



Internet Resources for Accurate Coding and Reimbursement Practices (Updated)

Editor’s note: This update replaces the July 2004 practice brief “Internet Resources for Accurate Coding and Reimbursement Practices.”

The availability of valuable information on the Internet has a positive effect 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.	Centers for Medicare and Medicaid Services	http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage
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/dentalcontent.asp
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/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml
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/MedHCPCSGenInfo/
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes I and II	Until October 1, 2013, the official coding classification system used by healthcare professionals and institutions to report diagnosis information.	National Center for Health Statistics	www.cdc.gov/nchs/icd/icd9cm.htm
International Classification of Diseases Ninth Revision Clinical Modification (ICD-9-CM Volume	Until October 1, 2013, the official code set used by inpatient hospital institutions to report procedural information.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/

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International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)	Effective October 1, 2013, the official coding classification system to be used by healthcare professionals and institutions to report diagnosis information.	National Center for Health Statistics	www.cdc.gov/nchs/icd/icd10cm.htm
International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS)	Effective October 1, 2013, the official code set to be used by inpatient hospital institutions to report procedural information.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ICD10/
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/Drugs/InformationOnDrugs/ucm142438.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 and 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.	American National Standards Institute	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.	American Dental Association	www.ada.org/prof/resources/topics/dentalcontent.asp
Health Level Seven International (HL7)	HL7 is a designated organization under the DSMO that addresses issues at the seventh, or application, level of healthcare systems interconnections.	Health Level Seven International	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.	NCPDP	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-1450.	American Hospital Association	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.	American Medical Association	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/ElectronicBillingEDITrans/
National Provider Identifier (NPI)	An alphanumeric identifier used to identify individual healthcare providers for Medicare billing purposes and intended for use with all insurance plans.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/NationalProvIdentStand/

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/
Workgroup for Electronic Data Interchange (WEDI)	A consortium of leaders within the healthcare industry that has been involved in developing electronic data interchange standards for billing transactions.	Workgroup for Electronic Data Interchange	www.wedi.org
Versions 5010, D.0, and 3.0	Versions 5010, D.0, and 3.0 are required by the modifications made to HIPAA in January 2009 and to be implemented over the next few years.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/Versions5010andD0/
Official ICD-9-CM Resources			
<i>American Hospital Association (AHA) 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 (AHA, AHIMA, CMS, NCHS).	American Hospital Association	www.ahacentraloffice.org/ahacentraloffice/html/icd9cm.html and www.ahacentraloffice.org/ahacentraloffice/html/products.html
<i>ICD-9-CM Official Guidelines for Coding and Reporting</i>	Official coding guidelines developed to assist coding professionals in situations in which ICD-9-CM does not provide instruction.	National Center for Health Statistics	www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
ICD-9-CM 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	www.cdc.gov/nchs/icd/icd9cm_maintenance.htm and www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
ICD-9-CM Volume III Code Updates (Coordination and Maintenance Committee and addenda)	Addendum to the annual (biannual effective April 2005) procedure code updates.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/
ICD-10-CM/PCS Resources			
<i>ICD-10-CM</i>	Official coding guidelines developed to assist coding professionals in situations in which ICD-10-CM does not provide instruction.	National Center for Health Statistics	www.cdc.gov/nchs/icd/icd10cm.htm
<i>2009 ICD-10-PCS</i>	This manual is written as a general introduction for data managers, payers, administrators, and medical record coders.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ICD10/01m_2009_ICD10PCS.asp#TopOfPage
Diagnosis Code Set General Equivalence Mapping (GEM) Files ICD-10-CM to ICD-9-CM and ICD-9-CM to ICD-10-CM	Mappings between ICD-9-CM and ICD-10-CM attempt to find corresponding diagnosis codes between the two code sets, insofar as this is possible.	National Center for Health Statistics	www.cdc.gov/nchs/icd/icd10cm.htm
2009 Procedure Code Set General Equivalence Mapping (GEM) Files ICD-10-PCS to ICD-9-CM and	Mappings between ICD-9-CM and ICD-10-PCS attempt to find corresponding procedure codes between the two code sets, insofar as this is possible.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ICD10/01m_2009_ICD10PCS.asp#TopOfPage

ICD-9-CM to ICD-10-PCS			
HCPCS Level I CPT Resources			
CPT Category I, II, III Updates	Category I codes are updated annually with vaccine codes updated twice a year. The process and frequency of updating category I, II, and III codes is described on the AMA Web site.	American Medical Association	www.ama-assn.org/ama/no-index/physician-resources/3882.shtml
<i>CPT Assistant</i>	A monthly newsletter that provides official CPT coding advice.	American Medical Association	https://catalog.ama-assn.org/Catalog/product/product_detail.jsp?productId=prod170136
CPT Network	Resource for CPT coding answers.	American Medical Association	www.ama-assn.org/ama/no-index/physician-resources/16625.shtml
CPT Change Request Forms	CPT code modification process and request for changes.	American Medical Association	www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/applying-cpt-codes/request-form-categories-i-iii.shtml
HCPCS Level II Resources			
<i>Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures</i>	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/MedHCPCSGenInfo/Downloads/LevelIICodingProcedures.pdf
<i>AHA Coding Clinic for HCPCS</i>	Official clearinghouse for advice on the proper use of level I HCPCS codes for hospital providers and certain level II HCPCS codes for hospitals, physicians, and other health professionals who bill Medicare.	American Hospital Association	www.ahacentraloffice.org/ahacentraloffice/html/products.html
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 Concept (ABC) Codes	Contains more than 4,500 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.	ABC Coding Solutions (formerly Alternative Link)	www.abccodes.com/ali/home/
Clinical Care Classification (CCC) System	A taxonomy of nursing diagnoses and nursing interventions.	The CCC System emerged from the federally funded Home Care Project conducted at Georgetown University School of Nursing.	www.sabacare.com
World Health Organization (WHO) International Classification of Diseases (ICD)	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 United States replaced ICD-9 with ICD-10 for mortality reporting.	World Health Organization	www.who.int/classifications/icd/en/

World Health Organization (WHO) International Classification for Primary Care, Second edition (ICPC-2)	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 (Wonca)	http://www.who.int/classifications/icd/adaptations/icpc2/en/index.html
International Classification of Diseases for Oncology, Third Edition (ICD-O-3)	The standard tool for coding diagnoses of neoplasms in tumor and cancer registrars and in pathology laboratories. ICD-O-3 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- and four-character categories as in the neoplasm section of chapter II, ICD-10.	World Health Organization	www.who.int/classifications/icd/adaptations/oncology/en/index.html
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	www.who.int/classifications/icf/en/
Logical Observation Identifiers Names and Codes (LOINC)	The LOINC coding system electronically exchanges laboratory and clinical information.	The Regenstrief Institute maintains the LOINC database and its supporting documentation.	http://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 used to classify adverse event information associated with the use of biopharmaceuticals and other medical products (e.g., medical devices and vaccines).	Maintenance and Support Services Organization	www.meddrasso.com/index.asp
RxNorm	RxNorm is a clinical drug nomenclature that provides standard names for clinical drugs (active ingredient, strength, and dose forms.)	National Library of Medicine	www.nlm.nih.gov/research/umls/rxnorm/index.html
NANDA International (formerly North American Nursing Diagnosis Association)	NANDA International nursing diagnoses have evolved from an alphabetical listing in the mid-1980s to a conceptual system that guides the classification of nursing diagnoses in a taxonomy.	NANDA International	www.nanda.org/Home.aspx
Nursing Interventions 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/excellence/nursing_knowledge/clinical_effectiveness/nic.htm
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/excellence/nursing_knowledge/clinical_effectiveness/noc.htm
Omaha System	The Omaha System is a research-based, comprehensive taxonomy designed to generate meaningful data after 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.	International Health Terminology Standards Development Organisation	www.ihstdo.org/snomed-ct/
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 Institute (formerly the Emergency Care Research Institute)	www.ecri.org/Products/Pages/UMDNS.aspx
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/
MedlinePlus	MedlinePlus brings together authoritative information from the National Library of Medicine, National Institutes of Health, and other government agencies and health-related organizations. MEDLINE searches are included. MedlinePlus also provides drug information, a medical encyclopedia, interactive patient tutorials, and timely health news.	US National Library of Medicine and National Institutes of Health	www.nlm.nih.gov/medlineplus/
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 diagnosis related groups (DRGs), ICD-9-CM codes, Medicare coverage information, and patient demographics.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/MedicareFeeForSvcPartsAB/03MEDPAR.asp#TopOfPage
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
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 United States.	Centers for Disease Control and Prevention	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 United States.	Centers for Disease Control and Prevention	www.cdc.gov
National Vital Statistics System (NVSS)	NVSS provides statistical information compiled at the state level. Statistics include births, deaths, and fetal deaths.	Centers for Disease Control and Prevention	www.cdc.gov/nchs/nvss.htm
Clinical Resources			
National Institutes of Health (NIH)	NIH is the nation'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
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	www.oig.hhs.gov/publications/workplan.asp
Fraud Prevention and Detection	Resources including compliance programs, corporate integrity agreements, and exclusion programs.	Department of Health and Human Services	www.oig.hhs.gov/fraud.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 and notices of federal agencies and organizations, as well as executive orders and other presidential documents.	US Government	www.gpoaccess.gov/fr
Conditions of Participation (CoPs) and Conditions for Coverage (CfCs)	CMS develops CoPs and CfCs that healthcare organizations must meet to participate in the Medicare and Medicaid programs.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/CFCsAndCoPs/
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	http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf
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	http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl
Medicare Administrative Contractor (MAC)	Medicare is replacing fiscal intermediaries (FIs) and carriers with new contract entities, MACs. The full vision includes functional contractors such as quality improvement organizations and Recovery Audit Contractors working with the MACs. By 2010, the MACs will be the central point in the fee-for-service program.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/MedicareContractingReform/
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 Learning Network (MLN)	The MLN 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/MLNGenInfo/

MLN Matters	MLN Matters includes informational articles designed to help providers understand new or changed Medicare policy.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/MLNMattersArticles/
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/center/provider.asp
Electronic Billing and EDI Transactions	This link provides information on the CMS-1500, CMS-1450, and electronic data interchange support.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/ElectronicBillingEDITrans/
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/PrevntionGenInfo/
Health Information	This site provides Medicare beneficiaries with information about Medicare benefits, publications, and valuable Web sites.	Department of Health and Human 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/QualityImprovementOrgs/
Recovery Audit Contractor (RAC)	The goal of the RAC program is to identify improper payments made on claims of healthcare services provided to Medicare beneficiaries.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/RAC/01_Overview.asp#TopOfPage
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/QuarterlyProviderUpdates/EmailUpdates/list.asp
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 Sets 2.0 and 3.0	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/NursingHomeQualityInits/01_overview.asp
Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)	The IRF-PAI is used to gather data to determine payment for Medicare Part A fee-for-service patients admitted to an inpatient rehabilitation unit or hospital.	Centers for Medicare and Medicaid Services	www.cms.hhs.gov/InpatientRehabFacPPS/04_IRFPAI.asp#TopOfPage
Outcome 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/01_Overview.asp
Nongovernmental Data Sets			
Healthcare Effectiveness Data and Information Set (HEDIS)	HEDIS is a tool used by many health plans to measure performance by measuring important dimensions of care and service.	National Committee for Quality Assurance	www.ncqa.org/tabid/59/Default.aspx
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.	The Joint Commission	www.jointcommission.org/AccreditationPrograms/Hospitals/ORYX/facts_oryx.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.	AHIMA	http://cop.ahima.org/
AHIMA Body of Knowledge	The AHIMA Body of Knowledge offers AHIMA-owned content and links to other materials that encompass the theory and practice of health information management.	AHIMA	http://library.ahima.org/xpedio/groups/public/documents/web_assets/bok_home.hcsp
AHIMA Resources: ICD-10-CM/PCS	The AHIMA ICD-10 home page includes information for preparing to convert from ICD-9-CM to ICD-10-CM and ICD-10-PCS.	AHIMA	www.ahima.org/icd10/
AHIMA Resources: Coding	The AHIMA coding home page includes information on coding events, coding education, coding roundtables, and more.	AHIMA	www.ahima.org/coding
AHIMA Practice Briefs and Toolkits	This Web site includes links to AHIMA practice briefs and other resources such as the RAC tool kit and sample job descriptions.	AHIMA	www.ahima.org/infocenter/practice_tools.asp
Standards of Ethical Coding	The standard of professional ethics for health information coding professionals.	AHIMA	www.ahima.org/infocenter/guidelines/standards.asp
“Managing an Effective Query Process”	This practice brief provides information on managing the query process to improve physician documentation and coding professionals’ understanding of unique clinical situations.	AHIMA	http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_040394.hcsp

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