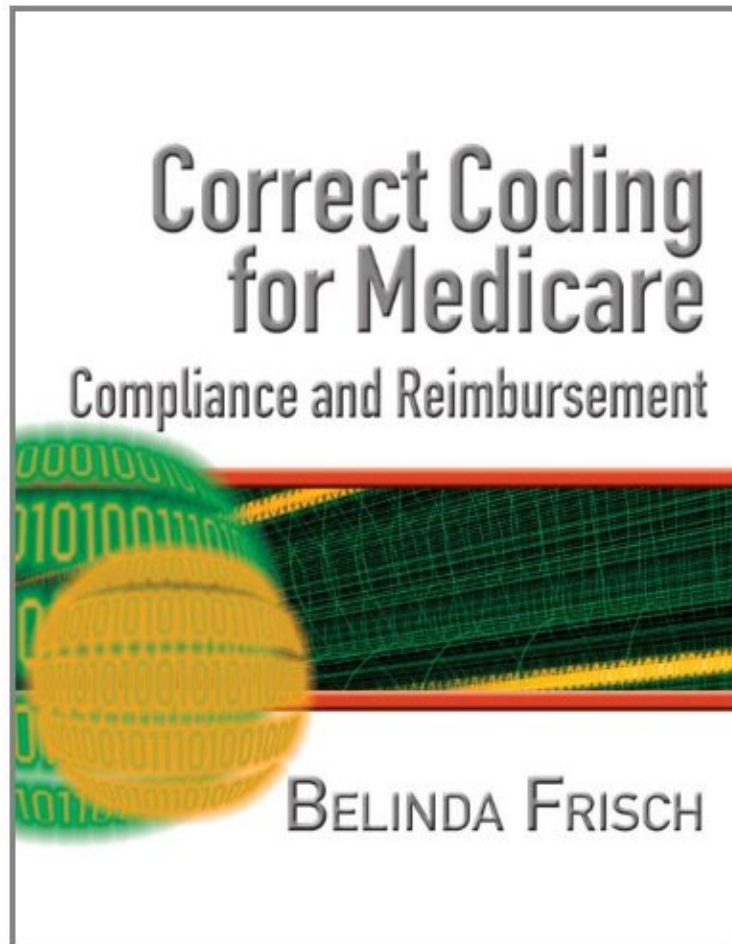


# Correct Coding for Medicare, Compliance, and Reimbursement

*Belinda S. Frisch*

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Dedication Foreword Preface Acknowledgements About the Author Part I: Evaluation and Management Coding Chapter 2: Evaluation and Management Services Chapter 3: Administrative and Time-Based Codes Chapter 4: Outpatient Evaluation and Management Codes Chapter 5: Inpatient and Observation Evaluation and Management Codes Chapter 6: Consultations Chapter 7: Preventative Medicine and Primary Care Chapter 8: Midlevel Practitioner Services Part II: International Classification of Diseases, 9th Revision, Clinical Modification Chapter 9: ICD-9 Coding Part III: Medicare Chapter 10: Medicare Chapter 11: Medicare as a Secondary Payer (MSP) Chapter 12: HIPPA Basics (Health Insurance Privacy and Portability Act) Part IV: Claims Basics Chapter 13: Step by step CMS-1500 form completion/ Place of Service Codes Chapter 14: Front Office Procedures Chapter 15: National Correct Coding Initiative (NCCI) Chapter 16: Time Frames for Claim Submission, Payment, and Appeals Chapter 17: Monitoring reports, following up on denials, and the appeals process Part V: Compliance Chapter 18: Office of the Inspector General (O.I.G.) Chapter 19: Fraud and Abuse Chapter 20: How to Perform a Medical Record Audit Chapter 21: The Compliance Plan Appendix I: Examination Documentation Checklists for the General Multi-System Exam and 10 Individual Single System Examinations Appendix II: Medical Terminology Basics Glossary About the Author Former dual-certified professional coder turned full-time author.