

Highmark Coding Guideline Sheets

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Highmark Coding Guideline Sheets

Highmark Coding Tips is a periodic article that contains billing and coding best practices for professional and facility providers. Please refer to the Reimbursement Policy page for specific code edits used in Highmark's claims processing system. This publication focuses only on correct coding guidelines and tips to avoid common billing mistakes.

Provider Resource Center

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Highmark Coding Guideline Sheets

New Publication for Coding Guidance Highmark is now providing periodic articles with billing and coding best practices for our providers. The articles cover correct coding guidelines and offer tips to avoid common billing mistakes. The first article outlines cardiovascular stress test coding and reporting time-based

procedures.

Highmark Coding Tips - Provider Resource Center

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Highmark

ICD-10-CM Official Guidelines for Coding and Reporting FY 2020 (October 1, 2019 - September 30, 2020) Narrative changes appear in bold text . Items underlined have been moved within the guidelines since the FY 2019 version Italics are used to indicate revisions to heading changes .

FY2020 ICD-10-CM Guidelines - CMS Homepage | CMS

E/M Documentation Auditors' Instructions Refer to data section (table below) in order to quantify. After referring to data, circle the entry to the RIGHT in the table, which best describes the HPI,

ROS and PFSH.

E/M DOCUMENTATION AUDITORS' WORKSHEET 1995

Guidelines

ICD-10 Coding Help Sheet . 4 . CAD - (includes with or without CABG unless CAD is in the graft vessel) NOS/No Angina (Native Artery, Default - I25.10 . With Angina (Native Artery, Default - I25.11+ Note: Use additional "Tobacco" code . Cardiomegaly - I51.7 . Note: Do not code with I11.+ or I13.+ Cancer - See Neoplasm . Cardiomyopathy

ICD-10 Coding Help Sheet

Highmark's medical policy guidelines address both clinical and claim payment reimbursement issues. These guidelines address hundreds of medical issues, including diagnostic and therapeutic procedures, injectable drugs, and durable medical equipment. Some policies address procedures and services that are considered to be part of another ...

Medical Policy - Highmark

Guidelines for Evaluation and Management Services and the 1997 Documentation Guidelines for Evaluation and Management Services. These publications are also available in the Reference Section. NOTE: For billing Medicare, you may use either version of the documentation guidelines for a patient encounter, not a combination of the two.

Evaluation and Management Services Guide - CMS

The National Correct Coding Initiative (NCCI) edits were developed by the Centers for Medicare & Medicaid Services (CMS) to promote national correct coding methodologies and reduce paid claim errors resulting from improper coding and inappropriate payments. Highmark began to systematically follow CMS guidelines

CHAPTER 6: BILLING AND PAYMENT

guidelines on this schedule depend on your age, gender, health and family history. As a part of your health ... Member Service to verify that your vaccination provider is in the Highmark network.
***** Meningococcal B vaccine per doctor's advice. Children: 3

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Years to 18 Years. 1. General Health Care. 3Y. 4Y. 5Y. 6Y. 7Y. 8Y. 9Y. 10Y. 11Y. 12Y ...

2020 Preventive Schedule - Highmark

coding. A common mistake is coding DVT as acute when a patient has either chronic or historical DVT. Often , providers choose an acute DVT code simply because the patient is on an anticoagulation therapy, even though the patient no longer has a clot and is taking a blood thinner prophylactically. Such inaccurate coding results

Coding Tip Sheet Deep Vein Thrombosis and Pulmonary

...

View the Webinar: Telemedicine during Covid-19 Highmark is committed to assisting you in this important effort to ensure that our members have continued access to quality health care despite such challenging circumstances. To help avoid further spread the virus, Highmark is actively encouraging our members to utilize telemedicine services and virtual visits.

TELEMEDICINE AND VIRTUAL VISITS - Highmark

1995 E/M (Evaluation and Management) Score Sheet Companion What you need to know. Coding guidelines currently provide you with both 1995 and 1997 guidelines for evaluating your documentation. Novitas focuses our education around the 1995 guidelines since our auditing reveals them to be the most beneficial to the providers.

1995 E/M (Evaluation and Management) Score Sheet: Companion

Optometry Coding Guidelines Optometrists have the luxury of being able to utilize both the 92xxx General Ophthalmological Service codes and the 99xxx Evaluation and Management codes. Only eye doctors can use the 92xxx codes and they can be used for both medical and routine exams.

The Ultimate Guide to Optometry Billing and Coding ...

HIGHMARK CODING TIPS. Posted on 07-30-2019. Page 2 of 2 ... guidelines, report vaccine immunization administration codes 90460, 90461, 90471-90474 in addition to the vaccine and

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toxoid code(s) 90476-90749. ... Simply providing an information sheet to the patient/family without discussion would

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