Coding And Payment Guide For Behavioral Health Services - 2016

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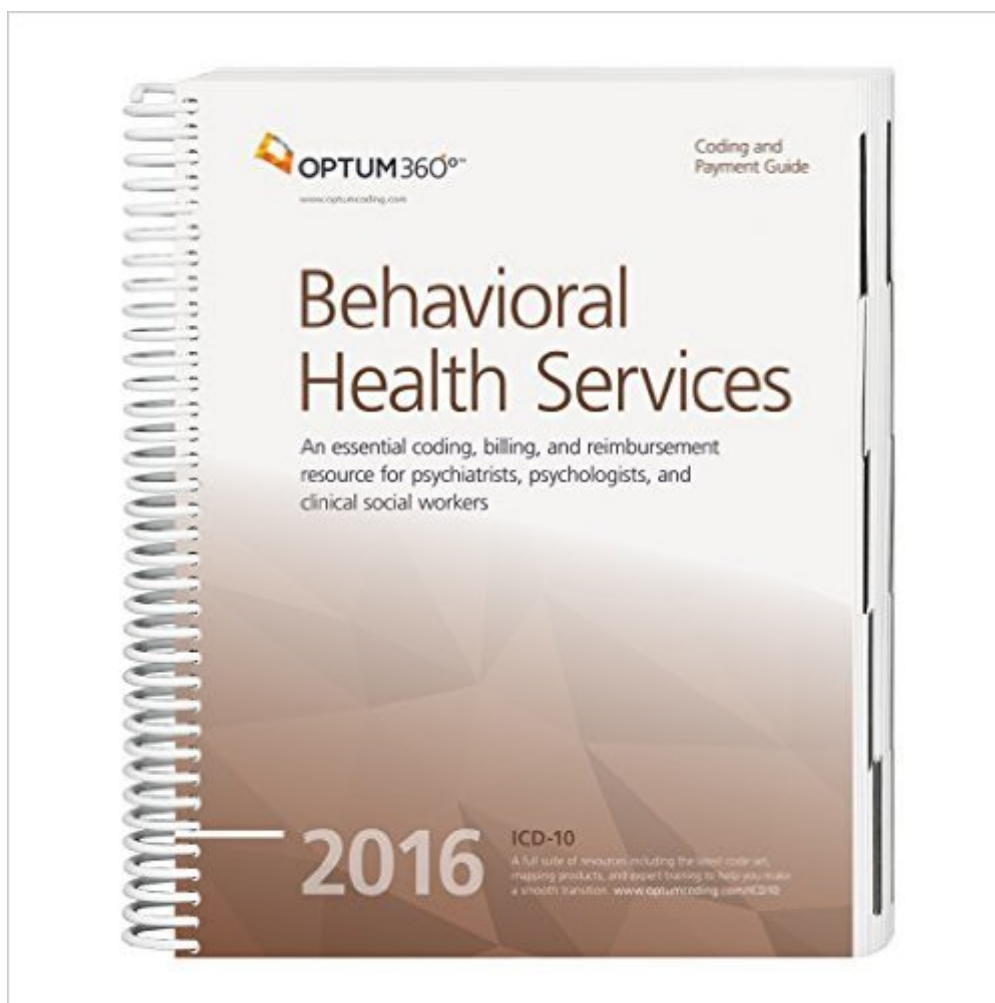
Coding and Payment Guide for Behavioral Health Services 2016 The Coding and Payment Guide for Behavioral Health Services is your one-stop coding, billing, and documentation guide to submitting claims with greater precision and efficiency. This guide has the latest 2016 specialty-specific ICD-10-CM, HCPCS Level II, and CPTÂ® code sets along with Medicare payer information, CCI edits, helpful code descriptions, and clinical definitions. Key Features and Benefits Increase coding efficiency. All CPTÂ® code information is included on one page for quick and easy look-up. Prevent claim denials and stay up-to-date with Medicare payer information. Review Medicare Pub. 100 references containing information linked to HCPCS Level II and CPTÂ® codes tailored to behavioral health services, to prepare cleaner claims before submission. Avoid confusion with easy-to-understand descriptions. Includes clear explanations of procedures represented by CPTÂ® codes, along with clinical definitions and ICD-10-CM code explanations specific to behavioral health services. Improve the precision of ICD-10-CM code selection. Prevent claim denials often caused by incorrect code selection with icons that help identify the most appropriate ICD-10-CM code. CCI Edits by CPTÂ® code. CPTÂ® codes with associated CCI edits in a special section and quarterly updates available online. CPTÂ® is a registered trademark of the American Medical Association.

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