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Organized for quick and accurate coding, HCPCS Level II 2018 Professional Edition codebook includes the most current Healthcare Common Procedure Coding System codes and regulations, which are essential references needed for accurate medical billing and maximum permissible reimbursement. This professional edition includes such features as Netter's Anatomy illustrations, dental codes, and ASC (Ambulatory Surgical Center) payment and status indicators. Features and Benefits Full-color Netter's Anatomy illustrations clarify complex anatomic information and how it affects coding. At-a-glance code listings and distinctive symbols identify all new, revised, reinstated and deleted codes for 2018. The American Hospital Association Coding Clinic (R) for HCPCS citations provides sources for information about specific codes and their usage. Convenient spiral binding provides easy access in practice settings. Quantity feature highlights units of service allowable per patient, per day, as listed in the Medically Unlikely Edits (MUEs) for enhanced accuracy on claims. Drug code annotations identify brand-name drugs as well as drugs that appear on the National Drug Class (NDC) directory and other Food and Drug Administration (FDA) approved drugs. Color-coded Table of Drugs makes it easier to find specific drug information. Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) indicators clearly identify supplies to report to durable medical third-party payers. Ambulatory Surgery Center (ASC) payment and status indicators show which codes are payable in the Hospital Outpatient Prospective Payment System. American Dental Association (ADA) Current Dental Terminology code sets offer access to all dental codes in one place. Jurisdiction symbols show the appropriate contractor to be billed for suppliers submitting claims to Medicare contractors, Part B carriers and Medicare administrative contractors for DMEPOS services. Special coverage information provides alerts when codes have specific coverage instructions, are not valid or covered by Medicare or may be paid at the carrier's discretion. Age/Sex edits identify codes for use only with patients of a specific age or sex.

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