Presented by



Continuing Education for Medical Office Professionals



Billing for Advanced Practice Providers

Medicare reimburses advanced practice providers (APP) for services that are 'incident to' a physician's service with defined guidelines. When billed correctly, these services are reimbursable at 100 percent of the physician fee schedule.

This course will help reduce audit risk when your team understands Medicare and third-party guidelines for APP service billing. Participants will learn the documentation requirements, how to avoid under-coding, and work through grey areas. The instructor will explain how to handle tough billing situations like split/shared billing, utilization of APPs in alternate healthcare settings, and collaborative agreement arrangements.

Bridging the Gap between **Clinical Documentation and Coding**

This hands-on class teaches coders how to guery providers to extract complete and correct information from their documentation. The instructor will review the clinical documentation requirements for ICD-10-CM and share helpful ways to communicate more effectively and positively with clinicians.

Participants will learn to identify all the components necessary in the documentation to code to the highest degree of specificity, and complete practice exercises with documentation examples and written gueries.

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LIVE WEBINAR Wednesday, July 6, 2022 AM session

☐ Billing for Advanced **Practice Providers** Program # 24857-0706 9:00 am to 12:00 pm — AND —

PM session

☐ Bridging the Gap between **Clinical Documentation and Coding** Program # 24858-0706 1:00 pm to 4:00 pm

Fee:

\$199 per person / per session Includes instructional materials

Questions:

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Register.

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Rochester, NY 14623

CEUs 3 per person, per session

Practice Management Institute 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.

Registration form	Keep a copy for your records.	(Additional registrants may	be listed on separate page)	
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Practice Name:	Job Title: Spec		Specialt	y:
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Phone: ()	Fax: () Email (required):			
PMI-Certified ID#: (if app	licable)			
□ Visa □ MasterCard □	American Express 🗖 Check (paya	able to Monroe Count	y Medical Society)	
Credit Card #:		CVV code:	Exp. Date:	Total Amount:
Cardholder Name:	Cardholder Signature:			
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