centers or hospital outpatient coding and billing departments. In addition to coding the diagnosis and procedures for outpatient settings, this exam also focuses on reimbursement procedures, such as fee updates and how to complete the UB-04.

Just like the regular CPC credential, a CPC-H should have at least two years of coding experience. You can also waive a year of that experience when you successfully complete your Healthcare Document Specialist program.

Certified Professional Coder-Payer (CPC-P)

The Certified Professional Coder-Payer (CPC-P) demonstrates a coder’s aptitude, proficiency, and knowledge of coding guidelines and reimbursement methodologies for all types of services from the payer’s perspective, which is the insurance company. Claims reviewers, utilization management, auditors, benefits administrators, billing service, provider relations, contracting, and customer service staff can each benefit their practices with the CPC-P credential.

The CPC-P certification exam certifies that the successful candidate has the knowledge and skills to adjudicate provider claims effectively. The exam tests the examinee’s basic knowledge of coding-related payer functions with emphasis on how those functions differ from provider coding. The relationship between coding and payment functions will be explored in depth.

The CPC-P exam consists of two parts, testing coding accuracy and reimbursement methodologies. The Medical Coding Concepts section tests the examinee’s understanding of medical terminology, anatomy, and diagnostic and procedural coding concepts. The Reimbursement Methodologies section covers physician reimbursement, inpatient payment systems, outpatient payment systems, health insurance concepts, and HIPAA.

AAPC Apprentice Certifications

Many new coders have the education and basic knowledge to pass the medical coding certification exams, but not the required amount of experience. This is common with entry-level coders. To help these people out, the AAPC has an apprentice status.

If you successfully pass the medical coding certification exam but don’t have the required two years of medical coding experience, you will be awarded the apprentice status, which is identified by an “A” on the certificate. Like other certifications, you will have to complete Continuing Education Units (CEUs). When you have completed the required work experience and submit documentation for that work, your credentials are upgraded to the full CPC, CPC-H or CPC-P!
American Health Information Management Association

AHIMA offers three coding certification exams: Certified Coding Associate (CCA), Certified Coding Specialist (CCS) and Certified Coding Specialist—Physician-based (CCS-P).

Certified Coding Associate (CCA)

The Certified Coding Associate (CCA) is an entry-level coding credential. If you are a new coder without much experience, you can immediately demonstrate your mastery of entry-level coding skills by earning the CCA. Earning a CCA also demonstrates a commitment to coding. It is a good starting point for coding credentials.

To take the CCA certification exam you must have a U.S. high school diploma or equivalent educational background. It is recommended that you have completed a formal coding training program, such as the one you’re completing! It is also recommended, although not required, that you have experience in hospital-inpatient and ambulatory-care medical coding. AHIMA notes that previous examination results indicate that persons who have three or more years of coding experience are more likely to pass the exam.

To download a free, comprehensive Certified Coding Associate Handbook, go to AHIMA’s Web site. This handbook also explains the CCA exam process in detail.

Certified Coding Specialist (CCS)

Certified Coding Specialists (CCS) are skilled professional coders with solid experience classifying medical data from patient records, generally from a hospital setting. A CCS must be an expert in the diagnostic and procedural coding systems. She must also be fluent in medical terminology, disease processes and pharmacology.

Examples of CCS level work include preparing coded data for Medicare and Medicaid recipients on the behalf of hospitals and medical providers. This data is also used by researchers and public health officials to monitor patterns and explore new interventions.

The CCS certification exam evaluates the individual’s proficiency in coding. On top of entry-level coding skills, the CCS exam covers some information management skills. You would consider getting a CCS certification after you have experience in coding inpatient records. Experience coding the hospital portion of ambulatory surgery and emergency department care is also helpful. AHIMA recommends at least three years of experience before taking the CCS exam.

Certified Coding Specialist—Physician-based (CCS-P)

Another type of credentialing offered by AHIMA is the Certified Coding Specialist—Physician-based (CCS-P). Those with a CCS-P credentialing have expertise in physician-based settings. This can include doctors’ offices, group practices, specialty centers and multi-specialty clinics. CCS-P coders have in-depth experience with diagnostic and procedural codes. They also are experts in health information documentation.
With the growth of managed care, the future looks good for this specialty. So if you develop solid experience and proficiency coding in a doctor’s office, clinic or similar setting, you might want to consider obtaining the CCS-P certification to attest to your ability.

Here is a final note regarding the AHIMA certifications. According to AHIMA, “the CCA exhibits coding competency in any setting, including both hospitals and physician practices. The CCS and CCS-P exams demonstrate mastery level skills in an area of specialty: hospital-based for CCSs and physician practice-based for CCS-Ps.”

**Association of Healthcare Documentation Integrity**

If you wish to become MT certified after completing your program, you can complete exams offered by AHDI. If you have less than two years of MT experience, you can sit for the Registered Medical Transcriptionist exam. Once you have a few years of experience, you may sit for the Certified Medical Transcriptionist exam. Let’s take a closer look at both certification options.

**Registered Medical Transcriptionist (RMT)**

The RMT exam is recommended for recent graduates of medical transcription education program, those with fewer than two years’ experience in acute care and those that are working in a single-specialty environment.

If you choose to take the AHDI RMT exam, you’ll be tested on medical transcription knowledge and your transcription performance. The medical transcription performance includes transcribing dictation, editing and proofreading.

Once you pass the RMT exam, your RMT certification is valid for three years. When the three years have passed, you will need to recredential by taking the exam again or by passing the AHDI Recredentialing Course.

**Certified Medical Transcriptionist (CMT)**

The Certified Medical Transcriptionist is another level of voluntary certification offered by AHDI. To qualify for the CMT exam, you should have at least two years of acute care medical transcription experience. Like the RMT exam, the CMT exam tests medical transcription knowledge and transcription performance. You should be able to transcribe dictation for multiple ESL dictators into many formats and report types. In addition, you should have experience transcribing the major specialties, including surgery dictation and some minor specialties.

Once you pass the CMT exam, your certification is valid for three years. When the three years have passed, you’ll gain recertification through paying a fee and earning a minimum of 30 continuing education credits in AHDI’s required categories.

For more information about RMT or CMT certification, visit www.ahdionline.org.
**Healthcare Document Specialist**

## Step 5 Practice Exercise 22-1

- Determine the term(s) to complete each sentence.

1. ______________ are skilled professional coders with solid experience classifying medical data from patient records.

2. ______________ is recognized as one of the industry’s most active and influential advocates in Congress.

3. The __________ exam focuses on converting a medical procedure and diagnosis into specific codes for submitting a claim for reimbursement.

4. The AMA speaks out on important issues like ______________ ______________ and the health of the nation.

5. The ________ exam tests the student on diagnostic and procedural codes, compliance and reimbursement policies.

6. In addition to coding the diagnosis and procedures for outpatient settings, the __________ exam also focuses on reimbursement procedures, such as fee updates and how to complete the UB-04.

7. The goal of the __________ is to provide education, recognition and certification for physician-practice procedural coders.

8. ______________ coders have in-depth experience with diagnostic and procedural codes. They also are experts in health information documentation.

9. To qualify for the ____________________________ exam, you should have at least two years of acute care medical transcription experience.

10. The ____________________________ exam tests you on MT knowledge and your transcription performance.

## Step 6 Review Practice Exercise 22-1

- Check your answers with the Answer Key at the back of this book. Correct any mistakes you may have made.
Step 7 Healthcare Resources

Whether you’re just embarking on your healthcare career or are an experienced healthcare document specialist, you will need to be up-to-date on healthcare developments. You will always rely on resources to help you find information on healthcare issues. Why are resources so important? It is not humanly possible to remember every diagnostic or procedural code, claim or punctuation rule. Resources serve a number of functions:

- Reference books allow you to store the information you don’t use every day.
- Resources can provide you with the information right now, when you need it.
- Resources serve as a valuable support system if you are working independently or don’t otherwise have much contact with other people where you work.

The professional organizations you just learned about will be very helpful to you in your new career. Now, we’ll provide some resources from these professional organizations and others! Consider them as a starting point from which to develop your own pool of coding resources. They will give you a good idea of what’s available.

AAPC Publications

Member of the AAPC, receive various publications to keep up-to-date on healthcare trends. These publications include Coding Edge, EdgeBlast and BillingInsider.

- Coding Edge is a monthly print publication that is written by and for members of the AAPC. Articles include issues facing the coding industry and updates on emerging trends and concerns. Members of the AAPC can subscribe to the coding news magazine.
- EdgeBlast is a newsletter distributed by e-mail twice a month to AAPC members. It includes summaries and links to important articles.
- BillingInsider is an e-newsletter available to members and nonmembers. Topics relate to the billing side of the medical practice.
AHIMA Publications

AHIMA provides both online and in print publications relating to the healthcare field. These publications include the *Journal of AHIMA* and *Perspectives in HIM*. In addition, members have access to an online tool for healthcare professionals.

AHIMA’s *Communities of Practice (CoP)* is an online tool that AHIMA members use to network, share, problem-solve and stay informed of the latest trends in HIM-related topics. This growing professional network provides answers, support and career advice using the latest technology.7

The *Journal of AHIMA* is a monthly journal that includes both coding-specific and general health information management related articles. It also includes tips for on-the-job solutions and practical guidance on regulations, policies and procedures. This journal is available to nonmembers by subscription.

*Perspectives in Health Information Management* is a scholarly, peer-reviewed research journal that aims to advance health information management practice and encourage interdisciplinary collaboration between healthcare professionals and others in disciplines supporting the advancement of the management of health information.8 It’s an online journal that is free to members and nonmembers.

AHIMA e-Newsletters

AHIMA e-newsletters are primarily for members of AHIMA. You can find a complete listing of the e-newsletters on the AHIMA Web site.

- *Academic Advisor* is a quarterly e-newsletter for HIM educators.
- *CodeWrite* is a monthly e-newsletter containing coding, reimbursement and compliance information.
- Members receive *AHIMA Advantage* electronically six times each year. This publication includes healthcare and AHIMA news. In addition, members receive *AHIMA Advantage E-Alerts* weekly, which deliver news summaries on industry, AHIMA and government news related to healthcare. Members can view the most recent issue on the CoP.

AHDI Publications

The AHDI offers an online publication relating to the healthcare field. *Plexus* is a bimonthly member publication featuring articles, regular columnists and other contributed material focusing on medical science, education, technology, pharmacology, transcription styles and practices, instruction techniques and more!
American Medical Association

The AMA produces the **CPT Assistant**, the **Journal of the American Medical Association** and a slew of coding reference material, including express reference cards, specialty coding references and electronic data files of technical coding manuals.

The **CPT Assistant** is a monthly newsletter only available to AMA members. It provides detailed articles, commentaries and updates to keep your claims system running.

The **Journal of the American Medical Association (JAMA)** has been published continuously since 1883. It is an international peer-reviewed general medical journal published 48 times per year. Its objective includes publishing original, important, valid, peer-reviewed articles on a diverse range of medical topics.

American Hospital Association

The **Coding Clinic** is quarterly publication that provides official coding guidelines and advice. A subscription allows you to access past issues for updates about coding-specific conditions or procedures.

OptumInsight

OptumInsight, previously Ingenix, publishes many of the coding manuals. In addition, OptumInsight offers a comprehensive mix of coding, billing, reimbursement and compliance products in a wide array of formats and services. These include Web-based tools, books, desktop software and print and electronic updates.

Among the many publications that might be of particular interest to you as a healthcare document specialist are:

- **Coder’s Dictionary**. This dictionary is written by coders for coders. It includes definitions for medical nomenclature, eponyms, new technology and acronyms.

- **DRG Expert**. The nation’s DRG information experts bring you this annual book organized by Major Diagnostic Category (MDC) for accurate assignment of DRGs and maintenance of the highest level of data quality. This book is for those who need to either accurately assign DRGs or verify DRG information.

- **Uniform Billing Expert**. This reference tool assists in managing the constant changes to Medicare billing and reimbursement. It provides information about UB-04 billing rules and requirements.

- **Outpatient Billing Expert**. This reference applies to hospital outpatient departments and free-standing ambulatory surgical centers. It provides guidance to improve reimbursement and reduce denied claims.

- **Coder’s Desk Reference for Diagnoses**. This reference allows you to better understand the clinical meanings behind codes. It provides coding tips and includes coding scenarios to demonstrate the application of the codes.

- **Coder’s Desk Reference for Procedures**. This manual helps you identify the differences between CPT codes that seem very similar.
You can access an online catalog of Optum/Ingenix products and services at www.optumcoding.com. You can also call 1-800-464-3649, option 1, to request a print catalog.

OptumInsight
2525 Lake Park Blvd.
Salt Lake City, UT 84120
(801) 464-3649
www.optumcoding.com

Just Coding

The Just Coding Web site provides answers to coding questions, access to coding articles and discussion groups, a free e-newsletter, job opportunities and a number of links to other helpful Web sites. Among the useful tools and links are the following:

- Continuing Education credits via articles, quizzes or Webcasts.
- Coding and reimbursement updates.
- Boot Camps, conferences and Webcasts.
- Coding guidance, practice questions and expert analysis.
- CPC practice exam and Job Board.

JustCoding.com
75 Sylvan Street
Suite A-101
Danvers, MA 01923
(800) 650 6787
www.justcoding.com
National Institute of Health

The National Institute of Health is the steward of medical and behavioral research for the United States. NIH funds scientific studies at universities and research institutions across the country. NIH is made up of 27 Institutes and Centers, each with a specific research agenda, often focusing on particular diseases or body systems.

If you visit the NIH Web site search for “medical coding,” you will find a wide range of resources. There are publications, reports and research documents available—all related to coding. In the field of medical coding, the impact of ongoing medical research is great. The coding manuals are constantly being updated and revised to reflect new information that becomes available in medicine. The NIH is one of the primary resources for the details of such research.

Other Resources

A number of other companies and organizations provide a variety of healthcare professional resources. Here are a few that you might want to check out as you develop your network of resources.

For The Record

*For The Record* is published biweekly and provides reliable information on a range of health information issues. The subscription is free to members of the AACP and some members of AHIMA. The magazine is available in print, digital or both. For more information, visit the Web site at www.fortherecordmag.com or call (800) 278-4400.

Advance for Health Information Professionals

*Advance for Health Information Professionals* offers a free e-newsletter that provides an editorial advisory board, hands-on help and CCS prep information. You’ll also receive notices on free Advance Job Fairs and job postings. The Web site for this publication is http://health-information.advanceweb.com. To subscribe by phone, call (800) 355-1088.

MedicalCoding.net

*MedicalCoding.net* was founded in 2001. It is a subsidiary of Provistas, Inc. *MedicalCoding.net* presents a variety of medical coding, billing and compliance books, eBooks, data files, claims forms and software to complement Provistas’ educational and consulting programs. Provistas is focused on providing Medicare compliance solutions to hospital and physician-practice clients. You can also subscribe to e-mail news at the Web site www.medical-coding.net or call (888) 288-2043.
The Coding Institute

*The Coding Institute* is a national newsletter publishing company. This group offers a wide range of medical specialty newsletters, coding bulletins, audio conferences, video coding series, CDs, print transcripts and online discussion groups. Contact *The Coding Institute* for information about free, sample newsletters at (800) 508-2582 or www.codinginstitute.com.

RAmEX Ars Medica, Inc.

RAmEX Ars Medica, Inc. distributes medical multimedia materials for professionals, including healthcare document specialists. Resources include medical CD-ROMs, medical videos, medical books, medical journals, medical slides, medical audio tapes and other medical software covering a broad range of medical fields and topics. You can find out more about RAmEX Ars Medica products by visiting the Web site at www.ramex.com or calling (800) 633-9281.

Online Medical Dictionaries

If you have Internet access, perhaps you’ve discovered the handiness of online dictionaries. Many of them are even free! In particular, the medical dictionaries listed below can be an excellent source of information and support. Some of these Web sites include a variety of medical information and resources in addition to the dictionary. Take a few minutes to visit each Web site and bookmark them for future reference.

- www.online-medical-dictionary.org
- www.medical-dictionary.com
- www.medic8.com/MedicalDictionary.htm
- www.medterms.com
- www.medicinenet.com
- www.sciencekomm.at/advice/dict.html

Resources for the Medical Transcriptionist

There are also many resources available specifically for the medical transcriptionist. These resources include spellcheckers, line counting software and style references.

Medical Spellcheckers

- **Stedman’s marketed by Lippincott Williams & Wilkins** (800) 638-3030 www.lww.com
- **Dorland’s marketed by Harcourt Brace** (800) 545-2522 www.harcourt.com
- **Sylvan** (800) 235-9455 www.sylvansoft.com
- **MedPen** (800) 579-4300 www.medpen.net
Resources for the Healthcare Professional

Medical Reference Book Companies

W.B. Saunders, which is a division of Harcourt Brace Publishers
(800) 545-2522 www.harcourt.com

Lippincott Williams & Wilkins (800) 527-5597 www.lww.com

Health Professions Institute (209) 551-2112 www.hpisum.com

Association for Healthcare Documentation on Integrity (AHDI)
(800) 982-2182 www.ahdionline.org

Medical Reference Books

Lippincott Williams & Wilkins

Griffith’s 5 Minute Clinical Consult—Used for medical diagnosis and treatment. Subjects are divided by disease. Each disease has general information regarding diagnosis, treatment, medication and follow-up.

Diagnostic Procedure Handbook—A technical book, which is divided according to medical specialty.

Laboratory Test Handbook—A technical book, which is divided according to major clinical laboratory disciplines.

The Quick Look Drug Book—A user-friendly book of drug names, which are alphabetized and categorized according to use. It lists brand names of generics, explains the use and gives dosages and dosage forms.

Stedman’s Word Books—Word books are available for the following medical specialties: Surgery, Cardiology, Pathology, Dermatology, Immunology, Nephrology, Radiology, Oncology, Ophthalmology, Neurosurgery and Psychiatry in addition to books for Obstetrics and Gynecology and other specialties. You can also find word books for Medical and Surgical Equipment, Orthopedic and Occupational Therapy.

W.B. Saunders/Division of Harcourt Brace Publishers

Surgical, Medical, Ophthalmology and Pharmaceutical Word Books—Includes thousands of words and medical terms.

Medical Transcription Guide, Do’s and Don’ts—Includes basic rules of style as well as current trends and formats for medical transcriptionists.

Medical Abbreviations and Eponyms—Includes common acronyms and guidelines for transcribing eponymic terms.

Surgical Instruments Pocket Guide—Includes pictures of instruments and their use, varieties and alternative names.

Association for Healthcare Documentation Integrity (AHDI)

The Book of Style for Medical Transcription—Style reference book, which provides information on grammar, editing and format.
Health Professions Institute

**H&P—A Nonphysician's Guide to the Medical History and Physical Examination**—Gives information on what physicians are looking for during a History and Physical exam and explains commonly used words.

**Laboratory Medicine: Essentials of Anatomic and Clinical Pathology**—Can be used to help understand disease and is divided into different body systems.

**Current Medical Terminology**—Word and phrase book arranged alphabetically; an easy to-use resource that contains simple definitions.

**Medical Reference Software**

Line Counting Software

- Sylvan—Sylcount—11 (800) 235-9455
- Lanier—Medword (800) 648-6423

Medical Transcription Productivity Software

- Sylvan—Flash Forward (800) 235-9455
- Textware Solutions—Instant Text (800) 355-5251

Note: Various computer software programs do have character counting features; however, they may not be an accurate reflection of the total number of characters in the document. WordPerfect does not count the spaces in between the lines as characters; therefore, it gives you a lower character count than it should. Please refer to the tutorial or contact the dealer where the software was purchased to find out if you have this feature.

**Miscellaneous Resources**

**The Independent Medical Transcriptionist**, Rayve Productions
(800) 852-4890 www.rayveproductions.com or AOL: rayvepro@AOL.com

Gives information on how to start and successfully run an independent medical transcription business.

**Gregg Reference Manual**, Glencoe/Macmillian/McGraw-Hill Publisher
(800) 334-7344 www.glencoe.com

A comprehensive reference for both basic and specific information in English grammar, style and usage.

**Pat Systems** (800) 543-1911 www.transpaper.com

A resource for adhesive sheets of laser paper that can be used for transcription so that patient charts never need to be taken from the office.

**Professional Health Care Systems** (800) 445-5875

Another resource for adhesive sheets of laser paper.
Step 8  Practice Exercise 22-2

Identify the healthcare resource with the company or organization where you can find it.

1. BillingInsider _________________________________
2. CPT Assistant _________________________________
3. Coding Clinic _________________________________
4. Coder’s Desk Reference for Diagnoses _________________________________
5. Communities of Practice _________________________________
6. Coder’s Desk Reference for Procedures _________________________________
7. Coding Edge _________________________________
8. Plexus _________________________________

Step 9  Review Practice Exercise 22-2

Check your answers with the Answer Key at the back of this book. Correct any mistakes you may have made.

Step 10  Lesson Summary

You’ve probably heard the expression “the more you know, the more you’ll grow.” When it comes to the healthcare profession, that saying is exactly right. In this profession, you must keep up-to-date with coding regulations, medical advances and professional trends. The resources in this lesson are your Yellow Pages, grape vine and encyclopedia—all rolled into one. Whether you’re searching for information on the latest dictation style, coding changes or claims updates, these resources are a great place to start. As you explore these resources and network with other healthcare document specialists, you’ll no doubt find other sources of information that you like.

Don’t feel overwhelmed. There’s more information in these resources than anyone could read through. What’s important is that you know where to begin your search if you have any questions. You’ve learned a lot so far, so keep up the good work!

One final note: Web site addresses and phone numbers change frequently. The addresses and numbers listed in this lesson were current at the time of printing, but they may change in the future. You may want to keep a list of your favorite resources, and update the contact information regularly.
Endnotes

5 Certified Professional Coder-Payer (CPC-P®). AAPC. Web. 28 June 2012.
7 Getting Started in AHIMA's Communities of Practice (CoP). American Health Information Management Association. Web. 28 June 2012.
Great start to Course Three!

Healthcare resources will help you succeed in your career.

Get out your ICD-9-CM!

It’s time to learn about its history and organization.

Continue to Lesson 23.