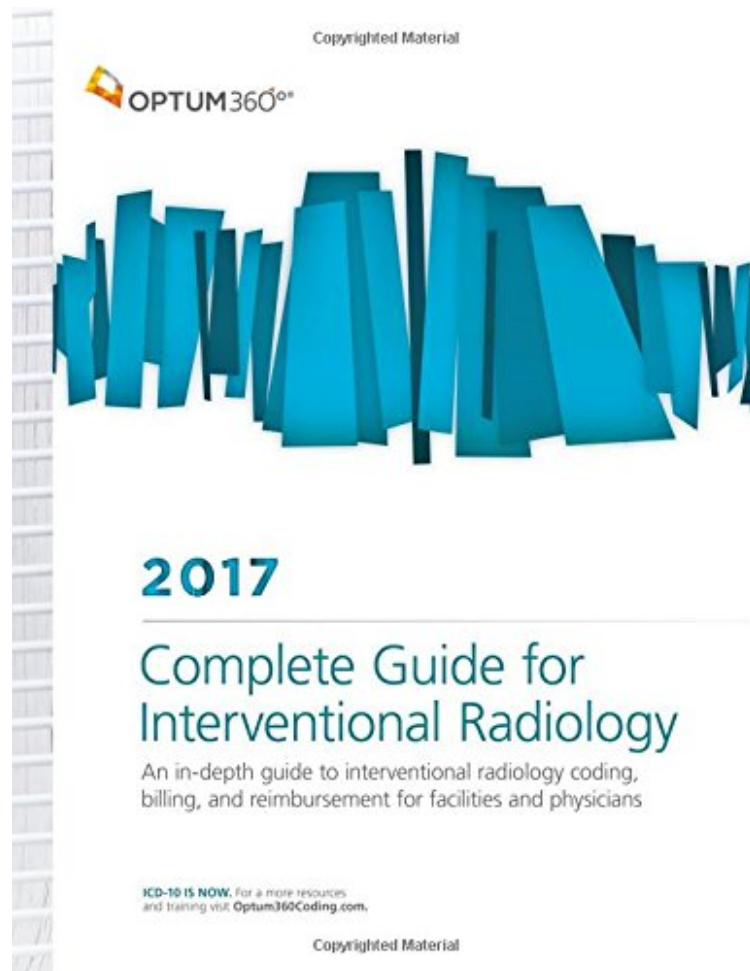


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reimbursement guidance, and tips. Additional Anatomical diagrams added. Provides a better understanding of the medical procedures referenced by the codes and data. The graphics offer coders a visual link between the technical language of the operative report and the cryptic descriptions accompanying the codes. Medicare Correct Coding Initiative (CCI) edits. Reduce the risk of audits and spend less time correcting claims by identifying which coding combinations cannot be billed together. Case examples. Learn through real-world scenarios of interventional procedures based on common methods of practice. Reportable codes are indicated to provide an understanding of code selection based on documentation for both the physician and the facility. For Facilities: Benchmarking information. Optimize revenue for your facility with detailed data on often-overlooked codes while capturing all charges possible and allowable. Facility coding tips. Provides information on how codes should be used, as well as when not to use a code, plus other codes frequently associated with the procedure, HCPCS codes reported instead of or in addition to the procedure, and modifier assignment. For Physicians: Overview of Physician Quality Reporting Initiative (PQRI). Includes quality measures and coding tips for physicians. Physician payment methodology. Get all the details on how payment is established/determined. Detailed information regarding radiology services. Learn the difference in modifier reporting for radiology procedures where the physician provides the supervision and interpretation versus the procedure itself. Summaries of anti-kickback laws and Stark legislation. Review Stark legislation history and regulations to help understand patient referrals and services provided. Physician coding tips. Provides information on how the code should be used, provides related CPTreg; codes, and offers help concerning common billing errors and modifier usage. CPTreg; is a registered trademark of the American Medical Association.