



Coding and Payment Guide for Dental Services 2013

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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 2013 specialty-specific ICD-9-CM, HCPCS Level II, 2013 2014 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 2013 2014 CDT and 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, 2013 2014 CDT 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 2013 2014 CDT and CPT codes, along with clinical definitions and ICD-9-CM code explanations specific to dental services.

Improve the precision of ICD-9-CM code selection. Prevent claim denials often caused by incorrect code selection with icons that help identify the most appropriate ICD-9-CM code.

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

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