Procedure Code	Description
▲ 99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
▲ 99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10–19 minutes of total time is spent on the date of the encounter.
▲ 99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20–29 minutes of total time is spent on the date of the encounter.
▲ 99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30–39 minutes of total time is spent on the date of the encounter.
▲ 99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40–54 minutes of total time is spent on the date of the encounter.

Urgent Care Services Procedure Codes

Janet I. Beik

Urgent Care Services Procedure Codes:

The Massachusetts register ,1996 **Code of Federal Regulations**, 2000 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries Code of Federal Regulations United States. Department of Veterans Affairs, 2012 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of July 1 with ancillaries Compliance for Coding, Billing & Reimbursement, 2nd Edition Duane C. Abbey, 2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA's rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications Compliance for Coding Billing Reimbursement Second Edition A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding billing and reimbursement CBR processes that seem to force providers to choose between being paid and being compliant Fully revised to account for recent changes and evolving terminology this unique and accessible resource covers statutorily based programs and contract based relationships as well as ways to efficiently handle those situations that do not involve formal relationships Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops Duane Abbey offers a logical approach to CBR compliance Designed to facilitate efficient reimbursements that don't run afoul of laws and regulations this resource Addresses the seven key elements promulgated by the OIG for any compliance program Discusses numerous types of compliance issues for all type of healthcare providers Offers access to online resources that provide continually updated information Cuts through the morass of terminology and acronyms with a comprehensive glossary Includes a CD ROM packed with regulations and information In addition to offering salient information illustrated by case studies Dr Abbey provides healthcare providers and administrators as well as consultants and attorneys with the mindset and attitude required to meet this very real challenge with savvy humor and The Code of Federal Regulations of the United States of America, 1999 The Code of Federal Regulations is perseverance the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government Children's dental services under the Medicaid program. ,1990 **Emergency Department Compliance Manual** Rusty McNew, 2017-06-14 Emergency Department Compliance Manual 2017 Edition provides everything you need to stay in compliance with complex emergency department regulations. The list of questions helps you quickly locate specific guidance on difficult legal areas such as Complying with COBRA Dealing with psychiatric patients Negotiating consent requirements Obtaining reimbursement for ED services Avoiding employment law problems

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