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2019 ICD-10-CM

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When 3 of 3 Key
Components
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do you determine
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coding is the use of
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the range
99201-99499 to
represent services
provided by a
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qualified
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professional. As the name E/M indicates, these medical codes apply to visits and services that involve evaluating and managing patient health.

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name E/M
indicates, these
medical codes
apply to visits and
services that
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and managing
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E valuation and

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The E/M section is divided into categories, 1. Office visit. 2. Hospital visit. 3. Consultations. Most of the Categories are further divided into two or three subcategories,

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E&M Coding
Guidelines - Coding
Info

99202-99205: In
2021, new patient
codes

99202-99205 will
no longer require
the 3 key

components or
reference typical
face-to-face time.

Instead, each
service includes “a

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medically
appropriate history
and/or
examination,” and
code selection will
be based on the
MDM level or total
time spent on that
date.

Evaluation and
Management Code
Changes 2021 -

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AAPC
Coding
Guidelines
Initial Hospital Care
(99221-99223)

These codes are used to bill for initial hospital services otherwise known to physicians as H&Ps. When you admit a patient to the hospital as inpatient, these are the codes you will

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Use. There are several common documentation blunders that many physicians repeat over and over again for these visits.

Initial hospital care
& services E/M
coding, EM
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Coding system is solely based on the assignment of ICD-9/10-CM diagnostic and procedural codes for billing and appropriate reimbursement. It's the standard coding system used by physicians and other healthcare

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providers for
classification and
coding of all
diagnoses. It uses
ICD-10-PCS to
report procedures.

Difference Between
Outpatient Coding
and Inpatient
Coding ...
Guidelines for
Evaluation and

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Management
Services and the
1997

Documentation
Guidelines for
Evaluation and
Management
Services. These
publications are
also available in
the Reference
Section. NOTE: For
billing Medicare,
you may use either

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version of the
documentation
guidelines for a
patient encounter,
not a combination
of the two.

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management (E/M) coding is the use of CPT ® codes from the range 99201-99499 to represent services provided by a physician or other qualified healthcare professional. As the name E/M indicates,

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Coding and
Reporting FY 2020
(October 1, 2019 -
September 30,
2020) Narrative
changes appear in
bold text . Items

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Initial Inpatient
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Initial Hospital Care
(99221-99223)
These codes are
used to bill for
initial hospital
services otherwise
known to

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physicians as
H&Ps. When you
admit a patient to
the hospital as in
inpatient, these are
the codes you will
use.

Initial Inpatient
Coding Guidelines
behavioral health
care management
category of service

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CCM CMS Code

sets and

reimbursement

Compliance

compliance issues

consults

CPT® codes CPT®

rules critical care

Dermatology

diagnosis coding

Documentation

Guidelines E/M

other E/M services

exam general

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Surgery global
surgery rules HCC
HCPCS codes
ICD-10 ICD-10-CM
level of service
MDM medical
decision making
Medicare Medicare
rules modifiers ...

In person E/M
services -
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SELECTION OF
PRINCIPAL

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DIAGNOSIS. The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.”

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