



Coding and Payment Guide for Laboratory Services - 2016

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The *Coding and Payment Guide for Laboratory 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

Optum360 Edge Receive a copy of the Laboratory Cross Coder on the included searchable CD.

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 laboratory and pathology 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 laboratory and pathology 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.

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