2014 ICD-9-CM Expert for Home Health Services and Hospices, Volumes 1, 2 & 3

Let this final edition of the *ICD-9-CM Expert Home Health Services and Hospices, Volumes 1, 2 & 3* with the hallmark features and content designed specifically to address the challenges of home health agencies with hospice services serve to meet current coding challenges and to function as a solid reference for utilizing valuable legacy ICD-9-CM coded data.

Key Features and Benefits

- **NEW FEATURE— AHA’s Coding Clinic topic summaries.** Review a summary of coding advice from the latest AHA Coding Clinics.

- **Optum Edge—ICD-10-CM Coding Proficiency and Documentation Self-Assessment**—Test your ICD-10-CM readiness and skills with this 50 question quiz.

- **Optum Edge—ICD-10 Spotlight.** Preview ICD-10 codes with the most frequently reported ICD-9-CM codes to learn as you work.

- **Optum Edge— Color-coding for hospice non-cancer diagnosis codes.** Know at a glance which diagnosis codes qualify a non-cancer patient for hospice care.

- **Optum Edge—Chapter coding insights.** Get tips on coding conventions and guidelines for every chapter with case scenarios—including OASIS code assignment tips.

- **Optum Edge—AHA’s Coding Clinic and official coding guideline tips.** Use citations to link to the official coding advice every coder in every health care setting must follow for ICD-9-CM and find official coding tips with the codes.

- **Optum Edge—Highlighted coding instructional and informational notes.** Recognize important code usage guidance for specific sections more easily with highlighted notes.

- **Optum Edge—“Unspecified” and “Other” code alerts.** Find official coding guidance that suggests home health agencies avoid using diagnoses that are unspecified or vague.

- **Optum Edge—Color-coding and symbols specific to the home health PPS.** Quickly identify coding and reimbursement issues specific to home health for improved coding accuracy and work efficiency.

- **Notations for diagnoses that group to clinical dimension.** Expedite identification of diagnoses that group a patient to expanded clinical dimensions case mix groups to ensure
appropriate reimbursement.

- **Non-Routine Supply (NRS) diagnosis alert.** Every condition that may qualify to receive non-routine supply reimbursement adjustment is identified.

- **Manifestation code alert.** Properly use codes that represent manifestations of underlying disease by knowing when two codes are required and by knowing alerts to sequencing rules.

- **Clinical dimensions case-mix group lists.** Access comprehensive coverage and edits for newly expanded clinical dimensions case mix groups.

- **Medicare Home Health Manual Chapter 7.** Improve overall coverage decisions with quick access to coverage information and qualifications for home health services.

- **Updated excerpts from the Home Health Prospective Payment System Final Rule.** Forecast revenue more proficiently with increased understanding of the prospective payment system and how it will affect overall reimbursement for home health services.

- **Case mix adjustment variables and scores table.** Access a quick reference for the three dimensions of case mix.

- **Selection and assignment of OASIS diagnosis tutorial.** Receive instructions that include easy-to-follow flow diagrams for selecting the appropriate primary and secondary diagnoses.

- **Diagnosis categories for non-routine supplies case mix adjustment table.** Refer to a listing of the main categories with ICD-9-CM codes, manifestation alert, and short code description for quick reference.

- **FREE—Case mix quick-pick fast finder for home health, skilled nursing facilities, inpatient rehabilitation facilities, and hospices.** Have a quick reference list of codes at your fingertips that impact a case’s mix.

With these traditional hallmark features:

- **V-code symbols.** Understand the appropriate use of V-codes that may only be sequenced as first-listed diagnosis for cleaner claim submissions.

- **Additional digit required symbols.** Pinpoint when an additional fourth or fifth digit is required for code specificity and validity to avoid invalid code submissions (provided in Index and Tabular Section).

- **Illustrations and definitions.** Gain in-depth understanding of anatomy and disease processes with clinically-oriented definitions and illustrations.

- **10 Steps to Correct Coding.** Receive step-by-step instructions to improve coding accuracy and more effectively use ICD-9-CM conventions.

- **Hallmark page design and features.** Locate information quickly with a user-friendly page design, including dictionary-style headers, Quickflip™ color bleed tabs, and legend keys.

- **HIPAA compliance.** Comply with HIPAA transaction and code set requirements to avoid delayed or denied claims and costly fines for violations.