2018 Evaluation and Management Coding and Compliance Advisor

Evaluation and Management (E/M) coding is notoriously difficult because coders have trouble selecting the correct code from among a range of seemingly appropriate choices. Consequently, providers make more mistakes with E/M coding than coding for any other item or service. This new resource offers detailed and advanced guidance on selecting the appropriate E/M codes, with helpful resources designed for difficult E/M coding situations.

Key Features and Benefits

- **NEW**—Compliance guidance, checklist and worksheets help avoid costly revenue take-backs
- ICD-10-CM code assignment hinges on the quality and detail of E/M encounter data. Get appropriate ICD-10-CM coding assignments with improved E/M coding process. Minimize physician queries and prevent delays in claims processing pending information and stop outright claims denials.
- Includes clinical case studies. Train coders and clinicians using real-life scenarios.
- Covers every E/M service. Review of the E/M rules and protocols.
- Helpful advice designed for difficult E/M coding situations. Well-patient exams, H1N1 flu, and other common, but problematic coding scenarios are explained.
- E/M template examples for EMRs. Ensure accurate code selection and avoid over-coding with guidelines for using templates.
- Includes Knowledge Assessments. With answers and rationale. Instant feedback on knowledge retention
- Targeted areas. Review what auditors are targeting, such as critical care.
- Documentation guidance. Review key factors for proper E/M code selection, plus advice to help clinicians make an objective review of subjective information

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