Presented by



E/M Coding and Documentation



Thursday, March 25, 2021

☐ AM session

9 am-12 pm Program: # 24611-0325

-or-

☐ PM session

1 pm-4 pm Program: # 24612-0325

Where:

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

Fee:

\$199 per person Includes instructional materials **3-hour session will include Q&A and breaks**

Questions:

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Register.

Online: mcms.org/events

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Mail: Monroe County Medical Society

200 Canal View Boulevard

Suite 202

Rochester, NY 14623

CEU's: 3 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**.

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E/M Coding and Documentation Guidelines: Putting It All Together

New 2021 rules for the diagnostic/therapeutic management of outpatient visits furnished by healthcare providers must be properly followed to avoid denials. Because the evaluation and management (E/M) services codes are vulnerable to abuse, it is important for providers, clinical, and practice staff involved in diagnostic and procedural coding understand the newest information implemented this year.

Learn about the multiple sets of coding rules and documentation guidelines relevant to proper E/M code selection. The AMA & CMS guidelines for E/M code selection, and various payor policies, coverage determinations and requirements should all be considered.



Improve your understanding of the criteria that is utilized to make proper determination.

The instructor will cover distinctions regarding new vs. established patient guidelines and coding E/M services based on time vs Medical Decision Making (MDM). Find out what non-face to-face work to include in total time and gain details on the time ranges. Learn when and how to use the new CPT prolonged services code(s) and outpatient visit codes without an add-on prolonged care code based on time. Receive coding tips and strategies for successful documentation and claims submissions.

Registration form	Keep a copy for your records.
First Name:	Last Name:
Practice Name:	(Additional registrants may be listed on separate page)
Specialty:	
Mailing Address:	
Phone: ()	Fax: ()
E-mail (required):	
□ Visa □ MasterCard □ American Express □ Check (payable to Monroe County Medical Society)	
Credit Card #:	
Exp. Date:	Total Amount:
Cardholder Name:	
Cardholder Signature:	
Billing Address, if different	from above: