

Corrections for Certified Electronic Health Record Specialist (CEHRS) Certification Study Guide 2.0

The dates listed below indicate when the correction was added to this document. These corrections are also made for subsequent printings and within the digital version of the book. Implementation of those changes will vary based on deployment schedules for the digital book and depletion of print stock.

Page	Previous Text	Updated Text	Date of Change
10	<p>Information in the billing system is generated from the time of registration with recording patient demographic data, insurance information, and reason for visit. The personal data, financial data, and diagnosis and procedure codes are recorded in the electronic superbill to populate the charge entry form in the billing system. Billing staff adjust the charge entry form as appropriate to generate claims for reimbursement of services. Providers are trained on codes to use and documentation to justify the choice of treatment codes. For example, a provider cannot document an assessment for strep throat and then choose a treatment code for draining an abscess on the jaw.</p> <p>Evaluation and management (E&M) codes are used by providers to bill for services based on assessment findings documented in the visit note. The seven components of E&M codes are:</p> <ul style="list-style-type: none"> • History • Examination • Medical decision-making • Counseling • Coordination of care • Nature of presenting problem • Time 	<p>Information in the billing system is generated from the time of registration with recording patient demographic data, insurance information, and reason for visit. The personal data, financial data, and diagnosis and procedure codes are recorded in the electronic superbill to populate the charge entry form in the billing system. Billing staff adjust the charge entry form as appropriate to generate claims for reimbursement of services. Providers are trained on codes to use and documentation to justify the choice of treatment codes. For example, a provider cannot document an assessment for strep throat and then choose a treatment code for draining an abscess on the jaw.</p>	2/5/2024

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21	<p>Billing and reimbursement rely on accurate code assignment. One of the most challenging and commonly used areas of coding is E&M codes. Most E&M codes are based on the level of key components documented. Some are based on other variables such as time spent (e.g., critical care) or the age of the patient (e.g., preventive medicine). The seven components for determining the level of component-based E&M codes are:</p> <ul style="list-style-type: none"> • History • Examination • Medical decision-making • Counseling • Coordination of care • Nature of presenting problem • Time required to complete the visit 	<p>Billing and reimbursement rely on accurate code assignment. One of the most challenging and commonly used areas of coding is E&M codes. The requirements for E/M services vary based on the type of care. For example, preventive medicine code levels are based on the age of the patient. Other E/M code variables include requirements for time spent or components of care. For codes that are time-based, the time specified in the code description must be met and documented in the encounter note. Codes that are based on the level of medical decision making include a requirement for a medically appropriate history and/or examination. Office visit code requirements offer a choice between documentation of time or medical decision-making level.</p>	2/5/2024