



ICD-9-CM Professional for Physicians, Vols. 1 & 2 - 2012 Edition (Physician's Icd-9-Cm)

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ICD-9-CM Professional for Physicians, Vols. 1 & 2 - 2012 Edition (Physician's Icd-9-Cm) Ingenix Now enhanced with a new, bolder font to improve readability, the *Ingenix ICD-9-CM Professional for Physicians* continues to provide accurate and comprehensive coverage for diagnosis coding and reimbursement.

Features include:

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

Highlighted coding instructional and informational notes. Recognize important code usage guidance for specific sections more easily with highlighted notes.

Intuitive color-coded symbols and alerts. Identify critical coding and reimbursement issues quickly with alerts on the same page as the code you need.

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.

Additional digit required symbols. Know 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).

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

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.

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

Unspecified and Other specified code alerts. Recognize the codes that should be used with caution to reduce denied claims.

Age and sex edits. Be aware of which codes have restrictions on use based on age or sex of the patient to prevent claim delays and denials.

New and revised code alerts with dated pages. Know which codes and instructions are new or revised, with dates on the page indicating when the change was made.

Synopsis of code changes. Perform accurate, retrospective claim audits by quickly identifying new code information for the year.

HIPAA compliance. Avoid delayed or denied claims and costly fines for violations.

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