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Coding And Payment Guide For Behavioral Health Services 2017



Synopsis

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 2017 behavioral health services CPT® and HCPCS procedure, ICD-10-CM and HCPCS Level II code sets along with Medicare payer information, CCI edits, helpful code descriptions, and clinical definitions. Key Features and Benefits Optum360 Edge HCPCS Procedure Codes. Only Optum360 offers HCPCS procedure codes specific to your specialty with the same information as we provide for CPT® codes. Optum360 Edge Documentation and Reimbursement Tips. Find documentation and reimbursement information for procedures on the page for quick reference. Avoid confusion with easy-to-understand descriptions. Includes clear explanations of procedures represented by CPT® and HCPCS procedure codes, along with clinical definitions and ICD-10-CM code explanations specific to behavioral health services. 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. 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. Easily determine fees for your practice and reinforce consistency in the charges. National Medicare relative value units for surgery codes and most diagnostic procedures are included. CCI Edits by CPT® and HCPCS procedure code. CPT® and HCPCS procedure codes with associated CCI edits in a special section and quarterly updates available online. CPT® is a registered trademark of the American Medical Association.

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