



2019 Continuing Education for Medical Office Professionals

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Wednesday, August 7, 2019

Advanced Coding & Auditing Boot Camp

9:00 am to 4:00 pm
Program # 23566-0807

CEU's: 6 per person, per session

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
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

Fee:

\$299 per person, per session
Includes instructional materials

Register:

Online: mcms.org/events
Ph: (585) 473-7573
Fax: (585) 473-7641
Mail: Monroe County Medical Society
132 Allens Creek Road
Rochester, NY 14618

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Advanced Coding & Auditing Boot Camp

Physician services and improper coding continue to be high profile items on the Office of the Inspector General's audit radar.

Don't wait for an audit letter to come. This class will help you get your self-audit program off the ground. Improving audit proficiency reduces practice risk and promotes accurate claim submission. Participants in this session will audit case scenarios that relate directly to trouble spots and areas of concern in medical office billing.

Class Highlights:

- Discuss the benefits of establishing an ongoing chart audit process
- Review resources and tools needed to create a successful chart audit process
- Identify key components, code linkage issues, and proper evaluation of the presenting problem
- Step-by-step review of coding procedures and '95 vs. '97 guidelines
- Guidance on selecting the level of medical decision-making
- Complete hands-on coding scenarios designed to help capture proper reimbursement under the current coding requirements
- Review E/M documentation guidelines, as well as surgical and procedural documentation requirements

To maximize the experience, participants may bring current copies of CPT® and ICD-10-CM coding manuals, and a medical dictionary.

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

First Name: _____ Last Name: _____

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: _____

Cardholder Signature: _____

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