



Coding and Payment Guide for Laboratory Services 2013

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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 2013 specialty-specific ICD-9-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

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-9-CM code explanations specific to laboratory and pathology 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.

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