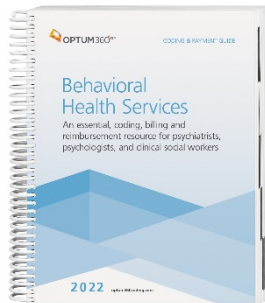


2022 Coding and Payment Guide for Behavioral Health Services



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The **Coding and Payment Guide for Behavioral Health Services** is your one-stop coding, reimbursement, and documentation resource developed exclusively for behavioral health. This comprehensive and easy-to-use guide is updated for 2022 and organized by specialty-specific CPT[®] codes. Each CPT[®] code includes its official description and lay description, coding tip, Medicare edits, and relative value units and is cross-coded to common ICD-10-CM diagnosis codes to complete the coding process. Getting to the code information you need has never been so easy.

Key Features and Benefits

- **Procedure code icons.** Quickly identify new, revised, add-on, and telemedicine procedure codes, making your coding process for procedures and E/M services quick and efficient.
- **ICD-10-CM code icons.** Icons identifying male and female only codes, as well as age-related and laterality diagnosis codes.
- **Easily determine fees for your practice and reinforce consistency in the charges.** Relative value units including the practice, work, and malpractice components with the total RVUs for non-facility and facility are included.
- **Quickly find information.** All the information you need is provided with the CPT[®] code, including illustrations, lay descriptions, coding tips, clinical terms, Medicare RVUs and IOM references, and commonly associated ICD-10-CM diagnosis codes.
- **CPT[®] Assistant references.** Identifies that an article or discussion of the CPT[®] code has been in the American Medical Association's *CPT Assistant* newsletter. Use the citation to locate the correct volume.
- **Avoid claim denials and/or audits.** Medicare payer information includes references to Internet Only Manual (IOM) guidelines, follow-up days, and assistant-at-surgery.
- **CCI edits by CPT[®] and HCPCS procedure code.** CPT[®] and HCPCS procedure codes with their associated CCI edits are provided in a special section. Quarterly updates are available online.