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Evaluation and Management (E/M) coding is notoriously difficult. Consequently, providers make more mistakes with E/M coding than coding for any other item or service. This new resource offers detailed and advanced guidance on selecting the appropriate E/M codes, with helpful resources designed for difficult E/M coding situations.

Now, with ICD-10-CM implementation approaching, your E/M coding takes on even greater importance and we've have provided extensive coverage to this vital E/M and ICD-10-CM relationship.
The *2016 Evaluation and Management Coding Advisor* includes:
Key Features and Benefits
ICD-10-CM code assignment hinges on the quality and detail of E/M encounter data. Get appropriate ICD-10-CM coding assignments with improved E/M coding process. Minimize physician queries, and prevent delays in claims processing pending information and stop outright claims denials.

Includes clinical case studies. Train coders and clinicians using real-life scenarios.

Covers every E/M service. Review of the E/M rules and protocols for all E/M care.

Helpful advice designed for difficult E/M coding situations. Well-patient exams, H1N1 flu, and other common, but problematic coding scenarios are explained.

E/M template examples for EMRs. Ensure accurate code selection and avoid over-coding with guidelines for using templates.

Includes Knowledge Assessments. With answers and rationale. Instant feedback on knowledge retention.

Targeted areas. Review what auditors are targeting, such as critical care.

Documentation guidance. Review key factors for proper E/M code selection, plus advice to help clinicians make an objective review of subjective information.

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