



Coding Guide for OMS - 2016

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The *Coding Guide for OMS* is your one-stop coding, billing, and documentation guide to submitting claims with greater precision and efficiency. Co-produced with the American Association of Oral and Maxillofacial Surgeons (AAOMS), this guide has the latest 2016 OMS 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. Essential OMS-specific 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 CDT and CPT® codes tailored to OMS 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 specific to OMS services.

Improve the precision of ICD-10-CM code selection. Prevent claim denials often caused by incorrect code selection with inclusion of the most commonly used ICD-10-CM codes for OMS providers.

CCI Edits by CPT® code. CPT® codes with associated CCI edits in a special section and quarterly updates available online.

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