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Your complete coding resource in spiral-bound and 3-ring formats There is no resource that offers you a more complete, accurate and easy way to meet all of your coding needs. The most comprehensive, informative and easy-to-use code book contains more than 600 new code and guideline changes and other updates to help you code quickly, accurately and easily.-- 130 procedural and anatomical illustrations, including 10 new illustrations to help visually confirm procedures being coded-- Color-coded keys that make identifying section headings, coding changes, and coding alerts easier-- Pre-installed thumb-notch tabs for easy searches-- Selected references to the CPT Assistant newsletter

Find all the coding details you need in a single convenient resource—on a single convenient page! There aren't enough hours in the day to sort through page after page in search of the information you need to code a procedure. Put an end to the chase and command your workflow with the cleverly designed Coders' Specialty Guide 2023: Urology/Nephrology. ONE CODE, ONE PAGE—that's AAPC's easy-access layout that puts you in the driver's seat. You get everything you need to file the right code by referencing a single page. Coding was never faster—or more accurate—than with at-a-glance access to ICD-10 CrossRefs, CCI edits, RVUs, lay terms, procedure illustrations, and coding and billing tips. Take a giant leap forward with these essential features: 2023 new and revised CPT® codes for urology and nephrology with official descriptors for Categories I-III Lay term description for each procedure Descriptive illustrations to help you select codes accurately Fail-safe coding and billing advice for specific codes CPT® and HCPCS modifier crosswalk for procedures Medicare physician fee schedule (physicians and hospitals) with RVUs Coding indicators (pre-, post-, intra-operative, global periods, and diagnostic tests) CCI edits Appendix with medical terms HCPCS codes, lay explanations, and tips to safeguard reimbursement for supplies/equipment/drugs ICD-10-CM-to-CPT® crosswalks to effectively code procedures Comprehensive code index with page numbers for quicker code look-up Color-coded tabs to help you navigate easily Command your workflow with mastery and bring in the revenue you deserve with the Coders' Specialty Guide 2023: Urology/Nephrology. *CPT® is a registered trademark of the American Medical Association Keep the all-important otolaryngology and allergy coding details at your fingertips. Get the upper hand on CPT® code changes—and get home on time—with fast and accurate coding made easy. The Coders' Specialty Guide 2023: Otolaryngology/ Allergy makes choosing the right code as simple as referencing a single page. That's right—get all the details you need to code a procedure arranged for speedy access on one page—official code descriptors, ICD-10 CrossRefs, RVUs, and lay terms in easy-to-understand language, CCI edits, and anatomical illustrations. We've even included HCPCS and BETOS codes with lay terms and coding tips for faster, more accurate coding. Master otolaryngology procedure reporting and safeguard your revenue with: 2023 new and revised CPT® codes for otolaryngology and allergy with official descriptors for Categories I-III Lay term description for each otolaryngology or allergy procedure Descriptive illustrations to help you select codes accurately Fail-safe coding and billing advice for specific codes CPT® and HCPCS modifier crosswalk for procedures Medicare physician fee schedule (physicians and hospitals) with RVUs Coding indicators (pre-, post-, intra-operative, global periods, and diagnostic tests) CCI edits Otolaryngology and allergy medical terms HCPCS codes, lay explanations, and tips to protect your reimbursement for supplies/equipment/drugs ICD-10-CM-to-CPT® crosswalks that assists in checking medical necessity Comprehensive code index with page numbers for quicker code look-up Color-coded tabs to help you navigate easily Give yourself the ultimate coding edge with this exclusive resource tailored to your otolaryngology and allergy coding needs. *CPT® is a registered trademark of the American Medical Association

Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office, 14th Edition. Trusted for more than 30 years, this market-leading handbook

equips you to succeed as medical insurance specialist in any of today's outpatient settings. Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding, procedural coding, Medicare, HIPAA, and bill collection strategies. As with previous editions, all the plans that are most commonly encountered in clinics and physicians' offices are incorporated into the text, as well as icons for different types of payers, lists of key abbreviations, and numerous practice exercises that assist you in accurately filling out claim forms. This new edition also features expanded coverage of ICD-10, electronic medical records, electronic claims submission, and the HIPAA 5010 — keeping you one step ahead of the latest practices and protocols of the profession. Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology. Separate chapter on HIPAA Compliance in Insurance Billing, as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations. Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office. Increased focus on electronic filing/claims submission prepares readers for the industry-wide transition to electronic claims submission. Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it. Service to Patient features in most chapters offer examples of good customer service. User resources on the Evolve companion website feature performance checklists, self-assessment quizzes, the Student Software Challenge (with cases on different payer types and an interactive CMS-1500 (02-12) form to fill in). NEW! Expanded coverage of ICD-10 prepares users to code ICD-10 with the planned effective date of October 2015. NEW! Added information on the electronic medical record and electronic claims submission — including information on the HIPAA 5010 — equips users for the transition between paper and electronic methods of medical records and links the CMS-1500 (02-12) form to the electronic submissions process. NEW! SimChart for the Medical Office (SCMO) application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap.

HCFA is intensifying its investigation of the inappropriate use of modifiers in Medicare billing. Incorrect usage of CPT and HCPCS Level II modifiers can cost you money, or now, get you in trouble...Are you sure you're using them correctly?

Keep the all-important otolaryngology and allergy coding details at your fingertips. Get the upper hand on CPT® code changes—and get home on time—with fast and accurate coding made easy. The Coders' Specialty Guide 2022: Otolaryngology/ Allergy makes choosing the right code as simple as referencing a single page. That's right—get all the details you need to code a procedure arranged for speedy access on one page—official code descriptors, ICD-10 CrossRefs, RVUs, and lay terms in easy-to-understand language, CCI edits, and anatomical illustrations. We've even included HCPCS and BETOS codes with lay terms and coding tips for faster, more accurate coding. Master otolaryngology procedure reporting and safeguard your revenue with: 2022 new and revised CPT® codes for otolaryngology and allergy with official descriptors for Categories I-III Lay term description for each otolaryngology or allergy procedure Descriptive illustrations to help you select codes accurately Fail-safe coding and billing advice for specific codes CPT® and HCPCS modifier crosswalk for procedures Medicare physician fee schedule (physicians and hospitals) with RVUs Coding indicators (pre-, post-, intra-operative, global periods, and diagnostic tests) CCI edits Otolaryngology and allergy medical terms HCPCS codes, lay explanations, and tips to protect your reimbursement for supplies/equipment/drugs ICD-10-CM-to-CPT® crosswalks that assists in checking medical necessity Comprehensive code index with page numbers for quicker code look-up Color-coded tabs to help you navigate easily Give yourself the ultimate coding edge with this exclusive resource tailored to your otolaryngology and allergy coding needs. *CPT® is a registered trademark of the American Medical Association

Find all the coding details you need in a single convenient resource—on a single convenient page!

There aren't enough hours in the day to sort through page after page in search of the information you need to code a procedure. Put an end to the chase and command your workflow with the cleverly designed Coders' Specialty Guide 2022: Urology/Nephrology. ONE CODE, ONE PAGE—that's AAPC's easy-access layout that puts you in the driver's seat. You get everything you need to file the right code by referencing a single page. Coding was never faster—or more accurate—than with at-a-glance access to ICD-10 CrossRefs, CCI edits, RVUs, lay terms, procedure illustrations, and coding and billing tips. Take a giant leap forward with these essential features: 2022 new and revised CPT® codes for urology and nephrology with official descriptors for Categories I-III Lay term description for each procedure Descriptive illustrations to help you select codes accurately Fail-safe coding and billing advice for specific codes CPT® and HCPCS modifier crosswalk for procedures Medicare physician fee schedule (physicians and hospitals) with RVUs Coding indicators (pre-, post-, intra-operative, global periods, and diagnostic tests) CCI edits Appendix with medical terms HCPCS codes, lay explanations, and tips to safeguard reimbursement for supplies/equipment/drugs ICD-10-CM-to-CPT® crosswalks to effectively code procedures Comprehensive code index with page numbers for quicker code look-up Color-coded tabs to help you navigate easily Command your workflow with mastery and bring in the revenue you deserve with the Coders' Specialty Guide 2022: Urology/Nephrology. *CPT® is a registered trademark of the American Medical Association

Textbook on organizational theory and practice as applied to clinical laboratory management. CPT® 2021 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services. Providers want accurate reimbursement. Payers want efficient claims processing. Since the CPT® code set is a dynamic, ever-changing standard, an outdated codebook does not suffice. Correct reporting and billing of medical procedures and services begins with CPT® 2021 Professional Edition. Only the AMA, with the help of physicians and other experts in the health care community, creates and maintains the CPT code set. No other publisher can claim that. No other codebook can provide the official guidelines to code medical services and procedures properly. FEATURES AND BENEFITS The CPT® 2021 Professional Edition codebook covers hundreds of code, guideline and text changes and features: CPT® Changes, CPT® Assistant, and Clinical Examples in Radiology citations -- provides cross-referenced information in popular AMA resources that can enhance your understanding of the CPT code set E/M 2021 code changes - gives guidelines on the updated codes for office or other outpatient and prolonged services section incorporated A comprehensive index -- aids you in locating codes related to a specific procedure, service, anatomic site, condition, synonym, eponym or abbreviation to allow for a clearer, quicker search Anatomical and procedural illustrations -- help improve coding accuracy and understanding of the anatomy and procedures being discussed Coding tips throughout each section -- improve your understanding of the nuances of the code set Enhanced codebook table of contents -- allows users to perform a quick search of the codebook's entire content without being in a specific section Section-specific table of contents -- provides users with a tool to navigate more effectively through each section's codes Summary of additions, deletions and revisions -- provides a quick reference to 2020 changes without having to refer to previous editions Multiple appendices -- offer quick reference to additional information and resources that cover such topics as modifiers, clinical examples, add-on codes, vascular families, multianalyte assays and telemedicine services Comprehensive E/M code selection tables -- aid physicians and coders in assigning the most appropriate evaluation and management codes Adhesive section tabs -- allow you to flag those sections and pages most relevant to your work More full color procedural illustrations Notes pages at the end of every code set section and subsection

This codebook helps professionals remain compliant with annual CPT code set changes and is the AMAs official coding resource for procedural coding rules and guidelines. Designed to help improve CPT code competency and help professionals comply with current CPT code changes, it can help enable them to submit accurate procedural claims.

Get paid faster and keep more detailed patient records with CDT 2020: Dental Procedure Codes. New and revised codes fill in the coding gaps, which leads to quicker reimbursements and more accurate record keeping. CDT 2020 is the most up-to-date coding resource and the only HIPAA-recognized code set for dentistry. 2020 code changes include: 37 new codes, 5 revised codes, and 6 deleted codes. The new and revised codes reinforce the connection between oral health and overall health, help with assessing a patient's health via measurement of salivary flow, and assist with case management of patients with special healthcare needs. Codes are organized into 12 categories of service with full color charts and diagrams throughout, in spiral bound format for easy searching. Includes a chapter on ICD-10-CM codes. CDT 2020 codes go into effect on January 1, 2020 - don't risk rejected claims by using outdated codes.

Completely updated to reflect the latest developments in science and technology, the second edition of this reference presents the diagnostic imaging tools essential to the detection, diagnosis, staging, treatment planning, and post-treatment management of cancer in both adults and children. Organized by major organs and body systems, the text offers comprehensive, abundantly illustrated guidance to enable both the radiologist and clinical oncologist to better appreciate and overcome the challenges of tumor imaging. Features 12 brand-new chapters that examine new imaging techniques, molecular imaging, minimally invasive approaches, 3D and conformal treatment planning, interventional techniques in radiation oncology, interventional breast techniques, and more. Emphasizes practical interactions between oncologists and radiologists. Includes expanded coverage of paediatric tumours as well as thorax, gastrointestinal tract, genitourinary, and musculoskeletal cancers. Offers reorganized and increased content on the brain and spinal cord. Nearly 1,400 illustrations enable both the radiologist and clinical oncologist to better appreciate and overcome the challenges of tumour imaging. - Outstanding Features! Presents internationally renowned authors' insights on recent technological breakthroughs in imaging for each anatomical region, and offers their views on future advances in the field. Discusses the latest advances in treatment planning. Devotes four chapters to the critical role of imaging in radiation treatment planning and delivery. Makes reference easy with a body-system organisation.

An annotated version of CPT prepared for hospitals, ambulatory surgery centres and outpatient hospital and provider-based office settings. This book offers a singular reference that uses symbols to provide instruction for reporting each CPT code under Medicare's Outpatient Prospective Payment System (OPPS).

The Tenth Edition of Problems in Health Care Law continues to be the authoritative foundational textbook that covers the key components of our legal system and its application to our healthcare system. Students will come away with a clear understanding of how individual rights are defined and protected in the health care setting; how healthcare services are defined, insured and paid for; how individual providers organize and govern themselves and many other core features of how our healthcare system is organized and administered. The Tenth Edition is an extensive revision that covers HIPAA, health care reform, and offers several chapters not included in previous editions. Under the guidance of new lead editor John E. Steiner, Jr., Esq., Problems in Health Care Law, Tenth Edition, brings together the work of authors who represent some of the best thinking and analyses of the issues by legal practitioners and business advisors in the thick of health care reform, delivery, payment, client counseling and contested legal matters. Key Features:* Each chapter provides a combination of broad concepts, learning objectives, practical examples, and instructor led questions.* Offers more robust pedagogical features including art work, diagrams, checklists, side bars, and more.* Includes a rich diversity of material from leading authorities with private law firm experience, national trade association advocacy and policy work, significant 'hands-on' healthcare institutional work and diverse publishing experiences. Problems in Health Care Law, Tenth Edition is a valuable resource for students and instructors who are learning about, involved in, or guiding the 'next generation' of administrators, policy makers, lawyers, physicians, nurses and others who form the backbone of our health care system.

Facilities can use this reference tool daily to manage the constant changes to Medicare billing and reimbursement process. The Uniform Billing Editor provides detailed, accurate, and timely information about Medicare and UB-04 billing rules and assists the user with 5010 data, UB-04 and 837i requirements. CPT is a registered trademark of the American Medical Association.

Discover the essential learning tool to prepare for a career in medical insurance billing -- Green's UNDERSTANDING HEALTH INSURANCE, 13E. This comprehensive, easy-to-understand book is fully updated with the latest code sets and guidelines. Readers cover today's most important topics,

such as managed care, legal and regulatory issues, coding systems, reimbursement methods, medical necessity, and common health insurance plans. Updates throughout this edition present new legislation that impacts health care, including the Affordable Care Act (Obamacare); ICD-10-CM coding; electronic health records; Medicaid Integrity Contractors; and concepts related to case mix management, hospital-acquired conditions, present on admission, and value-based purchasing. Practice exercises in each chapter provide plenty of review to reinforce understanding. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

CPT(R) 2022 Professional Edition is the definitive AMA-authored resource to help healthcare professionals correctly report and bill medical procedures and services.

This book introduces theories, methods and applications of density ratio estimation, a newly emerging paradigm in the machine learning community.

"Coding with Modifiers, 6th Ed, is the ultimate resource for modifier guidelines. This revised edition provides guidance on how and when to use modifiers in order to avoid costly payment delays and denials. Coding with Modifiers uses real-life modifier scenarios and medical records to guide correct CPT® and HCPCS modifier usage. Modifiers create clear, concise communications between the provider and payer, and are essential to the coding process. Clinical documentation improvement and other pertinent considerations highlight important clinical documentation improvements for each modifier and related best practices to ensure correct modifier usage. Provides guidelines from CPT, CMS, third-party payers, and NCCI to explain how and when to use modifiers to avoid payment delays and denials"--

This AMA-authored resource helps health care professionals correctly report and bill medical procedures and services.

Facilities can use this reference tool daily to manage the constant changes to Medicare billing and reimbursement process. The Uniform Billing Editor provides detailed, accurate, and timely information about Medicare and UB-04 billing rules and prepares the user for UB-04 and 837i requirements that will have to be met in the future. 5010 information will start to be included in the March 2011 quarterly update. Features and benefits: * Quickly locate topics based on field locators, revenue codes, or coding structures. This easy-to-use format is fully indexed and tabbed with icons for quick reference. * Quickly link HCPCS and CPT codes to applicable revenue codes. This crosswalk helps you to prevent the most common reasons for rejections -- mismatched revenue codes and CP-Tr or HCPCS codes. * Crosswalk to 837 institutional claims. Provides links to 837i 4010 and 5010 data elements and any applicable billing rules -- facilitating easier transition to the 837i. * Coding and billing tips with quick access to official sources. Submit claims to Medicare accurately the first time -- to help you reduce claim delays and denials. * OCE and MCE edits. Identify data inconsistencies, potential rejections, and denials through OCE and MCE edits. * Timely updates throughout the year. Stay current with changes to help you eliminate billing with outdated information. CPT is a registered trademark of the American Medical Association.

CPT 2016 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services.

Some vols. include supplemental journals of "such proceedings of the sessions, as, during the time they were depending, were ordered to be kept secret, and respecting which the injunction of secrecy was afterwards taken off by the order of the House".

The newest edition of this best-selling educational resource contains the essential information needed to understand all sections of the CPT codebook but now boasts inclusion of multiple new chapters and a significant redesign. The ninth edition of Principles of CPT(R) Coding is now arranged into two parts: - CPT and HCPCS coding - An overview of documentation, insurance, and reimbursement principles Part 1 provides a comprehensive and in-depth guide for proper application of service and procedure codes and modifiers for which this book is known and trusted. A staple of each edition of this book, these revised chapters detail the latest updates and nuances particular to individual code sections and proper code selection. Part 2 consists of new chapters that explain the connection between and application of accurate coding, NCCI edits, and HIPAA regulations to documentation, payment, insurance, and fraud and abuse avoidance. The new full-color design offers readers of the illustrated ninth edition a more engaging and far better educational experience. Features and Benefits - New content! New chapters covering documentation, NCCI edits, HIPAA, payment, insurance, and fraud and abuse principles build the reader's awareness of these inter-related and interconnected concepts with coding. - New learning and design features -- Vocabulary

terms highlighted within the text and defined within the margins that conveniently aid readers in strengthening their understanding of medical terminology -- "Advice/Alert Notes" that highlight important information, exceptions, salient advice, cautionary advice regarding CMS, NCCI edits, and/or payer practices -- Call outs to "Clinical Examples" that are reminiscent of what is found in the AMA publications CPT(R) Assistant, CPT(R) Changes, and CPT(R) Case Studies -- "Case Examples" peppered throughout the chapters that can lead to valuable class discussions and help build understanding of critical concepts -- Code call outs within the margins that detail a code description -- Full-color photos and illustrations that orient readers to the concepts being discussed -- Single-column layout for ease of reading and note-taking within the margins -- Exercises that are Internet-based or linked to use of the AMA CPT(R) QuickRef app that encourage active participation and develop coding skills -- Hands-on coding exercises that are based on real-life case studies

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

The recent revolution in molecular biology offers exciting new opportunities for targeted radionuclide therapy. This up-to-date, comprehensive book, written by world-renowned experts, discusses the basic principles of radionuclide therapy, explores in detail the available treatments, explains the regulatory requirements, and examines likely future developments. The full range of clinical applications is considered, including thyroid cancer, hematological malignancies, brain tumors, liver cancer, bone and joint disease, and neuroendocrine tumors. The combination of theoretical background and practical information will provide the reader with all the knowledge required to administer radionuclide therapy safely and effectively in the individual patient. Careful attention is also paid to the role of the therapeutic nuclear physician in coordinating a diverse multidisciplinary team, which is central to the safe provision of treatment.

The 340B Drug Pricing Program (340B Program) and the Medicaid Drug Rebate Program require manufacturers to provide discounts on outpatient drugs in order to have their drugs covered by Medicaid. These discounts take the form of reduced sales prices for covered entities participating in the 340B Program--eligible hospitals and federal grantees--and rebates on drugs dispensed to Medicaid beneficiaries, shared by states and the federal government. This book looks at important issues pertaining to the 340B Drug Pricing Program.

ICD-10-CM 2022: The Complete Official Codebook provides the entire updated code set for diagnostic coding, organized to make the challenge of accurate coding easier. This codebook is the cornerstone for establishing medical necessity, correct documentation, determining coverage and ensuring appropriate reimbursement. Each of the 22 chapters in the Tabular List of Diseases and Injuries is organized to provide quick and simple navigation to facilitate accurate coding. The book also contains supplementary appendixes including a coding tutorial, pharmacology listings, a list of valid three-character codes and additional information on Z-codes for long-term drug use and Z-codes that can only be used as a principal diagnosis. Official 2022 coding guidelines are included in this codebook. FEATURES AND BENEFITS Full list of code changes. Quickly see the complete list of new, revised, and deleted codes affecting the CY2022 codes, including a conversion table and code changes by specialty. QPP symbol in the tabular section. The symbol identifies diagnosis codes associated with Quality Payment Program (QPP) measures under MACRA. New and updated coding tips. Obtain insight into coding for physician and outpatient settings. Chapter 22 features U-codes and coronavirus disease 2019 (COVID-19) codes Improved icon placement for ease of use New and updated definitions in the tabular listing. Assign codes with confidence based on illustrations and definitions designed to highlight key components of the disease process or injury and provide better understanding of complex diagnostic terms. Intuitive features and format. This edition includes color illustrations and visual alerts, including color-coding and symbols that identify coding notes and instructions, additional character requirements, codes associated with CMS hierarchical condition categories (HCC), Medicare Code Edits (MCEs), manifestation codes, other specified codes, and unspecified codes. Placeholder X. This icon alerts the coder to an important ICD-10-CM convention--the use of a "placeholder X" for three-, four- and five-character codes requiring a seventh character extension. Coding guideline explanations and examples. Detailed explanations and examples related to application of the ICD-10-CM chapter guidelines are provided at the beginning of each chapter in the tabular section. Muscle/tendon translation table. This table is used to determine muscle/tendon action (flexor, extensor, other), which is a component of codes for acquired

conditions and injuries affecting the muscles and tendons Index to Diseases and Injuries. Shaded guides to show indent levels for subentries. Appendices. Supplement your coding knowledge with information on proper coding practices, risk-adjustment coding, pharmacology, and Z-codes. Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office, 14th Edition. Trusted for more than 30 years, this market-leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings. Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding, procedural coding, Medicare, HIPAA, and bill collection strategies. As with previous editions, all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text, as well as icons for different types of payers, lists of key abbreviations, and numerous

practice exercises that assist you in accurately filling out claim forms. This new edition also features expanded coverage of ICD-10, electronic medical records, electronic claims submission, and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession. Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology. Separate chapter on HIPAA Compliance in Insurance Billing, as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations. Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office. Increased focus on electronic filing/claims submission prepares readers for the industry-wide transition to electronic claims submission. Separate chapter on documentation in the medical office covers the principles of medical documenta-

tion and the rationales for it. "Service to Patient" features in most chapters offer examples of good customer service. User resources on the Evolve companion website feature performance checklists, self-assessment quizzes, the Student Software Challenge (with cases on different payer types and an interactive CMS-1500 (02-12) form to fill in). NEW! Expanded coverage of ICD-10 prepares users to code ICD-10 with the planned effective date of October 2015. NEW! Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS-1500 (02-12) form to the electronic submissions process. NEW! SimChart for the Medical Office (SCMO) application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap."