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"This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment"--page 4. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment"--page 5. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 6. Have you started your ICD-10 training? If you haven't, the time to start is right now. Nationally recognized coding expert, Joan L. Usher, BS, RHIA, COS-C, ACE, will help you begin training with her new, comprehensive ICD-10 coding training manual. Specific to home health, this manual gives detailed coding training and how-to guidance for the top diagnoses in the homecare setting and breaks down some of the biggest changes that are featured in ICD-10. When ICD-10 goes into effect, home health agencies must include ICD-10 coding on their claims to prove medical necessity of their services per Medicare coverage guidelines. ICD-10 coding is complex and even the most seasoned ICD-9 coder will need education and training to code correctly under this new system due to the significant increase in codes and specificity required with coding. *ICD-10 Coding for Home Health: A Guide to Medical Necessity and Payment* will provide coding tutorials, as well as, analysis and guidance on the most common diagnoses and most challenging coding situations within the homecare setting. The book also features an exam to test your knowledge and ensure coder proficiency. *ICD-10 Coding for Home Health: A Guide to Medical Necessity and Payment* is a companion resource to *Beacon Health's ICD-10 Essentials for Homecare: Your Guide to Preparation and Implementation*. Together, these resources will help your agency remain profitable and compliant under the ICD-10 coding system. This book provides: - Coding how-to for the most common diagnoses in the homecare setting - An overview of OASIS-C1 and how it will accommodate ICD-10 codes - Guidance on how to properly document and code in ICD-10 to ensure proper Medicare payment "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 4. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment, products or services"--page 6. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment,

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"This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 5. Master coding concepts related to medical necessity and report compliant codes for your services. Revenue loss, rework, payback demands—how much are medical necessity errors costing your practice? And that's to say nothing of potential civil penalties. Get medical necessity wrong and it's considered a "knowingly false" act punishable under the FCA. Stay liability-free and get reimbursed for your services with reliable medical necessity know-how. AAPC's Coding for Medical Necessity Reference Guide provides you with step-by-step tutorials to remedy the range of documentation and coding issues at the crux of medical necessity claim errors. Learn how to integrate best practices within your clinical processes—including spot-checks and self-audits to identify problems. Benefit from real-world reporting examples, Q&A, and expert guidance across specialties to master coding for medical necessity. Learn how to lock in medical necessity and keep your practice safe and profitable: Avoid Medical Necessity Errors with CERT Smarts Rules to Improve Provider Documentation Denials? Pay Attention to Procedure/Diagnosis Linkage Nail Down the Ins and Outs of Time-based Coding Expert Guidance to Fend Off RAC Audits and Denials Beat E/M Coding Confusion with Payer Advice Improve Your ABN Know How with This FAQ "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 6. The Patient Protection and Affordable Care Act (herein known as the Affordable Care Act [ACA]) was signed into law on March 23, 2010. Several provisions of the law went into effect in 2010 (including requirements to cover children up to age 26 and to prohibit insurance companies from denying coverage based on preexisting conditions for children). Other provisions will go into effect during 2014, including the requirement for all individuals to purchase health insurance. In 2014, insurance purchasers will be allowed, but not obliged, to buy their coverage through newly established health insurance exchanges (HIEs)-marketplaces designed to make it easier for customers to comparison shop among plans and for low and moderate income individuals to obtain public subsidies to purchase private health insurance. The exchanges will offer a choice of private health plans, and all plans must include a standard core set of covered benefits, called essential health benefits (EHBs). The Department of Health and Human Services requested that the Institute of Medicine (IOM) recommend criteria and methods for determining and updating the EHBs. In response, the IOM convened two workshops in 2011 where experts from federal and state government, as well as employers, insurers, providers, consumers, and health care researchers were asked to identify current methods for determining medical necessity, and share decision-making approaches to determining which benefits would be covered and other benefit design practices. Essential Health Benefits summarizes the presentations in this workshop. The committee's recommendations will be released in a subsequent report. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 7. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products or services"--page 11. "This

document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 9. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products or services"--page 6. Understanding Health Insurance, Eleventh Edition, is the essential learning tool you need when preparing for a career in medical insurance billing. This comprehensive and easy-to-understand text is fully-updated with the latest code sets and guidelines, and covers important topics in the field like managed care, legal and regulatory issues, coding systems, reimbursement methods, medical necessity, and common health insurance plans. The eleventh edition has been updated to include new legislation that affects healthcare, ICD-10-CM coding, implementing the electronic health record, the Medical Integrity Program (MIP), medical review process, and more. The practice exercises in each chapter provide plenty of review, and the accompanying workbook—sold separately—provides even more application-based assignments and additional case studies for reinforcement. Includes free online StudyWARE™ software that allows you to test your knowledge, free online SimClaim™ CMS-1500 claims completion software, and free-trial access to Ingenix's EncoderPro.com—Expert encoder software. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 7. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 5. Each year, more than 33 million Americans receive health care for mental or substance-use conditions, or both. Together, mental and substance-use illnesses are the leading cause of death and disability for women, the highest for men ages 15-44, and the second highest for all men. Effective treatments exist, but services are frequently fragmented and, as with general health care, there are barriers that prevent many from receiving these treatments as designed or at all. The consequences of this are serious—for these individuals and their families; their employers and the workforce; for the nation's economy; as well as the education, welfare, and justice systems. Improving the Quality of Health Care for Mental and Substance-Use Conditions examines the distinctive characteristics of health care for mental and substance-use conditions, including payment, benefit coverage, and regulatory issues, as well as health care organization and delivery issues. This new volume in the Quality Chasm series puts forth an agenda for improving the quality of this care based on this analysis. Patients and their families, primary health care providers, specialty mental health and substance-use treatment providers, health care organizations, health plans, purchasers of group health care, and all involved in health care for mental and substance-use conditions will benefit from this guide to achieving better care. In 2010, an estimated 50 million people were uninsured in the United States. A portion of the uninsured reflects unemployment rates; however, this rate is primarily a reflection of the fact that when most health plans meet an individual's needs, most times, those health plans are not affordable. Research shows that people without health insurance are more likely to experience financial burdens associated with the utilization of health care services. But even among the insured, underinsurance has emerged as a barrier to care. The Patient Protection and Affordable Care Act (ACA) has made the most comprehensive changes to the provision of health insurance since the development of Medicare and Medicaid by requiring all Americans to have health insurance by 2016. An estimated 30 million individuals who would otherwise be uninsured are expected to obtain insurance through the private health insurance market or state expansion of Medicaid programs. The success of the ACA depends on the design of the essential health benefits (EHB) package and its affordability. Essential Health Benefits recommends a process for defining, monitoring, and updating the EHB package. The book is of value to Assistant Secretary for Planning and Evaluation (ASPE) and other U.S. Department of Health and Human Services agencies, state insurance agencies, Congress, state governors, health care providers, and consumer advocates. "This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services"--page 12.

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