



# Coding and Payment Guide for Behavioral Health Services 2017

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## Coding and Payment Guide for Behavioral Health Services 2017 Optum360

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.

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