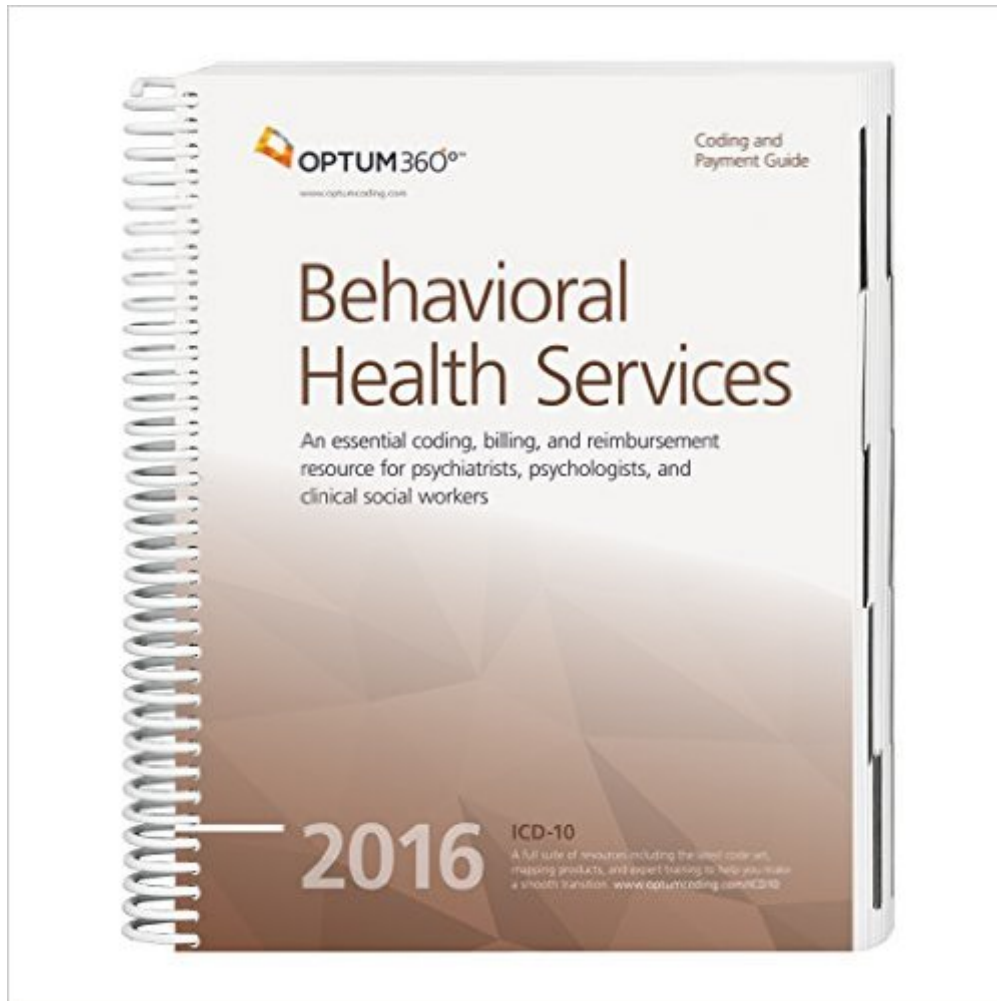# Coding And Payment Guide For Behavioral Health Services - 2016

Synopsis

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 CPT® code sets along with Medicare payer information, CCI edits, helpful code descriptions, and clinical definitions. Key Features and Benefits Increase coding efficiency. All CPT® 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 CPT® 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 CPT® 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 CPT® code. CPT® codes with associated CCI edits in a special section and quarterly updates available online. CPT® is a registered trademark of the American Medical Association.

Book Information

Spiral-bound: 184 pages

Publisher: Ingenix; 2016 edition (December 21, 2015)

Language: English

ISBN-10: 160151865X

ISBN-13: 978-1601518651

Product Dimensions: 0.5 x 8.5 x 10.5 inches

Shipping Weight: 1.1 pounds (View shipping rates and policies)

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