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Turn to the resource that goes beyond basic coding with the *Current Procedural Coding Expert, your CPT® coding resource.*

Equipped with the entire 2017 CPT® code set with easy to use coding includes and excludes notes for coding guidance, and Medicare icons for speedy coding, billing and reimbursement, this easy-to-navigate resource will benefit physician practices, outpatient hospitals, and ASCs.

You'll also find a comprehensive listing of annual code additions/changes/deletions/reinstatements in the appendix, new code icons and notes, plus reimbursement information and mid-year changes not found in the American Medical Association's (AMA) CPT® code books.

Key Features and Benefits

Features common to both Current Procedural Coding Expert and the Current Procedural Coding Expert Professional Edition

New Optum360 Edge Evaluation and Management Appendix Easy to use grids and extended guidelines to facilitate E&M code selection.

Optum360 Edge Headings with detailed Optum360 subheadings. Locate CPT® codes quickly.

Optum360 Edge Code-specific definitions, rules, and references. Reference comprehensive information compiled from the AMA, Centers for Medicare & Medicaid Services (CMS), Optum360, and other sources to assist with accurate coding and speed reimbursement.

Optum360 Edge Resequenced CPT® code alerts. Identify the AMA's code resequencing at a glance with our specific instructions, color bars, and brackets.

Optum360 Edge Extensive user-friendly index. Find codes in a flash with the most accurate and expansive index of any CPT® coding resource with terms listed in a variety of ways.

Optum360 Edge CCI edit icon. Quickly identify those CPT® codes with corresponding CCI edits.

New, Changed and Deleted codes appendix. Easily identify changes to CPT® code descriptions.

CPT® Assistant references. Identifies that an article or discussion of the CPT® has been in the American Medical Association's CPT® Assistant Newsletter. Use the citation to locate the correct volume.

Medically Unlikely Edits (MUEs) appendix. Improve claims accuracy by ensuring CMS compliance through easy-to-access codes and their associated MUE units.

PQRS icons and appendix. Link codes and their associated quality measure for reporting to Medicare.

Facility and non-facility RVUs and global/follow-up days. Ensure more accurate reimbursement with attachment to the corresponding code.

Helpful illustrations. Detect anatomical differences in codes with ease.

Medicare coverage rules with icons and Pub. 100 references. Understand which policies apply to CPT® codes prior to claim submission with icons and references for each rule, plus a copy of the applicable policy in the appendix.

Pub. 100s and National Coverage Determinations (NCDs). Access new information that affects coding, including better identification of the national coverage manual.

Modifier icons. Apply modifiers correctly with quick icon identification with the CPT® code.

Modifier appendix Includes CPT® and HCPCS Level II modifiers and descriptions for easy reference for Medicare coding.

Brand-name vaccinations associated with CPT® codes. Vaccine names are listed by the CPT® code to aid accurate coding for medications.

Appendix with codes used to report inpatient procedures only.

Glossary of terms. Increase your understanding of coding, billing and reimbursement terms to improve coding accuracy.

Features unique to the Expert Edition

Spiral binding. Allows the book to lay flat for ease of use and durability.

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