

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

install Highmark Coding Guideline Sheets so simple! 2018 Coding Guideline: Part 1 In this video, I review the 2018 Coding Guidelines. Reimbursement Policy - Highmark Page 2 of 2 (3) The coding guidelines should be clear to facilitate accurate payments and be usable for compliance purposes and audits.

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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.

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95 97 E/M Audit Tool- 201 1 Highmark Medicare Services 1995 & 1997 Score Sheets Trailblazer E/M Pocket Guide NGS E/M Audit Tool- 2011 Coding Tool- E/M History E&M Chart Auditing - AAPC Medical Coding & Billing Forums

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Effective for claims processed on or after July 1, 2019, Highmark will be updating the reporting guidelines for bilateral services. This change is to more closely follow CMS bilateral rules and simplify billing practices for professional providers. REPORTING GUIDELINES FOR BILATERAL PROCEDURES . There are several ways to report bilateral ...

CHANGE IN BILATERAL PROCEDURE REPORTING RULES - Special ...

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For additional coding guidance, CPT Assistant has provided a fact sheet for the SARS-CoV-2 (COVID-19) test in relation to the use of the new CPT code. Antibody Testing. While serological tests are becoming more available, these tests have only received emergency use authorization.

Billing/Coverage for COVID-19 - Highmark

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Highmark reimbursement policies . Highmark's reimbursement policies contain general coding and reimbursement guidelines to help you avoid claim denials and receive timely payment. The policies are reviewed regularly and updated as necessary, with new policies added when a need is identified. When a policy is updated, past versions are stored

CHAPTER 6: BILLING AND PAYMENT

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

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