

aetna medicare provider manual

Aetna Medicare Provider Manual: A Comprehensive Guide

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The Aetna Medicare provider manual serves as the definitive guide for healthcare providers participating in Aetna's Medicare Advantage and Part D Prescription Drug plans. Understanding its contents is crucial for accurate billing, efficient claims processing, and maintaining compliance with federal and state regulations. This comprehensive document dictates the rules and procedures governing the relationship between Aetna and its network of providers, ensuring the smooth delivery of healthcare services to Medicare beneficiaries. This article delves into the significance and intricacies of the Aetna Medicare provider manual, exploring its key sections and providing insights for effective utilization.

I. The Importance of the Aetna Medicare Provider Manual

The Aetna Medicare provider manual is far more than a simple reference document; it's a legally binding agreement outlining the terms and conditions under which providers participate in Aetna's Medicare programs. Failure to adhere to the guidelines stipulated within this manual can lead to significant consequences, including claim denials, payment delays, and even termination from the Aetna network. Its importance stems from several key factors:

Compliance and Reimbursement: The manual clearly outlines Aetna's reimbursement policies, coding requirements, and documentation guidelines. Accurate adherence to these guidelines is paramount for securing timely and accurate reimbursement for services rendered. Understanding the specific billing requirements for different procedures and services is crucial to avoid claim denials due to coding errors or incomplete documentation.

Network Participation and Credentialing: The Aetna Medicare provider manual details the process of joining Aetna's network, outlining the necessary credentialing requirements and ongoing maintenance obligations. Providers must meet specific criteria to maintain their participation status, which often involves ongoing compliance with quality measures and performance standards.

Claims Submission and Processing: The manual provides comprehensive instructions on submitting claims electronically or via paper, including specific requirements for claim forms, supporting documentation, and appropriate coding. Understanding these procedures is crucial for ensuring efficient claim processing and minimizing delays in payment.

Provider Responsibilities and Obligations: The Aetna Medicare provider manual clearly

outlines the responsibilities and obligations of providers participating in Aetna's Medicare programs. These include adhering to ethical standards, maintaining patient confidentiality, and complying with all applicable laws and regulations.

Grievance and Appeals Process: The manual details the process for handling grievances and appeals related to claim denials or other disputes with Aetna. Understanding this process is crucial for providers to effectively address any concerns or challenges they may encounter.

II. Key Sections of the Aetna Medicare Provider Manual

The Aetna Medicare provider manual is a voluminous document, typically organized into several key sections. While the precise structure may vary slightly over time, common sections include:

Introduction and Overview: This section provides a general introduction to the manual, outlining its purpose and scope.

Network Participation: This section details the requirements for joining and maintaining participation in Aetna's Medicare network.

Credentialing and Recredentialing: This section outlines the process of submitting applications and supporting documentation for credentialing and recredentialing.

Coding and Billing: This crucial section provides detailed instructions on appropriate coding, claims submission, and billing procedures.

Reimbursement Policies: This section outlines Aetna's reimbursement policies for various services, including fee schedules and payment methodologies.

Quality Improvement Programs: This section outlines Aetna's quality improvement programs and the expectations for providers participating in these programs.

Compliance and Regulatory Information: This section covers regulatory compliance requirements, including HIPAA regulations and other relevant laws.

Grievance and Appeals Process: This section details the procedures for handling grievances and appeals related to claim denials or other disputes.

Provider Resources and Support: This section provides contact information and resources for providers seeking assistance or clarification.

III. Navigating the Aetna Medicare Provider Manual Effectively

Effectively navigating the Aetna Medicare provider manual requires a systematic approach. Providers should:

Familiarize themselves with the table of contents: This provides a roadmap to quickly locate

relevant sections.

Utilize the index: The index allows for efficient searching of specific terms or topics.

Regularly review updates: Aetna periodically updates the manual to reflect changes in regulations, policies, and procedures. Staying current with these updates is crucial for maintaining compliance.

Seek clarification when needed: If there is any ambiguity or uncertainty regarding a specific policy or procedure, providers should contact Aetna directly for clarification.

Maintain comprehensive records: Providers should maintain detailed records of all interactions with Aetna, including correspondence, claims submissions, and payment information.

IV. Consequences of Non-Compliance

Failure to comply with the stipulations outlined in the Aetna Medicare provider manual can result in several serious consequences:

Claim denials: Incorrect coding, incomplete documentation, or failure to follow established billing procedures can lead to claim denials.

Payment delays: Non-compliance can result in significant delays in receiving payments for services rendered.

Termination from the Aetna network: Repeated or egregious violations of the manual's guidelines can result in termination from Aetna's provider network.

Financial penalties: In some cases, non-compliance can result in financial penalties imposed by Aetna or regulatory agencies.

Legal repercussions: Severe violations of the manual's guidelines or applicable laws and regulations could have legal ramifications.

V. Conclusion

The Aetna Medicare provider manual is a vital resource for healthcare providers participating in Aetna's Medicare programs. Thorough understanding and adherence to its guidelines are essential for ensuring accurate billing, timely reimbursement, and maintaining compliance with all applicable regulations. By proactively engaging with the manual, providers can optimize their participation in Aetna's network and contribute to the delivery of high-quality healthcare to Medicare beneficiaries.

FAQs

1. Where can I find the Aetna Medicare provider manual? The manual is typically

available on Aetna's provider portal, accessible through their website. You may need to log in with your provider credentials.

1. How often is the manual updated? The manual is updated periodically to reflect changes in regulations and Aetna's policies. Providers should regularly check for updates.
1. What happens if I make a mistake on a claim? Aetna usually provides an appeals process to rectify billing errors. Contact Aetna's provider services immediately to discuss the issue.
1. Who should I contact if I have questions about the manual? Aetna's provider services department can answer most questions regarding the manual and its contents. Their contact information is found within the manual itself.
1. Is the manual the same for all Aetna Medicare plans? While the core principles remain consistent, there may be slight variations depending on the specific Aetna Medicare Advantage or Part D plan.
1. Can I download the Aetna Medicare provider manual as a PDF? The availability of a downloadable PDF version depends on Aetna's current online systems. Check their provider portal.
1. What if my specialty isn't explicitly addressed in the manual? Contact Aetna provider services for clarification on billing procedures and reimbursement policies specific to your specialty.
1. Are there training resources available to help me understand the manual? Aetna may offer webinars, workshops, or online training resources to help providers understand the manual's contents. Check their provider portal for updates.

1. What happens if I don't comply with the manual's requirements? Non-compliance can lead to claim denials, payment delays, and ultimately termination from the Aetna network.

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aetna medicare provider manual: *Medicare, Peer Review Organization Manual* , 1988

aetna medicare provider manual: *US Army Physician Assistant Handbook* , 2018 The Army physician assistant (PA) has an important role throughout Army medicine. This handbook will describe the myriad positions and organizations in which PAs play leadership roles in management and patient care. Chapters also cover PA education, certification, continuing training, and career progression. Topics include the Interservice PA Program, assignments at the White House and the Old Guard (3d US Infantry Regiment), and roles in research and recruiting, as well as the PA's role in emergency medicine, aeromedical evacuation, clinical care, surgery, and occupational health.--Amazon.com viewed Oct. 29, 2020.

aetna medicare provider manual: *Improving Diagnosis in Health Care* National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of

patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errorsâ€has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

aetna medicare provider manual: Birth Settings in America National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Division of Behavioral and Social Sciences and Education, Board on Children, Youth, and Families, Committee on Assessing Health Outcomes by Birth Settings, 2020-05-01 The delivery of high quality and equitable care for both mothers and newborns is complex and requires efforts across many sectors. The United States spends more on childbirth than any other country in the world, yet outcomes are worse than other high-resource countries, and even worse for Black and Native American women. There are a variety of factors that influence childbirth, including social determinants such as income, educational levels, access to care, financing, transportation, structural racism and geographic variability in birth settings. It is important to reevaluate the United States' approach to maternal and newborn care through the lens of these factors across multiple disciplines. Birth Settings in America: Outcomes, Quality, Access, and Choice reviews and evaluates maternal and newborn care in the United States, the epidemiology of social and clinical risks in pregnancy and childbirth, birth settings research, and access to and choice of birth settings.

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for Fiscal Year 2011 and the updated version of the Prosecuting Computer Crimes Manual. In an effort to provide you with the best resource possible, as part of the Third Edition, the Commentaries in each volume have been renumbered to refer to the relevant section in the United States Attorneyand's Manual for more efficient cross referencing between the Manual and the Commentaries.

aetna medicare provider manual: *Making Eye Health a Population Health Imperative* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health, 2017-01-15 The ability to see deeply affects how human beings perceive and interpret the world around them. For most people, eyesight is part of everyday communication, social activities, educational and professional pursuits, the care of others, and the maintenance of personal health, independence, and mobility. Functioning eyes and vision system can reduce an adult's risk of chronic health conditions, death, falls and injuries, social isolation, depression, and other psychological problems. In children, properly maintained eye and vision health contributes to a child's social development, academic achievement, and better health across the lifespan. The public generally recognizes its reliance on sight and fears its loss, but emphasis on eye and vision health, in general, has not been integrated into daily life to the same extent as other health promotion activities, such as teeth brushing; hand washing; physical and mental exercise; and various injury prevention behaviors. A larger population health approach is needed to engage a wide range of stakeholders in coordinated efforts that can sustain the scope of behavior change. The shaping of socioeconomic environments can eventually lead to new social norms that promote eye and vision health. *Making Eye Health a Population Health Imperative: Vision for Tomorrow* proposes a new population-centered framework to guide action and coordination among various, and sometimes competing, stakeholders in pursuit of improved eye and vision health and health equity in the United States. Building on the momentum of previous public health efforts, this report also introduces a model for action that highlights different levels of prevention activities across a range of stakeholders and provides specific examples of how population health strategies can be translated into cohesive areas for action at federal, state, and local levels.

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aetna medicare provider manual: *The Promise of Assistive Technology to Enhance Activity and Work Participation* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments, 2017-09-01 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 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 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 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 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 in adults.

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aetna medicare provider manual: Oncologic Imaging David G. Bragg, Philip Rubin, Hedvig Hricak, 2002 Completely updated to reflect the latest developments in science and technology, the second edition of this reference presents the diagnostic imaging tools essential to the detection, diagnosis, staging, treatment planning, and post-treatment management of cancer in both adults and children. Organized by major organs and body systems, the text offers comprehensive, abundantly illustrated guidance to enable both the radiologist and clinical oncologist to better appreciate and overcome the challenges of tumor imaging. Features 12 brand-new chapters that examine new imaging techniques, molecular imaging, minimally invasive approaches, 3D and conformal treatment planning, interventional techniques in radiation oncology, interventional breast techniques, and more. Emphasizes practical interactions between oncologists and radiologists. Includes expanded coverage of paediatric tumours as well as thorax, gastrointestinal tract, genitourinary, and musculoskeletal cancers. Offers reorganized and increased content on the brain and spinal cord. Nearly 1,400 illustrations enable both the radiologist and clinical oncologist to better appreciate and overcome the challenges of tumour imaging. - Outstanding Features! Presents internationally renowned authors' insights on recent technological breakthroughs in imaging for each anatomical region, and offers their views on future advances in the field. Discusses the latest advances in treatment planning. Devotes four chapters to the critical role of imaging in radiation treatment planning and delivery. Makes reference easy with a body-system organisation.

aetna medicare provider manual: Major Labels Kelefa Sanneh, 2021-10-05 One of Oprah Daily's 20 Favorite Books of 2021 • Selected as one of Pitchfork's Best Music Books of the Year “One of the best books of its kind in decades.” —The Wall Street Journal An epic achievement and a huge delight, the entire history of popular music over the past fifty years refracted through the big genres that have defined and dominated it: rock, R&B, country, punk, hip-hop, dance music, and pop Kelefa Sanneh, one of the essential voices of our time on music and culture, has made a deep study of how popular music unites and divides us, charting the way genres become communities. In Major Labels, Sanneh distills a career's worth of knowledge about music and musicians into a brilliant and omnivorous reckoning with popular music—as an art form (actually, a bunch of art forms), as a cultural and economic force, and as a tool that we use to build our identities. He explains the history

of slow jams, the genius of Shania Twain, and why rappers are always getting in trouble. Sanneh shows how these genres have been defined by the tension between mainstream and outsider, between authenticity and phoniness, between good and bad, right and wrong. Throughout, race is a powerful touchstone: just as there have always been Black audiences and white audiences, with more or less overlap depending on the moment, there has been Black music and white music, constantly mixing and separating. Sanneh debunks cherished myths, reappraises beloved heroes, and upends familiar ideas of musical greatness, arguing that sometimes, the best popular music isn't transcendent. Songs express our grudges as well as our hopes, and they are motivated by greed as well as idealism; music is a powerful tool for human connection, but also for human antagonism. This is a book about the music everyone loves, the music everyone hates, and the decades-long argument over which is which. The opposite of a modest proposal, Major Labels pays in full.

aetna medicare provider manual: Drug-Induced Sleep Endoscopy Nico de Vries, Ottavio Piccin, Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep-related breathing disorder, impacting an estimated 1.36 billion people worldwide. In the past, OSA was almost exclusively treated with Continuous Positive Airway Pressure (CPAP), however, dynamic assessment of upper airway obstruction with Drug-Induced Sleep Endoscopy (DISE) has been instrumental in developing efficacious alternatives. Drug-Induced Sleep Endoscopy: Diagnostic and Therapeutic Applications by Nico de Vries, Ottavio Piccin, Olivier Vanderveken, and Claudio Vicini is the first textbook on DISE written by world-renowned sleep medicine pioneers. Twenty-four chapters feature contributions from an impressive group of multidisciplinary international experts. Foundational chapters encompass indications, contraindications, informed consent, organization and logistics, patient preparation, and drugs used in DISE. Subsequent chapters focus on treatment outcomes, the role of DISE in therapeutic decision making and upper airway stimulation, pediatric sleep endoscopy, craniofacial syndromes, advanced techniques, and more. Key Highlights Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics, from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents, fellows, and surgeons. Clinicians in other specialties involved in sleep medicine will also benefit from this reference, including pulmonologists, neurologists, neurophysiologists, maxillofacial surgeons, and anesthesiologists.

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previous editions, all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text, as well as icons for different types of payers, lists of key abbreviations, and numerous practice exercises that assist you in accurately filling out claim forms. This new edition also features expanded coverage of ICD-10, electronic medical records, electronic claims submission, and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession. Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology. Separate chapter on HIPAA Compliance in Insurance Billing, as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations. Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office. Increased focus on electronic filing/claims submission prepares readers for the industry-wide transition to electronic claims submission. Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it. Service to Patient features in most chapters offer examples of good customer service. User resources on the Evolve companion website feature performance checklists, self-assessment quizzes, the Student Software Challenge (with cases on different payer types and an interactive CMS-1500 (02-12) form to fill in). NEW! Expanded coverage of ICD-10 prepares users to code ICD-10 with the planned effective date of October 2015. NEW! Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS-1500 (02-12) form to the electronic submissions process. NEW! SimChart for the Medical Office (SCMO) application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap.

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Electrophysical Modalities (formerly Electrotherapy: Evidence-Based Practice) is back in its 13th edition, continuing to uphold the standard of clinical research and evidence base for which it has become renowned. This popular textbook comprehensively covers the use of electrotherapy in clinical practice and includes the theory which underpins that practice. Over recent years the range of therapeutic agents involved and the scope for their use have greatly increased and the new edition includes and evaluates the latest evidence and most recent developments in this fast-growing field. Tim Watson is joined by co-editor Ethne Nussbaum and both bring years of clinical, research and teaching experience to the new edition, with a host of new contributors, all leaders in their specialty.

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aetna medicare provider manual: Pediatric Dermatology Lawrence A. Schachner, Ronald C. Hansen, Rudolf Happle, 2003 This classic masterwork offers comprehensive, encyclopedic guidance on all aspects of pediatric skin disorders. Its editors and contributors are a veritable who's who of the top authorities in the field worldwide. Now illustrated in full color throughout for the first time, the 3rd Edition is also more international in scope and more user-friendly in its organization than ever before. What's more, a new CD-ROM combines all of the book's nearly 1,100 illustrations with slide-making software, perfect for use in any type of presentation. · Includes massive updates

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*?According to The New York Times, more than 173 of the uninsured a 17 million of the nearly 47 million have family incomes of \$40,000 or more. ?According to the Kaiser Commission on Medicaid and the uninsured, there were 6.6 million uninsured people in high-income homes in 2001, and that number has now increased

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chapters offer examples of good customer service. User resources on the Evolve companion website feature performance checklists, self-assessment quizzes, the Student Software Challenge (with cases on different payer types and an interactive CMS-1500 (02-12) form to fill in). NEW! Expanded coverage of ICD-10 prepares users to code ICD-10 with the planned effective date of October 2015. NEW! Added information on the electronic medical record and electronic claims submission — including information on the HIPAA 5010 — equips users for the transition between paper and electronic methods of medical records and links the CMS-1500 (02-12) form to the electronic submissions process. NEW! SimChart for the Medical Office (SCMO) application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap.

aetna medicare provider manual: *Becoming a New Teaching Hospital* Association of American Medical Colleges, 2012 This guide is designed to assist hospitals that are thinking of becoming new teaching hospitals and medical schools seeking to develop education partnerships with non-teaching hospitals to understand the basic principles of the Medicare payments available to support the added costs associated with being a teaching hospital.--Publisher's note.

aetna medicare provider manual: Legal Aspects of Health Care Reimbursement Robert J. Buchanan, Buchanan and Minor, James D. Minor, 2001-02 Legal Aspects of Health Care Reimbursement, written in 1985, presents a historical perspective of reimbursement legislation and regulations with regard to several important aspects of Medicare and Medicaid claims, which have a great potential for fraud and abuse. Focus is on penalties and offenses. Part I deals with Medicare. Several well-documented chapters are dedicated to long-term care, inpatient hospital reimbursement, hospice care, and end-stage renal disease. Part II, deals with Medicaid. In addition to inpatient hospital reimbursement and long-term care, there is an informative expose of abortion and family planning services, to include U.S. Supreme Court cases, legislative restrictions, regulations, and litigation. Each chapter concludes with an Outlook section that suggests ways of containing inequities, limiting costs or improving flawed procedures. This impeccably researched study is valuable reading not only for lawyers and health care administrators, but for all health care professionals. Book jacket.

aetna medicare provider manual: The Animal Doctor Tayo Amoz, 2008

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aetna medicare provider manual: Handbook of Diabetes Medical Nutrition Therapy Margaret A. Powers (RD.), 1996 Provides dietitians and other health care professionals with the information they need to provide comprehensive diabetes care and self-management training. Topics covered include understanding diabetes (pathophysiology, complications of diabetes); setting and achieving management goals (medical nutrition therapy, nutrition assessment, diabetes medications and delivery methods, exercise benefits and guidelines, comprehensive monitoring, blood glucose monitoring, preparing and evaluating diabetes education programs, counseling skills); selecting a nutrition approach (expanding meal-planning approaches, the exchange system, carbohydrate counting, weight reduction, cultural considerations); macronutrient influence on blood glucose and health (complex and simple carbohydrates in diabetes therapy, identifying protein needs, lipid metabolism and choices, issues in prescribing calories, low-calorie sweeteners and fat replacers, fiber metabolism); making food choices; life stages (children and adolescents, pregnancy and diabetes, caring for older persons); and nutrition and specific clinical conditions (renal disease, hypertension, eating disorders, surgery, gastrointestinal issues, dental care, HIV/AIDS); etc.

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Edition Rick Gawenda, 2009-04-06 The How-To Manual for Rehab Documentation, Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Rick Gawenda, PT Up-to-speed with Medicare documentation requirements for 2009 and beyond? Increase cash flow and reduce Medicare claim denials by using strategies provided in the Third Edition of The How-To Manual for Rehab Documentation. Written by national consultant Rick Gawenda, PT. Since our last edition, there have been significant changes to the rules and regulations surrounding documentation in therapy settings. And now that the RACs are underway it is even more important to have accurate and thorough documentation. Mistakes can lead to delayed payments and denials, so how do ensure that you are in compliance with the current guidelines? Make it easy. Order your copy of The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials. Written by author and national consultant Rick Gawenda, PT, of Gawenda Seminars, this book and CD-ROM set focuses on the clinical aspects of documentation and offers proven methods to strengthen documentation and decrease the frequency of denials. Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes. What's new in the third edition? Clarification of certification and re-certification requirements regarding how long they are valid for and how soon they need to be signed Explanation of delayed certification Tips to write function-based short- and long-term goals Updated examples of well-written goals Updated payer documentation guidelines for evaluations, progress reports, daily notes, discharge reports, and re-evaluations The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials outlines proper documentation strategies starting from the moment a patient registers and receives treatment to billing for time and services. Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes. This comprehensive book and CD-ROM, helps you: Improve therapy billing through better documentation Prevent denials as a result of better documentation practices Maintain quality assurance through proper documentation Optimize your reimbursement from both Medicare and third-party payers Avoid audits and targeted medical reviews Document care in a more efficient way Take the critical steps to verify therapy benefit coverage prior to a patient's initial visit Support skilled therapy services with inclusion of required documentation Understand Medicare certification and recertification time frames and requirements for all therapy settings Understand and use the most commonly used CPT codes and modifiers in rehabilitation therapy Table of Contents: Chapter 1: The Role of the Registration Staff Registration Basics Benefit Verification Preregistering Chapter 2: Initial Documentation Evaluation Format Documentation Components Evaluation Process Objective Criteria Assessment Documentation Goals POC Documentation Creating a Solid Foundation Chapter 3: Certification and Recertification Physician Referrals Physician Referral Denials Outpatient Therapy Settings Certification and Recertification SNF Part A Therapy Services Reimbursed Under the Prospective Payment System (PPS) Home Health Agency Part A Therapy Services Chapter 4: Daily Documentation Daily Documentation Documentation Requirements Home Exercise Programs (HEPs) Plan Documentation Chapter 5: Progress Reports, Discharge Reports, and Reevaluations Progress Reports Discharges Reevaluations Chapter 6: Maintenance Therapy What is an FMP? Coverage Criteria Documentation Requirements Billing Cover All Your Bases Chapter 7: Wound Care Under Medicare Discharge Criteria Additional Pointers Appendix A: Navigating the CMS Web site Getting Started Final Word Make it easy to understand CMS' documentation guidelines No need to download and interpret the guidance from the CMS Web site yourself. Author Rick Gawenda, PT, has done the work for you. His documentation practices are sure to help you receive optimal compensation for the services you perform as a therapist. Nearly half of all rehab claim denials are STILL due to improper documentation. Ensure proper documentation for services provided and decrease the frequency of denials. Order The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials today!

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1994-11 Provides information and skills training for families and friends who take care of their elderly loved ones. Covers aging changes, listening skills, personal care, home safety, exercise, and much more. Drawings.

aetna medicare provider manual: Intrathecal Drug Delivery for Pain and Spasticity
E-Book Asokumar Buvanendran, Sudhir Diwan, Timothy R. Deer, 2011-09-30 Intrathecal Drug Delivery for Pain and Spasticity - a volume in the new Interventional and Neuromodulatory Techniques for Pain Management series - presents state-of-the-art guidance on the full range of intrathecal drug delivery techniques performed today. Asokumar Buvanendran, MD and Sudhir Diwan, MD, offer expert advice on a variety of procedures to treat chronic non-malignant pain, cancer pain, and spasticity. Comprehensive, evidence-based coverage on selecting and performing these techniques - as well as weighing relative risks and complications - helps you ensure optimum outcomes. - Understand the rationale and scientific evidence behind intrathecal drug delivery techniques and master their execution. - Optimize outcomes, reduce complications, and minimize risks by adhering to current, evidence-based practice guidelines. - Apply the newest techniques in intrathecal pump placement, cancer pain management, use of baclofen pumps, and compounding drugs. - Quickly find the information you need in a user-friendly format with strictly templated chapters supplemented with illustrative line drawings, images, and treatment algorithms.

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