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ICD-10 and Clinical Documentation

Your Medical Documentation Matters

~~Basic Documentation and Coding~~

~~Guidelines Outpatient Clinical~~

Page 4/38

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~~Guidelines Improvement: A Practical
Approach CMS Patients Over Paperwork
E/M Coding Introductory Video
Documentation Requirements Lookup
Service – 2019 CMS National Provider
Compliance Conference Improving the
Documentation of Chiropractic Services
E/M Coding Documentation and~~

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~~Guidelines MEDICAL CODING~~

~~ICD-10-CM GUIDELINES LESSON-~~

~~1.A Coder explanation and examples for~~

~~2021 Navigating the CMS.gov website-~~

~~Did You Know CCO Provider Minute:~~

~~The Importance of Proper Documentation~~

~~The CORRECT information for the 2019~~

~~E/M documentation update from CMS~~

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~~Guidelines~~
~~Introduction to Medical Coding~~ ~~What is~~
~~Medical Necessity?~~ ~~(Insurance Notes)~~
Medicare \u0026amp; You: Understanding
Your Medicare Choices CPC EXAM
TIPS FOR 2020 - AAPC Professional
Medical Coding Certification Concepts to
Master - Part 1 Oasis Training | Part 1
18. Basic Steps To Coding ICD-10-CM

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What YOU need to know about the CPC
exam - Online and In-Person Medical
Coding Certification InsightE\u0026M
Medical Coding — How to Level
E\u0026M Code (Part 1) MEDICAL
CODING - How to Select an ICD-10-CM
Code - Medical Coder - Diagnosis Code
Look Up Tutorial Medical Coding for

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~~HCPCS Codes~~ - Live with CCO #032
Inpatient Clinical Documentation

Understanding your Additional
Documentation Requests – 2019 CMS
National Provider Compliance Conf. 2020
Evaluation and Management

Medical Records: Physician
Documentation Navigating the Revised

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E/M Office Visit Documentation
Requirements How to Survive Audits By
Accurately Documenting Medical
Necessity in Home Health ~~HCPCS~~
~~Overview Codes and Books Explained~~
ICD-10-CM MEDICAL CODING
GUIDELINES EXPLAINED -
CHAPTER 1 GUIDELINES -

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~~INFECTIOUS DISEASES Cms Clinical Documentation Guidelines~~

Per the 2020 Medicare Physician Fee
Schedule final rule in the Federal Register
and the Centers for Medicare & Medicaid
Services ' (CMS ') Patients Over
Paperwork (PoP) Initiative, medical
provider payment will no longer be linked

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Guidelines to documenting the history/medical interview and/or examination findings for evaluation and management (E/M) services paid under Medicare Part B. These changes threaten to dilute the importance of gathering the patient's story and experience with disease/health.

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~~Guidelines for Clinical Documentation
Improvement - AAPC ...~~

Cms Clinical Documentation Guidelines
Providers should submit adequate
documentation to ensure that claims are
supported as billed. For more information,
please refer to **Complying With Medical
Record Documentation Requirements**

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Guidelines (PDF) and the CERT
Outreach & Education Task Forces
webpage. Medical Records
Documentation | CMS Page 2/11

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~~orrisrestaurant.com~~

Simplifying Documentation Requirements

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Guideline
As part of our Patients over Paperwork Initiative, Medicare is simplifying documentation requirements so that you spend less time on paperwork, allowing you to focus more on your patients and less on confusing and time-consuming claims documentation. We've made some important changes already.

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~~Simplifying Documentation Requirements
+ CMS~~

February 16, 2018 - The American College of Physicians (ACP) recently applauded a CMS decision to change EHR clinical documentation requirements. Teaching physicians can

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Guidelines
now verify medical student...

~~CMS Modifies E/M EHR Clinical
Documentation Requirements~~

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§ 483.25(i)(1) Maintains acceptable

Page 18/38

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parameters of nutritional status, such as body weight and protein levels, unless the resident ' s clinical condition demonstrates that this is not possible; and § 483.25(i)(2) Receives a therapeutic diet when there is a nutritional problem. INTENT: § 483.25(i) Nutritional Status

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~~CMS Manual System Department of
Health & Human~~

Clinical Documentation Standards This policy section defines the procedures and minimum standards for documentation of Medicare/ Medi-Cal Specialty Mental Health Services at any site providing those services within Alameda County

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Behavioral Health Care Services and its
Behavioral Health Plan's Provider
Network.

~~Clinical Documentation Standards~~
Providers should submit adequate
documentation to ensure that claims are
supported as billed. For more information,

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Guidelines
Please refer to Complying With Medical
Record Documentation Requirements
Fact Sheet (PDF) and the CERT
Outreach & Education Task Forces
webpage.

~~Medical Records Documentation | CMS~~
The Medicare Program Integrity Manual,
Page 22/38

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Chapter 3, Section 3.2.3.3, “ Third-Party Additional Documentation Request ” states: The treating physician, another clinician, provider, or supplier should submit the requested. documentation. However, because the provider selected for review is the one whose payment.

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~~Complying With Medical Record
Documentation Requirements~~

Electronic Clinical Quality Measures (eCQM) Requirements For 2020 eCQM requirements, CMS has reduced the number of eCQMs available from 16 to eight. Participants must report on four eCQMs. The reporting period has also

Where To Download Cms Clinical Documentation

Guidelines
been changed to a self-selected calendar quarter of 2019.

~~2020 Program Requirements Medicare |
CMS~~

CMS Takes Steps to Ensure Medicare
Beneficiaries Have Wide Access to
COVID-19 Antibody Treatment

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Medicaid & Children ' s Health Insurance
Program (CHIP) Managed Care Final
Rule - CMS-2408-F Trump
Administration Announces Medicaid and
CHIP Managed Care Final Rule,
Continues Commitment to Transform
Medicaid by Delivering Greater Flexibility
to States

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~~Regulations & Guidance | CMS~~

Beneficiary name and date of service on all documentation. Diagnostic tests, radiological reports, lab results, pathology reports, and other pertinent test results and interpretations. Support diagnosis, if applicable. Beneficiary medical records to

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Guidelines support drug is reasonable and necessary.

~~Drugs, Biologicals and Injections
Documentation ... Medicare~~

There is an order for every visit performed. Each visit note stands alone to show a skilled service provided; they must also tell the patient ' s story. Visit notes

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~~Guidelines~~ include the assessment, skill provided, patient or caregiver response, plan for next visit and need for skilled services and complexity.

~~How to Establish a Clinical
Documentation Improvement Program~~
clinical diagnostic laboratory to conduct

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and bill for clinical diagnostic laboratory tests it is authorized to perform under its CLIA certificate. In addition, to help ensure that beneficiaries can get the tests

~~Laboratories: CMS Flexibilities to Fight
COVID-19~~

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Guidelines Electronic
Clinical Quality Measures (eCQM)
Requirements For 2020 eCQM
requirements, CMS has reduced the
number of eCQMs available from 16 to
eight. Participants must report on four
eCQMs. The reporting period has also
been changed to a self-selected calendar

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~~Cms Clinical Documentation Guidelines—
Costamagarakis.com~~

CMS has also removed certain
documentation and recordkeeping
requirements associated with orders for
these COVID-19 diagnostic tests and

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related tests as these requirements would not be relevant in the absence of an order. CMS still expects laboratories to furnish the results of COVID-19 tests to the beneficiary.

~~Physicians and Other Clinicians: CMS
Flexibilities to ...~~

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Documentation Guidelines Guidelines for Medicare Services Incomplete or illegible records can result in denial of payment for services billed to Medicare. In order for a claim for Medicare benefits to be valid, there must be sufficient documentation in the provider's or hospital's records to verify the services performed were "reasonable

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Guidelines" and required the level of care billed.

~~Documentation Guidelines for Medicare Services – JE Part B ...~~

CMS expects that because providers are contracted, there should be no reason to fail to obtain necessary clinical

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~~Guidelines~~ In a last effort to obtain documentation, plans didn ' t use medical directors to engage providers to submit documentation.

~~CMS Medicare Plan Outreach
Requirements in the Spotlight - MHK
Medicare Reimbursement Guidelines for~~

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DSMT The Centers for Medicare & Medicaid Services (CMS) provides reimbursement for Medicare beneficiaries for diabetes self-management training (DSMT), under certain conditions. Becoming familiar with the Medicare DSMT reimbursement guidelines can help increase a DSMES service ' s financial

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