



2020 Continuing Education for Medical Office Professionals

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Thursday, September 24, 2020

Principles of Coding

9:00 am to 4:00 pm

Program # 24387-0924

CEU's: 6 per person

PMI grants CEUs for its certified professionals based on total number of instructional hours (1 CEU per hour of classroom instruction). CEUs may be applied to annual renewal requirements as noted on pmimd.com.

Where:

Monroe County Medical Society
200 Canal View Boulevard
Suite 202
Rochester, NY 14623

Fee:

\$299 per person
Includes instructional materials

Questions:

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Physician Relations/Business Manager
Ph: 585-473-7573
E-mail: mcms@mcms.org

Register:

Online: mcms.org/events
Ph: (585) 473-7573
Fax: (585) 473-7641
Mail: Monroe County Medical Society
200 Canal View Boulevard
Suite 202
Rochester, NY 14623

Principles of Coding

Guidelines for correct coding for physician services

Receive hundreds of professional tips and guidelines that will make you a more efficient, versatile, and accurate coder. Before you code another claim, improve your understanding of the rules of coding and documentation.

Participants will gain excellent comprehension in all the following areas:

- What payers want and why
- What documentation is and why it is so important to the coder
- The role of each coding language and how they fit together
- How to use the CPT & ICD-10-CM code books
- Coding tools to improve efficiency
- How to properly select E/M services
- The seven components used in defining the levels of E/M services
- Proper documentation of history
- Four types of history
- How to read a source document
- When to use E/M services based on 4 types of examination
- How to locate a code from the index
- When and when not to use a modifier
- Definition of a new patient
- When to use '95 vs. '97 guidelines



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Registration Form

Keep a copy for your records. List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#: _____

Check form of payment: Credit Card Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Address associated with card: _____

Cardholder Signature: _____

* Registration Discounts: PMI certified professionals with an active ID# receive 10% off their registration fee.