Coding and Payment Guide for Dental Services 2016

The Coding and Payment Guide for Dental 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, CDT, 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® and CDT 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 dental services, to prepare cleaner claims before submission.

- **Avoid confusion with easy-to-understand descriptions.** Includes clear explanations of procedures represented by CPT® and CDT 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.

- **Prevent claim denials due to billing confusion.** Includes instructions for completing CMS-1500 and ADA billing forms.

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