Evaluation and Management (E/M). Paper details: Evaluation and Management (E/M) Insurance coding and billing is complex, but it boils down to how to accurately apply a code, or CPT (current procedural terminology), to the service that you provided. The payer then reimburses the service at a certain rate. As a provider, you will have to understand what codes to use and what documentation is necessary to support coding. For this Assignment, you will review evaluation and management (E/M) documentation for a patient and perform a crosswalk of codes from DSM-5 to ICD-10. Photo Credit: Getty Images/Tetra images RF To Prepare Review this week’s Learning Resources on coding, billing, reimbursement. https://www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/coding-and-reimbursement https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm-5 https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/ProviderServices/Your-Billing-Responsibilities Review the E/M patient case scenario provided. The Assignment Assign DSM-5 and ICD-10 codes to services based upon the patient case scenario. Then, in 1–2 pages address the following. You may add your narrative answers to these questions to the bottom of the case scenario document and submit altogether as one document. Explain what pertinent information, generally, is required in documentation to support DSM-5 and ICD-10 coding. Explain what pertinent documentation is missing from the case scenario, and what other information would be helpful to narrow your coding and billing options. Finally, explain how to improve documentation to support coding and billing for maximum reimbursement