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Chapter 5

Medicare Program

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Recoup lost time and revenue
with denials management and

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appeals know-how. Claim denials can sink a profit margin. And given the cost of appeals, roughly \$118 per claim, not all denials can be reworked. A practice submitting 50 claims a day at an average reimbursement

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rate of \$200 per claim should bring in \$10,000 in daily revenue. But if 10% of those claims are denied, and the practice can only appeal one, they lose \$800 per day—upwards of \$200K annually. Your medical

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claims are the lifeblood of operations. Don't compromise your financial health. Learn how to preempt denials with the Denials Management & Appeals Reference Guide. This vital resource will equip you to get ahead of

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payers by simplifying the leading causes of denials and showing you how to address insufficient documentation, failing to establish medical necessity, coding and billing errors, coverage stipulations, and

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untimely filing. Rely on AAPC to walk you through the appeal process. We'll help you establish protocols to avoid an appeals backlog and teach you how to identify and prioritize denials likely to win an appeal.

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What's more, you'll learn when a claim can be "reopened" to fix a problem. Collect the revenue your practice deserves with effective denials and appeals solutions: Know how to analyze your denials

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Defeat documentation and
compliance issues for
successful claims success
Utilize payer policy for
coverage clues Lock in
revenue with face-to-face
reimbursement guidance
Refine efforts to avoid E/M

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claim denials Ace ICD-10
coding for optimum
reimbursement Put an end to
modifier confusion Stave off
denials with CCI edits
advice Navigate the appeals
process like a pro And much
more!

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The only comprehensive book on geriatric occupational therapy designed specifically for the COTA, Occupational Therapy with Elders: Strategies for the COTA, 3rd Edition provides in-depth coverage of each

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aspect of geriatric practice, from wellness and prevention to death and dying. A discussion of foundational concepts includes aging trends and strategies for elder care, and coverage of emerging

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areas includes low-vision rehabilitation, mobility issues including driving, and Alzheimer's disease and other forms of dementia. Expert authors René Padilla, Sue Byers-Connon, and Helene Lohman offer an unmatched

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discussion of diverse populations and the latest on geriatric policies and procedures in this fast-growing area of practice. Unique! A focus on the occupational therapy assistant highlights the

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importance of COTAs to the care of elder clients. Case studies illustrate principles and help you apply what you've learned to actual situations. Key terms, chapter objectives, and review questions

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highlight important content in each chapter. Use of the term "elder" reduces the stereotypical role of dependent patients and helps to dispel myths about aging. A multidisciplinary approach demonstrates how the OT and

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the COTA can collaborate effectively. Unique! Attention to diverse populations and cultures prepares you to respect and care for clients of different backgrounds. Unique! The companion Evolve

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website makes review easier with more learning activities, references linked to MEDLINE abstracts, and links to related OT sites. Unique! A discussion of elder abuse, battered women, and literacy includes

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information on how the COTA can address these often-overlooked issues. New information on alternative treatment settings for elders reflects new trends in OT care. Updated information on Medicare,

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Medicaid, and HIPAA

regulations discusses the latest policies and how to incorporate the newest procedures into practice. Significant additions are made to the chapters on public policy, dementia, and

Where To Download Medicare Program Integrity Manual Chapter 5 Oncology.

This guide is a general summary that explains certain aspects of the Medicare Program, but is not a legal document.

A Complete Guide to
Increasing Reimbursement and

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Reducing Denials

Coding for Chest Medicine

2009

Managing Legal Compliance in
the Health Care Industry

Occupational Therapy with
Elders - E-Book

Promoting Quality of Life

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through Collaborative Practice

Guide to Coding Compliance (Book Only)

The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized

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population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals

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were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services

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applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise

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of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication and speech

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in adults.

The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions

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and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary

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action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

This book provides a comprehensive and approachable overview of Medicare under the Affordable Care Act. The author illustrates how the ACA addresses the long-term fiscal and demographic challenges

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facing Medicare, as well as the potential for Medicare to become a single-payer system.

Documentation for Physical Therapist Practice: A Clinical Decision Making Approach

Section 1557 of the Affordable Care Act
Strategies for the Occupational Therapy

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Assistant

Outpatient Cardiac Rehab

Tools and Best Practices for

Reimbursement and Compliance

Medicaid Eligibility Quality Control

**This book provides a road map for
the efficient and successful
management of atrial fibrillation**

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(AF) in the short stay unit. It describes the problem, defines the measures of successful treatment, elucidates interventions, and supplies the tools for achieving quality care. Organized in four parts, it covers the impact of AF on patient populations; the

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presentation and management of AF; the transition to the outpatient environment; and systems management. Topics include the economic consequences of AF; cardioversion and cardiac implantable electronic devices in AF management; education of the

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AF patient and discharge planning; and quality metrics in AF. The book also provides order sheets and process criteria with which institutions can successfully manage the AF patient in the short stay unit, thus optimizing patient outcomes, patient satisfaction, and

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operational efficiencies. Short Stay Management of Atrial Fibrillation is a valuable resource for cardiologists, emergency medicine physicians, electrophysiologists, and other healthcare professionals involved in AF management. A timely look at the healthcare

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valuation process in an era of dynamic healthcare reform, including theory, methodology, and professional standards In light of the dynamic nature of the healthcare industry sector, the analysis supporting business valuation engagements for

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healthcare enterprises, assets, and services must address the expected economic conditions and events resulting from the four pillars of the healthcare industry:

**Reimbursement, Regulation,
Competition, and Technology.
Healthcare Valuation presents**

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specific attributes of each of these enterprises, assets, and services and how research needs and valuation processes differentiate depending on the subject of the appraisal, the environment the property interest exists, and the nature of the practices. Includes

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theory, methodology, and professional standards as well as requisite research, analytical, and reporting functions in delivering healthcare valuation services
Provides useful process tools such as worksheets and checklists, relevant case studies, plus a

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**website that will include
comprehensive glossaries and
topical bibliographies Read
Healthcare Valuation for a
comprehensive treatise of valuation
issues in the healthcare field
including trends of compensation
and reimbursement, technology and**

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**intellectual property, and newly
emerging healthcare entities.**

Find your next career with

COMPARATIVE HEALTH

INFORMATION MANAGEMENT, 4e.

**Updated for the fourth edition, this
book explores a variety of
professional settings where**

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opportunities abound, including hospitals, ambulatory clinics and medical offices, veterinary practices, home health, long-term care, and correctional facilities, as well as emerging practice areas in consulting and cancer registry. Focused on the challenges of

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managing and protecting the flow of information across sites, chapters introduce the health care system today, and then delve into specifics of the many HIM roles available to you, enhancing discussions with key terms, self-test questions, web links, and more to add meaning to

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concepts. Additional features include realistic case studies to help you solve problems, and new “Professional Spotlight” vignettes for an inside view of actual professionals in their HIM careers. Important Notice: Media content referenced within the product

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**description or the product text may
not be available in the ebook
version.**

**The Medicare Handbook
The Financial Appraisal of
Enterprises, Assets, and Services
Guidelines Manual
Report to the Congress, Medicare**

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Payment Policy

Short Stay Management of Atrial Fibrillation

Comparative Health Information Management

If you have not been a patient
in a hospital or nursing home

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recently, you may not be aware of what is really happening as to the care and costs of healthcare. No one bothers until they are presented with a bill they dont understand or receive care

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that is atrocious. It will only get worse unless we take a stand and learn how the government is usurping our rights for quality care when we are the most vulnerable.

"42 CFR 489.18 - Change of

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ownership or leasing: Effect
on provider agreement."

Handbook of Home Health
Standards: Quality,
Documentation, and
Reimbursement includes
everything the home care

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nurse needs to provide quality care and effectively document care based on accepted professional standards. This handbook offers detailed standards and documentation guidelines including ICD-9-CM

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(diagnostic) codes, OASIS considerations, service skills (including the skills of the multidisciplinary health care team), factors justifying homebound status, interdisciplinary goals and

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outcomes, reimbursement, and resources for practice and education. The fifth edition of this “little red book” has been updated to include new information from the most recently revised Federal

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Register Final Rule and up-to-date coding. All information in this handbook has been thoroughly reviewed, revised, and updated. Offers easy-to-access and easy-to-read format that guides users step

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by step through important
home care standards and
documentation guidelines
Provides practical tips for
effective documentation of
diagnoses/clinical conditions
commonly treated in the

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home, designed to positively influence reimbursement from third party payors. Lists ICD-9-CM diagnostic codes, needed for completing CMS billing forms, in each body system section, along with a

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complete alphabetical list of all codes included in the book in an appendix. Incorporates hospice care and documentation standards so providers can create effective hospice documentation.

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Emphasizes the provision of quality care by providing guidelines based on the most current approved standards of care. Includes the most current NANDA-approved nursing diagnoses so that

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providers have the most accurate and up-to-date information at their fingertips. Identifies skilled services, including services appropriate for the multidisciplinary team to perform. Offers discharge

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planning solutions to address specific concerns so providers can easily identify the plan of discharge that most effectively meets the patient's needs.

Lists the crucial parts of all standards that specific

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members of the multidisciplinary team (e.g., the nurse, social worker) must uphold to work effectively together to achieve optimum patient outcomes. Resources for care and practice direct

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providers to useful sources to improve patient care and/or enhance their professional practice. Each set of guidelines includes patient, family, and caregiver education so that health care

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providers can supply clients with necessary information for specific problems or concerns. Communication tips identify quantifiable data that assists in providing insurance case managers with

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information on which to make effective patient care decisions. Several useful sections make the handbook thorough and complete: medicare guidelines; home care definitions, roles, and

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abbreviations; NANDA-
approved nursing diagnoses;
guidelines for home medical
equipment and supplies. Small
size for convenient carrying in
bag or pocket! Provides the
most up-to-date information

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about the newest and predominant reimbursement mechanisms in home care: the Prospective Payment System (PPS) and Pay For Performance (P4P). Updated terminology, definitions, and

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language to reflect the federal agency change from Health Care Financing Administration (HCFA) to Centers for Medicare & Medicaid Services (CMS) and other industry changes. Includes the most

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recent NANDA diagnoses and
OASIS form and
documentation explanations.
New interdisciplinary roles
have been added, such as
respiratory therapist and
nutritionist.,/LI>

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What Is . . . Chow?

The Promise of Assistive
Technology to Enhance
Activity and Work
Participation

The Affordable Care Act and
Medicare in Comparative

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Chapter 5 Context

Title XX Social Services

Occupational Therapy with

Aging Adults - E-Book

Handbook of Home Health

Standards E-Book

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Offering a comprehensive look at physical therapy science and practice, Guccione's Geriatric

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Physical Therapy, 4th Edition is a perfect resource for both students and practitioners alike. Year after year, this text is recommended as the primary preparatory resource for the Geriatric Physical Therapy Specialization exam. And this new

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*fourth edition only gets better.
Content is thoroughly revised to
keep you up to date on the latest
geriatric physical therapy protocols
and conditions. Five new chapters
are added to this edition to help you
learn how to better manage*

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common orthopedic, cardiopulmonary, and neurologic conditions; become familiar with functional outcomes and assessments; and better understand the psychosocial aspects of aging. In all, you can rely

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*on Guccione's Geriatric Physical
Therapy to help you effectively care
for today's aging patient population.
Comprehensive coverage of
geriatric physical therapy prepares
students and clinicians to provide
thoughtful, evidence-based care for*

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*aging patients. Combination of
foundational knowledge and
clinically relevant information
provides a meaningful background
in how to effectively manage
geriatric disorders Updated
information reflects the most recent*

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and relevant information on the Geriatric Clinical Specialty Exam. Standard APTA terminology prepares students for terms they will hear in practice. Expert authorship ensures all information is authoritative, current, and clinically

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accurate. NEW! Thoroughly revised and updated content across all chapters keeps students up to date with the latest geriatric physical therapy protocols and conditions. NEW! References located at the end of each chapter point students

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toward credible external sources for further information. NEW! Treatment chapters guide students in managing common conditions in orthopedics, cardiopulmonary, and neurology. NEW! Chapter on functional outcomes and

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assessment lists relevant scores for the most frequently used tests.

NEW! Chapter on psychosocial aspects of aging provides a well-rounded view of the social and mental conditions commonly affecting geriatric patients. NEW!

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Chapter on frailty covers a wide variety of interventions to optimize treatment. NEW! Enhanced eBook version is included with print purchase, allowing students to access all of the text, figures, and references from the book on a

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variety of devices.

This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this

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guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or

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exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries

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created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or

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to measure quality of care.

Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health

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services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The

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User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters

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were subject to multiple internal and external independent reviews.

*The Four Pillars of Healthcare Value
Documentation Guidelines for
Evaluation and Management
Services*

Quality, Documentation, and

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Reimbursement

*Model Rules of Professional
Conduct*

The Role of the Financial Expert

Patients First

***Documentation for Physical
Therapist Practice: A Clinical***

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Decision Making Approach provides the framework for successful documentation. It is synchronous with Medicare standards as well as the American Physical Therapy Association s

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***recommendations for
defensible documentation. It
identifies documentation
basics which can be readily
applied to a broad spectrum of
documentation formats
including paper-based and***

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electronic systems. This key resource skillfully explains how to document the interpretation of examination findings so that the medical record accurately reflects the evidence. In addition, the

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***results of consultation with
legal experts who specialize in
physical therapy claims
denials will be shared to
provide current, meaningful
documentation instruction."***
Observation services insight

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***from the industry's top expert
Here is the essential guide for
understanding observation
services and the most recent
regulatory guidance for
inpatient admission. Author
Deborah K. Hale, CCS, CCDS,***

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uses case studies and real-life examples to examine regulatory guidelines and fiscal management, and also explains how to manage multiple payers and find an easier way to achieve

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***reimbursement for
observation services. You will
also learn about the roles of
nurses and physicians in
observation services and how
to foster an effective team
approach for compliance and***

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***appropriate reimbursement.
With your copy of Observation
Services, Third Edition, you'll
learn how to: - Assign proper
level of care using real-life
case studies - Implement an
effective and compliant policy***

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***in accordance with the
Medicare rules for observation
services and instruction -
Implement a payer-specific
policy in compliance with the
multiple payers' rules for
observation services and***

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***instruction - Determine
improvement opportunities
and understand how to use
internal and external data -
Decipher the dos and don'ts
for Condition Code 44 What's
new in the Third Edition? -***

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***CMS and American Hospital
Association interaction
regarding observation use -
Updated guidelines on the
process for use of Condition
Code 44 and proper billing -
The 2011 version of ST***

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PEPPER - New and improved strategies for accurate billing - New examples of provider liable claims - New CMS instructions required for payment - New policy and procedure examples and case

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***studies Topics covered
include: - Determining the
right level of care - The
consequences of incorrect
level of care determination -
Correcting level of care
determinations - Condition***

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Code 44 - Using data to determine improvement opportunities - The role of the physician advisor - Strategies for achieving accurate reimbursement - The Medicare appeals process

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***Downloadable tools include: -
Appeal letter templates - Level
of care decision-making
flowchart - Revised PEPPER
report example - Observation
pocket card reference - UR
physician documentation***

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***templates for Condition Code
44 - Transmittal 299 Condition
Code 44 - MLN Matters
Clarification Condition Code
44 SE0622 Here are just a few
of the tools and forms you'll
find in Observation Services,***

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***Third Edition. - Appeal letter
templates and sample reports
- Site of service decision-
making flowchart - Non-
physician review worksheet -
Transmittal 299 Condition
Code 44 - MLN Matters***

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***Clarification Condition Code
44 SE0622 - Top volume
Medicare MS-DRGs You'll
receive instructions to
download these and all of the
forms and tools so you can
use them right away!***

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***Section 1557 is the
nondiscrimination provision of
the Affordable Care Act (ACA).
This brief guide explains
Section 1557 in more detail
and what your practice needs
to do to meet the requirements***

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***of this federal law. Includes
sample notices of
nondiscrimination, as well as
taglines translated for the top
15 languages by state.
The How-to Manual for Rehab
Documentation***

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A Bridge to Quality

Observation Services

Essentials of Healthcare

Compliance

Our Healthcare Is Being

Usurped

Wake up America!

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**Title XX Social
Services Section 1557 of the
Affordable Care Act American
Dental Association
Essentials of Health Care
Compliance provides you with
the knowledge and skills
necessary to understand how**

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a formal compliance program is implemented at a health care facility. Managing several staff members and keeping a health care practice compliant with federal, state, and local statutes and regulations is a challenging

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job. Real-world examples and the author's hands-on approach will help you visualize yourself on-the-job, using the knowledge you have gained from this book to meet these challenges. Important Notice: Media content

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Here's all the information you need to provide your clients with superior litigation support services. Get up to

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speed quickly, with the aid of top experts, on trial preparation and testimony presentation, deposition, direct examination, and cross-examination. Authoritative and highly practical, this is THE essential guide for any

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financial expert wanting to prosper in this lucrative new area, the lawyers who hire them, and litigants who benefit from their efforts.

"This work of amazing breadth and depth covers the central issues that arise in

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financial expert testimony. It is an essential reference for counsel and practitioners in the field."—Joseph A. Grundfest, The William A. Franke Professor of Law and Business, Stanford Law School; former commissioner,

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**United States Securities and
Exchange Commission.
Medical Records and the Law
Federal Register
Health Professions Education
CMS, new name or same old
game?
Registries for Evaluating**

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**Patient Outcomes
Healthcare Valuation, The
Financial Appraisal of
Enterprises, Assets, and
Services**

*The pressures are mounting
for healthcare organizations
to comply with a growing*

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number of laws and regulations. With the passage of the Affordable Care Act, sophisticated compliance programs are now mandatory and the penalties for noncompliance are more severe. Increasingly, those

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who are trained in the fundamentals of healthcare laws and regulations and the complexities of designing and running compliance programs will be in high demand.

Managing Legal Compliance in the Health Care Industry is

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***a comprehensive resource
that will prepare you to build
and manage successful
compliance programs for any
healthcare service or industry.
In three sections, this unique
title first examines all the key
laws and regulations with***

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which healthcare organizations must comply. In section two, the author explores in detail the seven essential ingredients for a good compliance program. In the final section, the book explains how the compliance

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program must be adapted to the special needs of different types of healthcare organizations. Designed for administrators and legal counsel in health care organizations, as well graduate-level students in

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***programs of public health,
health administration, and
law, Managing Legal
Compliance in the Health
Care Industry is filled with
highly practical information
about the ways that legal
violations occur and how good***

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compliance programs

function. Key Features:

***-Examines in detail the
current laws and regulations
with which all types of
healthcare organizations must
comply -Explores the seven
essential ingredients for a***

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good compliance program

-Looks at compliance

programs within twelve

different types of healthcare

organizations -References real-

world cases of fraud and

abuse -Includes Study

Questions and Learning

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***Experiences in each chapter
that are designed to
encourage critical thinking
-Accompanied by a Navigate
Companion Website that
offers an interactive glossary,
a list of current compliance
events, downloadable***

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***documents, and a reading list.
Look no further for the book
that provides the information
essential for successful
practice in the rapidly
growing field of
gerontological occupational
therapy! Occupational***

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Therapy with Aging Adults is a new, comprehensive text edited by OT and gerontological experts Karen Frank Barney and Margaret Perkinson that takes a unique interdisciplinary and collaborative approach in

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***covering every major aspects
of geriatric gerontological
occupational therapy practice.
With 30 chapters written by
70 eminent leaders in
gerontology and OT, this book
covers the entire continuum
of care for the aging***

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population along with special considerations for this rapidly growing demographic. This innovative text also covers topical issues spanning the areas of ethical approaches to treatment; nutrition and oral health concerns;

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pharmacological issues; low vision interventions; assistive technology supports; and more to ensure readers are well versed in every aspect of this key practice area.

UNIQUE! Intraprofessional and interprofessional

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approach to intervention emphasizes working holistically and collaboratively in serving older adults. Case examples help you learn to apply new information to actual patient situations. Questions at the end of each

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chapter can be used for discussion or other learning applications. Chapter on evidence-based practice discusses how to incorporate evidence into the clinical setting. Chapter on ethics provides a deeper

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***understanding of how to
address challenging ethical
dilemmas. UNIQUE! Chapter
on the wide range of
physiological changes among
the aging patient population
highlights related
occupational performance***

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issues. UNIQUE! Chapter on oral health explores the challenges faced by older adults.

The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary

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summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150

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participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams,

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***evidence-based practice,
quality improvement, and
informatics. This book
recommends a mix of
approaches to health
education improvement,
including those related to
oversight processes, the***

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***training environment,
research, public reporting,
and leadership. Educators,
administrators, and health
professionals can use this
book to help achieve an
approach to education that
better prepares clinicians to***

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***meet both the needs of
patients and the requirements
of a changing health care
system.***

Health Insurance for the Aged

***Medicare Physician Guide
hearing before the Committee***

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***on Small Business, House of
Representatives, One Hundred
Seventh Congress, second
session, Washington, DC, May
16, 2002***

***A 21st Century Promise to
Ensure Quality and Affordable
Health Coverage : Joint***

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***Hearing Before the
Subcommittee on Health and
the Subcommittee on
Oversight and Investigations
of the Committee on Energy
and Commerce, House of
Representatives, One Hundred
Seventh Congress, First***

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Session, June 28, 2001

***Denials Management &
Appeals Reference Guide -
First Edition***

Health Administration

A User's Guide

*A Resource for Residents, Practicing
Physicians, and Other Health Care*

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Professionals

Litigation Services Handbook

Medicare Claims

Microfilming Records

A Guide to Compliant Level of Care

Determinations