

Internet Resources for Accurate Coding and Reimbursement Practices

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The availability of valuable information on the Internet has a positive impact on how the health information coding profession meets today's coding and reimbursement challenges. Coding professionals have access to Internet resources that assist with legislation, coding questions, coding education, payer policy, and clinical research. The Internet has also made it possible to network with coding professionals on a national level in virtual communities of practice.

This Internet resource guide was developed as a convenient resource for coding professionals in all settings. The list is not exhaustive, nor does inclusion on this list represent AHIMA's endorsement. All URLs were accurate at press time but keep in mind the dynamic nature of Web content.

Recommended Resources	Description	Sponsoring Organization	Web Site
Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification			
Standards for Code Sets	Under HIPAA, this is any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.		
Current Dental Terminology (CDT)	The official code set used to report medical services and procedures performed by dental professionals.	American Dental Association	www.ada.org/prof/resources/topics/cdt/index.asp and www.ada.org
Healthcare Common Procedure Coding System (HCPCS) Level I — Current Procedural Terminology (CPT)	The official code set used to report procedures and services provided by healthcare professionals and outpatient institutions.	American Medical Association	www.ama-assn.org/ama/pub/category/3113.html and https://catalog.ama-assn.org/Catalog/home.jsp
Healthcare Common Procedure Coding System (HCPCS) Level II — HCPCS National Codes	The official code set used by healthcare professionals and outpatient institutions to report products, supplies, and services not included in the CPT code set.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medicare/hcpcs/default.asp
International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM Volumes I and II)	The official coding classification system used by healthcare professionals and institutions to report morbidity and mortality information.	National Center for Health Statistics, Centers for Disease Control	www.cdc.gov/nchs/icd9.htm
International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM Volume III)	The official code set used by inpatient hospital institutions to report procedural information.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/payment/systems/icd9/default.asp

National Drug Code (NDC)	A coding system for pharmacies to report services, supplies, drugs, and biologic information.	US Food and Drug Administration	www.fda.gov/cder/ndc/preface.htm
Standards for Electronic Transactions	Under HIPAA, this is a transaction that complies with the applicable HIPAA standard.		
Designated Standard Maintenance Organization (DSMO)	The DSMO was established in the final HIPAA rule and is charged with maintaining the standards for electronic transactions, developing or modifying an adopted standard.	Secretary of the Department of Health and Human Services	www.hipaa-dsmo.org
Accredited Standards Committee X12 (ASC X12)	ASC X12 is a designated committee under the DSMO that develops uniform standards for cross-industry exchange of business transactions through electronic data interchange standards.	Secretary of the Department of Health and Human Services	www.x12.org
Dental Content Committee (DeCC) of the American Dental Association	DeCC is the designated committee under the DSMO responsible for addressing standard transaction content on behalf of the dental sector of the healthcare community.	Secretary of the Department of Health and Human Services	www.ada.org/prof/resources/topics/dentalcontent.asp
Health Level Seven (HL7)	HL7 is a designated organization under the DSMO that addresses issues at the seventh, or application, level of healthcare systems interconnections.	Secretary of the Department of Health and Human Services	www.hl7.org
National Council for Prescription Drug Programs (NCPDP)	A designated committee under the DSMO that specializes in developing standards for exchanging prescription and payment information.	Secretary of the Department of Health and Human Services	www.ncdp.org
National Uniform Billing Committee (NUBC)	A designated committee under the DSMO that is responsible for identifying data elements and designing the CMS-1500.	Secretary of the Department of Health and Human Services	www.nubc.org
National Uniform Claim Committee (NUCC)	The national group that replaced the Uniform Claim Form Task Force in 1995 and developed a standard data set to be used in the transmission of noninstitutional provider claims to and from third-party payers.	Secretary of the Department of Health and Human Services	www.nucc.org
Other Electronic Transaction Resources			
Electronic Data Interchange (EDI)	A standard transmission format using strings of data for business information communicated among the computer systems of independent organizations.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers/edi
National Provider Identifier (NPI)	An alphanumeric identifier used to identify individual healthcare providers for Medicare billing purposes and	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providerupdate/regs/cms0045f.pdf

	intended for use with all insurance plans.		
Washington Publishing Company (WPC)	WPC manages and distributes EDI from organizations that develop, maintain, and implement EDI standards. The WPC home page provides implementation guides such as the X12N HIPAA Implementation Guide, educational resources, and additional HIPAA tools.	Washington Publishing Company	www.wpc-edi.com/Default_40.asp
Workgroup for Electronic Data Interchange (WEDI)	A subgroup of Accreditation Standards Committee X12 that has been involved in developing electronic data interchange standards for billing transactions.	Centers for Medicare and Medicaid Services	www.wedi.org
Official ICD-9-CM Resources			
<i>Coding Clinic for ICD-9-CM</i>	Official publication for ICD-9-CM coding guidelines and coding advice as approved by the four cooperating parties.	American Hospital Association	www.hospitalconnect.com/ahacentraloffice/coding/icd-9-cm_prod.jsp
ICD-9-CM Guidelines for Coding and Reporting	Official coding guidelines developed to assist coding professionals in situations where the ICD-9-CM does not provide instruction.	National Center for Health Statistics, Centers for Disease Control	www.cdc.gov/nchs/dataawh/ftpserv/ftp9cd9/ftp9cd9.htm#guidelines
ICD-9-CM Volumes I and II Code Updates (Coordination and Maintenance Committee and addenda)	Addendum to the annual (biannual effective April 2005) diagnosis code updates and Coordination and Maintenance Committee reports.	National Center for Health Statistics, Centers for Disease Control	www.cdc.gov/nchs/about/ot/heract/icd9/maint/maint.htm
ICD-9-CM Volume III Code Updates	Addendum to the annual (biannual effective April 2005) procedure code updates.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/payment/systems/icd9/default.asp
HCPCS Level I CPT Resources			
Category I, II, III Updates	Category I CPT Codes: Code revisions are published annually and become effective at the beginning of each year. Category II CPT Codes: Code revisions are released electronically each July. The revisions are published in the CPT book and become effective at the beginning of the next year. Category III CPT Codes: New codes are distributed electronically on a semiannual basis and published in the CPT book annually.	American Medical Association	www.ama-assn.org/ama/pub/category/3884.html
<i>CPT Assistant</i>	A monthly newsletter that provides official CPT coding advice.	American Medical Association	https://catalog.ama-assn.org/Catalog/home.jsp
CPT Change Requests	CPT code modification process and request for changes.	American Medical Association	www.ama-assn.org/ama/pub/category/3112.html

CPT Errata	Electronic list that provides corrections to the annual CPT category code changes.	American Medical Association	www.ama-assn.org/ama/pub/category/3896.html
HCPCS Level II Resources			
Code Updates and Code Modification Process	National codes are published annually and go into effect at the beginning of each year. Temporary codes can be revised quarterly and the changes are made available electronically and published on an annual basis.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medicare/hcpcs
<i>Coding Clinic on HCPCS</i>	Coding resource newsletter that provides accurate coding advice for the users of HCPCS.	American Hospital Association	www.hospitalconnect.com/ahacentraloffice/coding/hcpcs_prod.jsp
CDT Resources			
CDT Updates	Code revisions are published and effective biannually at the beginning of odd-numbered years.	American Dental Association	www.ada.org/prof/resources/topics/cdt/index.asp
Additional Coding Classification Systems, Nomenclatures, and Vocabularies			
Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)	A nomenclature to standardize the diagnostic process for patients with psychiatric disorders; includes codes that correspond to ICD-9-CM codes.	American Psychiatric Association	www.appi.org/dsm.cfx
Alternative Billing Concepts (ABC) Codes	Contains more than 4,000 codes that describe what is said, done, ordered, prescribed, or distributed by providers of alternative medicine. Disciplines covered by this system include acupuncture, holistic medicine, massage therapy, homeopathy, naturopathy, ayurvedic medicine, chiropractors, and midwifery.	Alternative Link	www.alternativelink.com/ali/home
Home Health Care Classification (HHCC) System	A taxonomy of nursing diagnoses and nursing interventions.	The HHCC System emerged from the federally funded Home Care Project conducted at Georgetown University School of Nursing.	www.sabacare.com
International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)	The ICD-10 version of the disease classification system developed by the World Health Organization is used to report morbidity and mortality information worldwide. Effective with deaths occurring in 1999, the US replaced ICD-9 with ICD-10 for mortality reporting.	World Health Organization	www.cdc.gov/nchs/about/major/dvs/icd10des.htm
International Statistical Classification of Diseases,	The future US coding classification system for healthcare professionals and	National Center for Health Statistics, Centers for Disease Control	www.cdc.gov/nchs/about/ot/heract/icd9/abtcd10.htm

Tenth Revision, Clinical Modification (ICD-10-CM)	institutions to report morbidity and mortality data.		
International Statistical Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)	The future US coding classification for institutions to report procedural information.	Developed by 3M Health Information Services under contract with the Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers/pufdownload/icd10.asp
International Classification of Primary Care (ICPC)	A reliable classification system for primary care physicians that enables the labeling of the most prevalent conditions that exist in the community as well as symptoms and complaints.	Published by the World Organization of Family Doctors	www.globalfamilydoctor.com
International Classification of Diseases for Oncology (ICD-O)	The standard tool for coding diagnoses of neoplasms in tumor and cancer registrars and in pathology laboratories. ICD-O is a dual classification with coding systems for both topography and morphology. The topography code describes the site of origin of the neoplasm and uses the same three-character and four-character categories as in the neoplasm section of Chapter II, ICD-10.	World Health Organization	www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=3350
International Classification of Functioning, Disability and Health (ICF)	The ICF is a health and health-related classification system that reports body functions and structures, activities, and participation.	World Health Organization	www3.who.int/icf/icftemplate.cfm?myurl=homepage.html&mytitle=Home%20Page
Logical Observation and Identifier Codes (LOINC)	The LOINC coding system electronically exchanges laboratory and clinical information.	The Regenstrief Institute maintains the LOINC database and its supporting documentation.	www.loinc.org
MEDCIN	MEDCIN is a terminology and presentation engine. It includes more than 250,000 clinical data elements encompassing symptoms, history, physical examination, tests, diagnoses, and therapy.	Medicomp Systems, Inc.	www.medicomp.com
Medical Dictionary for Regulatory Activities (MedDRA)	MedDRA is a global standard medical terminology and expected to supersede or replace terminologies currently in use with the medical product development process.	Maintenance and Support Services Organization	www.meddrasso.com/NewWeb2003/medra_overview/index.htm
National Drug File Reference Terminology (NDF-RT)	The NDF-RT is being developed for the Veterans Administration as a reference standard for medications to support a variety of clinical, administrative, and analytical purposes.	Department of Veterans Affairs	www.va.gov/vdl/Clinical.asp?appID=89
RxNorm	RxNorm is a clinical drug nomenclature that provides standard names for	National Library of Medicine	www.nlm.nih.gov/research/umls/rxnorm_main.html

	clinical drugs (active ingredient, strength, and dose form) and for dose forms as administered.		
North American Nursing Diagnosis Association (NANDA) International	Organization of the NANDA-International nursing diagnoses has evolved from an alphabetical listing in the mid-1980s to a conceptual system that guides the classification of nursing diagnoses in a taxonomy.	North American Nursing Diagnosis Association	www.nanda.org/html/taxonomy.html
Nursing Intervention Classification (NIC)	NIC is a comprehensive, research-based, standardized classification of interventions that nurses perform.	University of Iowa College of Nursing	www.nursing.uiowa.edu/centers/cncce/nic
Nursing Outcomes Classification (NOC)	NOC is a comprehensive, standardized classification of patient/client outcomes developed to evaluate the effects of nursing interventions.	University of Iowa College of Nursing	www.nursing.uiowa.edu/centers/cncce/noc
Omaha System	The Omaha System is a research-based, comprehensive taxonomy designed to generate meaningful data following usual or routine documentation of client care.	Omaha System Advisory Committee	www.omahasystem.org
Systematized Nomenclature of Dentistry (SNODENT)	SNODENT is a systematized nomenclature of dentistry containing dental diagnoses, signs, symptoms, and complaints.	American Dental Association	www.ada.org
Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)	SNOMED CT is a comprehensive clinical terminology and infrastructure that enables a consistent way of capturing, sharing, and aggregating health data across specialties and sites of care.	SNOMED International, a division of the College of American Pathologists and the United Kingdom's National Health Service	www.snomed.org
Universal Medical Device Nomenclature System (UMDNS)	UMDNS is a standard international nomenclature and coding system used to facilitate identifying, processing, filing, storing, retrieving, transferring, and communicating data about medical devices.	ECRI (formerly the Emergency Care Research Institute)	www.ecri.org
Health, Research, and Comparative Data			
Unified Medical Language System (UMLS)	A program initiated by the National Library of Medicine to build an intelligent, automated system that can understand biomedical concepts, words, and expressions and their interrelationships.	National Library of Medicine	www.nlm.nih.gov/research/umls

Medical Literature, Analysis, and Retrieval System Online (MEDLINE)	MEDLINE is an online database that offers access to millions of clinical articles. The topic areas include medicine, dentistry, nursing, pharmacy, allied health, and veterinary medicine.	National Library of Medicine	http://medlineplus.gov
Agency for Healthcare Research and Quality (AHRQ)	AHRQ supports research and provides information on the quality of healthcare, patient safety issues, and healthcare costs.	Department of Health and Human Services	www.ahrq.gov
Medicare Provider Analysis and Review (MEDPAR)	The MEDPAR database is used for administrative purposes to collect information on Medicare claims and consists of data such as DRGs, ICD-9-CM codes, Medicare coverage information, and patient demographics.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/statistics/medpar/default.asp
American Hospital Directory (AHD)	The AHD provides an inpatient and outpatient Medicare claims database for more than 6,000 hospitals.	American Hospital Directory	www.ahd.com
Medstat	Medstat is a healthcare information company that provides market intelligence and benchmark databases, decision support solutions, and research services for managing the cost and quality of healthcare.	Thomson Corporation	www.medstat.com

Statistics

National Committee on Vital Healthcare and Statistics (NCVHS)	NCVHS serves as a national advisory board to the public on health data, statistics, and information systems.	Department of Health and Human Services	www.ncvhs.hhs.gov
National Center for Health Statistics (NCHS)	NCHS is a public health statistics agency charged with collecting statistical information critical for improving public health in the US.	Department of Health and Human Services	www.cdc.gov/nchs
Centers for Disease Control and Prevention (CDC)	CDC includes federal agencies that oversee health promotion and disease control and prevention activities in the US.	Department of Health and Human Services	www.cdc.gov
National Center for Vital Statistics (NCVS)	NCVS provides statistical information compiled at the state level. Statistics include births, deaths, and fetal deaths.	Department of Health and Human Services	www.cdc.gov/nchs/nvss.htm

Clinical Resources

National Institutes of Health (NIH)	NIH is the world's medical research organization, consisting of 18 separate health institutes, the National Center for Complementary and Alternative Medicine, and the National Library of Medicine.	Department of Health and Human Services	www.nih.gov
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National Library of Medicine (NLM)	NLM is the national online library for biomedicine and health science information.	National Institutes of Health	www.nlm.nih.gov
The Visible Human Project	NLM's development of anatomically detailed and three-dimensional representations of normal human bodies.	National Institutes of Health	www.nlm.nih.gov/research/visible/visible_human.html
Virtual Hospital	Virtual Hospital is a digital health sciences library for healthcare providers and patients. It contains thousands of textbooks and booklets.	University of Iowa Health Care	www.vh.org

Compliance Resources

Department of Health and Human Services (HHS) Office of Inspector General (OIG)	OIG protects the integrity of HHS programs, as well as the health and welfare of the beneficiaries of those programs.	Department of Health and Human Services	www.oig.hhs.gov
Fiscal Year OIG Work Plan	The focused CMS Work Plan assists OIG with the prevention of healthcare fraud, waste, and abuse.	Department of Health and Human Services	http://oig.hhs.gov/publications.html
Fraud Prevention and Detection	Resources including compliance programs, corporate integrity agreements, and exclusion programs.	Department of Health and Human Services	http://oig.hhs.gov/fraud.html
Fighting Fraud and Abuse	Resources to assist with the integrity of the Medicare program.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers/fraud/default.asp
Health Care Compliance Association	The Health Care Compliance Association is a professional association providing its members with compliance news, information, and a variety of related services.	Health Care Compliance Association	www.hcca-info.org

Medicare Reimbursement Resources

<i>Federal Register</i>	The daily publication of the US Government Printing Office for proposed rules, rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.	US Government	www.gpoaccess.gov/fr and www.access.gpo.gov/su_docs/fedreg/frcont04.html
Conditions of Participation and Conditions for Coverage	CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that healthcare organizations must meet to participate in the Medicare and Medicaid programs.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/cop
Documentation Guidelines Evaluation and Management Services	Documentation guidelines developed to supplement the CPT Evaluation and Management service code definitions used for physician reporting.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medlearn/emdoc.asp

Electronic Code of Federal Regulations (e-CFR)	E-CFR is a sample model of a currently updated version of the Code of Federal Regulations (CFR). The CFR is the official compilation of federal rules and requirements.	National Archives and Records Administration's Office of the Federal Register and the Government Printing Office	www.gpoaccess.gov/ecfr
Intermediary-Carrier Contacts	A private company directory that contracts with CMS to pay Medicare Part A (Intermediary) and Part B (Carrier) claims.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/contacts/incardir.asp
Internet Only Manuals (IOMs)	IOMs provide technical and professional information about the Medicare and Medicaid programs.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/manuals
Medicare Coverage Home Page	CMS develops coverage policies to indicate whether and under what circumstances certain services are covered under the Medicare program. The Medicare coverage home page provides access to coverage updates, coverage policies, and a Medicare coverage database.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/coverage
Medicare Learning Network (Medlearn)	The Medlearn site provides access to a variety of education products to assist providers and beneficiaries and their advocates in understanding the Medicare program.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medlearn
Medlearn Matters	Medlearn Matters includes informational articles designed to help providers understand new or changed Medicare policy.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medlearn/matters
Medicare Payment Systems	This site provides valuable links to pages containing informational materials on Medicare payment systems and coding files.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/payment/systems
Medicare Payment System Files	This site provides files for download for Medicare payment systems.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers/pufdownload
Medicare Providers	This provider-specific home page is a one-stop resource focused on the informational needs and interests of Medicare providers, including physicians and other practitioners.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers
Paper Forms and Instructions	This link provides information on the CMS-1500, UB-92, CMS 1491, CMS 1490S, and EDI enrollment form.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providers/edi/edi5.asp
Medicare Preventive Services	Coding and reporting guidance for preventive services covered under the Medicare program.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/preventiveservices

Health Information	This site provides Medicare beneficiaries with information about Medicare benefits, publications, and valuable Web sites.	Centers for Medicare and Medicaid Services	www.medicare.gov/Health/Overview.asp
Quality Improvement Organizations (QIOs)	QIOs contract with CMS to ensure that Medicare beneficiaries receive high-quality healthcare that is medically necessary and appropriate and meets professionally recognized standards of care.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/qio
CMS Quarterly Provider Update	The update communicates current provider information on regulations, policies, and revisions made to the manual instructions.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/providerupdate
Governmental Data Sets			
Data Elements for Emergency Department Systems (DEEDS)	Developed to create uniform specifications for data entered in emergency department patient records.	National Center for Injury Prevention and Control	www.cdc.gov/ncipc/pub-res/deedspage.htm
Minimum Data Set for Long-Term Care (MDS 2.0)	A patient-centered assessment instrument that Medicare- and Medicaid-certified nursing facilities must use to conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/medicaid/mds20
Minimum Data Set for Post Acute Care (MDS-PAC)	A patient-centered assessment instrument that must be completed for every Medicare patient and emphasizes a patient's care needs instead of provider characteristics.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/review/03spring/default.asp
Nursing Minimum Data Set (NMDS)	This data set covers nursing diagnosis; nursing intervention; nursing outcome; intensity of nursing care; unique identifier of principal nurse provider; patient demographics; and service items from the uniform hospital data set.	NMDS Consortium	www.nursing.uiowa.edu/NI/collabs_files/Synopsis%20NMDS%20Nov%202003.pdf
Outcomes and Assessment Information Set (OASIS)	A standard core assessment data tool developed to measure the outcomes of adult patients receiving home health services under the Medicare and Medicaid programs.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/oasis/oasisdat.asp
Uniform Hospital Discharge Data Set (UHDDS)	A core set of data elements adopted by the US Department of Health, Education, and Welfare in 1974 that are collected by hospitals on all discharges and all discharge abstract systems. The UHDDS definitions are used by acute care short-term hospitals to report	Developed through NCVHS, required by HHS departmental policy	www.cms.hhs.gov/manuals/45_smm/sm_11_11375.asp

	inpatient data elements in a standardized manner.		
Uniform Ambulatory Care Data Set (UACDS)	A data set developed by the National Committee on Vital and Health Statistics consisting of a minimum set of patient/client-specific data elements to be collected in ambulatory care settings.	Recommended by NCVHS	www.ncvhs.hhs.gov/ncvhsr1.htm
Nongovernmental Data Sets			
Health Plan Employer Data and Information Set (HEDIS)	A set of performance measures designed to provide purchasers and consumers of healthcare with the information they need to compare the performance of managed care plans.	National Committee for Quality Assurance	www.ncqa.org/communications/publications/hedispub.htm
ORYX	ORYX integrates outcomes and other performance measurement data into the accreditation process. Joint Commission–accredited hospitals collect data on standardized—or core—performance measures.	Joint Commission on Accreditation of Healthcare Organizations	www.jcaho.org/accredited+organizations/hospitals/oryx/oryx+facts.htm
AHIMA Member Resources			
Communities of Practice (CoP)	The CoP is an online member interaction tool providing up-to-date industry news, links to helpful resources, and, most importantly, solutions and ideas from peers. The monthly <i>CodeWrite</i> newsletters are contained in the Coding CoP.	AHIMA	https://www.ahimanet.org/COP
FORE Library: HIM Body of Knowledge	The FORE Library: HIM Body of Knowledge offers AHIMA-owned content and links to public material that encompass the theory and practice of health information management.	AHIMA	www.ahima.org , click on “Body of Knowledge”
HIM Productivity Standards	This site provides resources to locate productivity standards for health information management functions in an acute care facility	AHIMA	www.ahima.org , click on “Body of Knowledge”
HIM Resources: Coding	The AHIMA coding home page includes information on coding events, coding education, coding roundtables, and more.	AHIMA	www.ahima.org/coding
“Managing and Improving Data Quality”	This practice brief offers guidelines and recommendations for adhering to coding data quality mandates.	AHIMA	www.ahima.org , click on “Body of Knowledge”
Standards of Ethical Coding	The standard of professional ethics for health information coding professionals.	AHIMA	www.ahima.org/infocenter/guidelines/standards.cfm

“Where to Find Answers to Your Coding Questions“	This article will help you find solutions to your toughest coding questions by using available guidelines and by leveraging the networking and resource-sharing capabilities of AHIMA’s CoP.	AHIMA	www.ahima.org , click on “Body of Knowledge“
“Developing a Physician Query Process“	This practice brief provides information on developing a query to improve physician documentation and coding professionals’ understanding of the unique clinical situation.	AHIMA	www.ahima.org , click on “Body of Knowledge“
”Regulatory Journey to Destination 10: Understanding the Process for Adoption of ICD-10-CM and ICD-10-PCS“	This article provides an understanding of the regulatory process for the adoption and implementation of ICD-10.	AHIMA	www.ahima.org , click on “Body of Knowledge“

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