

## Additional Documentation Request Medicare Rac Region B

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The 2015 Master Medicare Guide is a one-volume desk reference packed with timely and useful information for providers, attorneys, accountants, and consultants who need to stay on top of one of the most complex programs maintained by the federal government.

Prepare for a successful career in medical billing and insurance processing or revenue management with the help of Green's UNDERSTANDING HEALTH INSURANCE: A GUIDE TO BILLING AND REIMBURSEMENT, 2020 Edition. This comprehensive, inviting book presents the latest medical code sets and coding guidelines as you learn to complete health plan claims and master revenue management concepts. This edition focuses on today's most important topics, including managed care, legal and regulatory issues, coding systems and compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity, and common health insurance plans. Updates introduce new legislation that impacts health care. You also examine the impact on ICD-10-CM, CPT, and HCPCS level II coding; revenue cycle management; and individual health plans. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Medicare fraud is big business, but while only a few profit from intentional malfeasance, the Centers for Medicare & Medicaid Services is now taking a closer look at everyone. The Medicare Recovery Audit Contractor Program, already famously known as the RAC, swings into full operation in 2010 and every healthcare provider that receives payment under any of the Medicare fee-for-service payment systems will be subject to RAC scrutiny. And scrutinize, they will... . Instead of developing another bureaucracy, the government has turned the job of auditing over to outside firms whose payment will be based exclusively on finder fees for recouping improper payments. There will be little tolerance for poor record keeping or gray areas of coding. Written by medical billing guru and Lean accounting expert, Duane Abbey, The Medicare Recovery Audit Contractor Program: A Survival Guide for Healthcare Providers explains all that is required to prepare and successfully defend against inappropriate RAC audit recoveries. Using the same succinct style that always makes his writing so accessible, Abbey illustrates his lessons with simple case studies placed in the context of a fictitious community whose population is served by a hospital, clinics, a nursing facility, and other providers all seeking to maintain compliance and profitability. In discussing RAC guidelines, this resource — Shows how to identify overpayment areas and associated compliance issues Details a systematic problem-solving process relative to RAC processes Addresses resource requirements including new personnel, such as RAC specialists Includes planning models for developing compliance departments Provides an extensive glossary to make sense of medical billing's alphabet soup of acronyms While the book works well as a stand-alone reference for those seeking advice on RAC audits, readers will also discover that this volume extends the lesson of Abbey's classic Compliance for Coding, Billing & Reimbursement, Second Edition , making this book a natural companion for those wanting to fully explore the role of compliance and Lean accounting in medical billing.

The introduction of total joint arthroplasty throughout the world has contributed manifold benefits to patients who suffer from joint diseases. Concurrently, however, there has been an increase in revision surgery. Many orthopedic surgeons agree that durability of prostheses is an eternal problem. In particular, periprosthetic osteolysis recently has been identified as one of the serious problems affecting prosthetic dura bility. To improve durability, osteolysis and many other problems must be investi gated and solved both experimentally and clinically with respect to such aspects as prosthetic material, design, and biological and biomechanical behavior. This book comprises 37 papers that were presented by orthopedic surgeons and biomedical engineers at the 28th Annual Meeting of the Japanese Society for Replace ment Arthroplasty, held in March 1998 in Kanazawa, Japan. The volume is thus a compilation of the latest knowledge about the pathogenesis and reduction of osteolysis and wear, newly developed total hip prostheses, and other current topics of total knee arthroplasty. We earnestly hope that this book will be of benefit to clinicians and researchers, and that it will contribute to the creation of more durable total joint prostheses in the future. SHINICHI IMURA v Contents Preface ..... "" ..... V List of Contributors. .... XI ..... Part 1 Wear and Pathogenesis of Osteolysis Friction and Wear of Artificial Joints: A Historical Review N. AKAMATSU ..... , 3 Matrix Degradation in Osteoclastic Bone Resorption Under Pathological Conditions .

Develop the skills and background you need for a career in medical billing and insurance processing or revenue management with Green's UNDERSTANDING HEALTH INSURANCE: A GUIDE TO BILLING AND REIMBURSEMENT, 2021 Edition. This complete resource explains the latest medical code sets and guidelines as you learn how to assign ICD-10-CM, CPT and HCPCS level II codes; complete health care claims and master revenue management concepts. You focus on today's most important topics, including managed care, legal and regulatory issues, coding systems and compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity and common health insurance plans. Updated every year,

this edition address changes to ICD-10-CM and CPT 2021 codes and introduces you to important developments, such as electronic claims processing, clinical quality language (CQL) and changes to the requirements for the National Healthcare Association (NHA) Certified Billing and Coding Specialist. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Due to the countless variables that affect revenue and cost, the hospital reimbursement process is by far the most complex of any industry. Requiring only a basic financial background and a working knowledge of accounting, Hospital Reimbursement: Concepts and Principles supplies a clear understanding of the concepts and principles that drive the re Prepare for a career in health information management and medical billing and insurance processing with Green's UNDERSTANDING HEALTH INSURANCE, 14E. This comprehensive, inviting book presents the latest code sets and guidelines. Readers examine today's most important topics, such as managed care, legal and regulatory issues, revenue cycle management, coding systems, coding compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity, and common health insurance plans. Updates introduce new legislation that impacts health care, including changes to the Affordable Care Act (Obamacare); ICD-10-CM, CPT, and HCPCS level II coding; revenue cycle management; and individual health plans. Workbook practice exercises provide application-based assignments and case studies to reinforce understanding, as well as CMRS, CPC-P, and CPB mock exams. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government. The 2015 Edition includes: Over 500 explanation summaries for all aspects of the Medicare program coverage, eligibility, reimbursement, fraud and abuse, and administration Highlights of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) and the Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185)"; the most recent physician fee schedule reimbursement fix; A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare, including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement All discussions include cross-references to relevant laws, regulations, CMS manual sections, administrative and judicial decisions, and more! Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Improving documentation is no easy task CDI professionals have never had one easy-to-read, inclusive reference to help them implement a CDI program, understand the fundamentals of ICD-9-CM coding, query physicians, and encourage interdepartmental communication. In theory, physicians should document their entire thought process, including ruling conditions in and out. But it's not that simple, and in light of MS-DRGs, it requires significant physician education and retraining. You need a blueprint for success.. Your blueprint has arrived! At last, here is a guide for CDI specialists. The Clinical Documentation Improvement Specialist's Handbook is your essential partner for creating a CDI program, staffing your program, querying physicians, and understanding how documentation affects code selection and data quality As a CDI specialist you need answers now In light of Medicare Severity DRGs (MS-DRG), detailed documentation and accurate capture of complications and comorbidities (CCs) has made the CDI specialist's role more important and more demanding than ever. This handbook will enhance your ability to gather the right information the first time--and every time Author Colleen Garry, RN, BS, has compiled case studies that document best practices and reference several different CDI models so that you can select the one that's right for your hospital's CDI success. In addition, you'll be privy to an executive summary of HCPro's exclusive CDI survey that solicited more than 800 responses. Learn how other hospitals are handling CDI and choosing the model that works best for them. \* work with physicians to obtain detailed, appropriate documentation \* maintain compliance when performing physician queries \* convey return on investment for a CDI program Customizable CD-ROM included Your copy of The Clinical Documentation Improvement Specialist's Handbook includes a CD-ROM loaded with all of the working tools you'll find in the book. Among them

Professional reference for Nurses on Home Health Care

This public domain book is an open and compatible implementation of the Uniform System of Citation.

The Denials Management Training Handbook (Pack of 5) Tanja Twist, MBA/HCM Many hospitals struggle with denials management thanks to the complex regulations and various types of denials. Payers often send denials to the wrong person, and hospitals may lose valuable research and appeals time as a result. In addition, drafting effective appeals letters that follow Medicare's regulations can be time-consuming and difficult even for experienced staff. Worst of all, the hard work of managing denials and submitting appeals on the back end can all be wasted if there is no system to use denials data to address root causes on the front end. The Denials Management Training Handbook provides clear, concise explanations of the complex appeal guidelines for Medicare and other payers. This information is presented in an easy-to-understand handbook for distribution to staff members involved in preventing and handling appeals. This handbook will help you manage the denials management process by: Providing an overview of common denial types and appeal timelines Giving you sample forms and templates Exploring best practices for improving the denials management process throughout the revenue cycle Gliding in the use of denials data to track recurrent denials and address their causes

It's not the quantity of clinical documentation that matters—it's the quality. Is your clinical documentation improvement (CDI) program identifying your outliers? Does your documentation capture the level of ICD-10 coding specificity required to achieve optimal reimbursement? Are you clear on how to fix your coding and documentation shortfalls? Providing the most complete and accurate coding of diagnoses and site-specific procedures will vastly improve your practice's bottom line. Get the help you need with the Clinical Documentation Reference Guide. This start-to-finish CDI primer covers medical necessity, joint/shared visits, incident-to billing, preventative care visits, the global surgical package, complications and comorbidities, and CDI for EMRs. Learn the all-important steps to ensure your records capture what your physicians perform during each encounter. Benefit from methods to effectively communicate CDI concerns and protocols to your providers. Leverage the practical and effective guidance in AAPC's

Clinical Documentation Reference Guide to triumph over your toughest documentation challenges. Prevent documentation deficiencies and keep your claims on track for optimal reimbursement: Understand the legal aspects of documentation Anticipate and avoid documentation trouble spots Keep compliance issues at bay Learn proactive measures to eliminate documentation problems Work the coding mantra—specificity, specificity, specificity Avoid common documentation errors identified by CERT and RACs Know the facts about EMR templates—and the pitfalls of auto-populate features Master documentation in the EMR with guidelines and tips Conquer CDI time-based coding for E/M The Clinical Documentation Reference Guide is approved for use during the CDEO® certification exam. AAPC's CPMA® Certification Study guide is specifically designed to help individuals prepare for the CPMA® exam. Five chapters will guide you through a review of medical record standards and documentation guidelines, coding and documentation compliance, coding and reimbursement concepts, audit scope and statistical sampling methods, medical record audit abstraction, and category risk analysis and communication. The study guide covers all the content sections found on the exam and will also provide you with testing tips for taking the AAPC's CPMA® exam. The study guide is not an introduction to coding but a review of coding concepts. Key Features: - Practical Examples - Testing Techniques for CPMA® exam - Questions designed to mimic the CPMA® certification exam - Each chapter includes ten review questions geared to test important concepts - Study guide written by same task force who wrote the CPMA® exam - 50 Test your Knowledge questions with answers and rationales - 50 question practice test with answers and rationales AAPC's CPMA® Online Practice Exams are highly recommended to supplement this study guide. These online practice exams will add an additional 150 questions to your preparation.

Considered the industry's standard resource, this guide helps accountants and financial managers understand the complexities of the specialized accounting and regulatory requirements of the health care industry. Updated for 2018, this edition has been prepared and reviewed by industry experts and provides hands-on, practical guidance for those who work in and with health care entities. A critical resource for auditors, this edition includes new accounting standards and relevant GASB and FASB updates (including those related to private companies). Updates include: FASB ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606) FASB ASU No. 2016-01, Financial Instruments - Overall (Subtopic 825-10) Recognition and Measurement of Financial Assets and Financial Liabilities FASB ASU No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities SAS No. 133, Auditor Involvement With Exempt Offering Documents GASB Statement No. 75, Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions (and Certain Issues Related to OPEB Plan Reporting) GASB No. 83, Certain Asset Retirement Obligations

Aligned to the latest AHIMA Core Competencies, The Complete RHIT and RHIA Prep: A Guide for Your Certification Exam and Your Career provides a comprehensive review of the RHIT and RHIA Exam Competency Standards through RHIT Review Online Interactive Modules, online test prep, and an accompanying text that will help students prepare for the RHIT exam. The RHIT Review Online Interactive Modules are a set of online presentations that use voiceover to review essential topic and provide practicum exercises and interactive decision making simulations to ensure student understanding. Additionally, each of these interactive modules offers a 10 question multiple choice domain topic test. Once students have completed all the interactive modules, they can test their knowledge by taking a final mock exam and/or access hundreds of multiple choice questions for practice and review. The accompanying text offers additional multiple-choice questions, reviews details about the exam and more.

Medicare fraud is big business, but while only a few profit from intentional malfeasance, the Centers for Medicare and Medicaid Services is now taking a closer look at everyone. The Medicare Recovery Audit Contractor Program, already famously known as the RAC, swings into full operation in 2010 and every healthcare provider that receives payment The definitive guide to starting a successful career in medical billing and coding With the healthcare sector growing at breakneck speed—it's currently the largest employment sector in the U.S. and expanding fast—medical billing and coding specialists are more essential than ever. These critical experts, also known as medical records and health information technicians, keep systems working smoothly by ensuring patient billing and insurance data are accurately and efficiently administered. This updated edition provides everything you need to begin—and then excel in—your chosen career. From finding the right study course and the latest certification requirements to industry standard practices and insider tips for dealing with government agencies and insurance companies, Medical Billing & Coding For Dummies has you completely covered. Find out about the flexible employment options available and how to qualify Understand the latest updates to the ICD-10 Get familiar with ethical and legal issues Discover ways to stay competitive and get ahead The prognosis is good—get this book today and set yourself up with the perfect prescription for a bright, secure, and financially healthy future!

Nothing provided

A streamlined learning approach, ADMINISTRATIVE MEDICAL ASSISTING, 8e features step-by-step procedures and real-world job scenarios to help you develop the front office skills medical employers want. This proven package addresses all essential administrative areas such as professional responsibilities, interpersonal and written communications, records management, financial administration, and managing the office. Revised to reflect the latest standards, this robust resource also features updated requirements for skill competency testing and certifications, as well as the newest information on electronic technology, electronic medical records, insurance claims and coding, insurance regulations, health care reform, legal compliance, and more. Designed for the 21st century medical assistant, ADMINISTRATIVE MEDICAL ASSISTING, 8E is the one key resource you need for success in allied health today! Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

A guide for healthcare providers to forge alliances that will improve patient care, this book describes ways in which nurses and physicians can collaborate to enhance safety, quality, and treatment efficacy, and how this collaboration can have positive financial effects.

Emergency Department Compliance Manual, 2016 Edition provides everything you need to stay in compliance with complex emergency department regulations. The list of questions helps you quickly locate specific guidance on difficult legal areas such as: Complying with COBRA Dealing with psychiatric patients Negotiating consent requirements Obtaining reimbursement for ED services Avoiding employment

law problems Emergency Department Compliance Manual also features first-hand advice from staff members at hospitals that have recently navigated a Joint Commission survey and includes frank and detailed information. Organized by topic, it allows you to readily compare the experiences of different hospitals. Because of the Joint Commission's hospital-wide, function-based approach to evaluating compliance, it's been difficult to know specifically what's expected of you in the ED. Emergency Department Compliance Manual includes a concise grid outlining the most recent Joint Commission standards which will help you learn what responsibilities you have for demonstrating compliance. Plus, Emergency Department Compliance Manual includes sample documentation that hospitals across the country have used to show compliance with legal requirements and Joint Commission standards: Age-related competencies Patient assessment policies and procedures Consent forms Advance directives Policies and protocols Roles and responsibilities of ED staff Quality improvement tools Conscious sedation policies and procedures Triage, referral, and discharge policies and procedures And much more!

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