

Advanced Coding & Auditing Boot Camp

Get answers to your toughest coding
and auditing questions



Improving the business of medicine
through education since 1983

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



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Reasons to Attend

- 1 Get answers regarding E/M documentation and its relation to medical decision-making.
- 2 Coders cannot rely on EMR systems to select the correct codes.
- 3 Uncover missed revenue when auditing charts based on fact.
- 4 Improve compliance in an era of increased audit probability.
- 5 Receive examples, grids and resources to ensure coding procedures remain current.

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, including ICD-10 cases, that relate directly to trouble spots and areas of concern in medical office billing.

Program 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
- Study a series of advanced-level auditing exercises that will put your audit skills to the test
- Receive examples of coding procedures, grids, and resources to ensure coding procedures remain current

Who Should Attend

This course is relevant for medical office coding, reimbursement staff, compliance officers and consultants.

Prerequisites

This is an advanced-level course. Content assumes at least a year of direct coding/auditing experience for outpatient services.

What to Bring

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

Continuing Education

Continuing Education credits are awarded for attendance at this program. See PMI's web site for further details.

Practice Management Institute

Practice Management Institute® (PMI) has been a trusted training resource for administrative teams working in outpatient physician offices since 1983. Entry-level and skilled professionals working in medical coding, compliance, management, auditing and billing roles learn current guidelines and best practices, and earn certification in their areas of interest. Healthcare experts teach courses in both live and online formats year-round. Onsite training and consultations are available by appointment. Learn how PMI is improving the business of medicine at pmiMD.com.

PMI awards certification by exam in five administrative areas:



Certified Medical **Coder** (CMC)®



Certified Medical **Insurance Specialist** (CMIS)®



Certified Medical **Office Manager** (CMOM)®



Certified Medical **Compliance Officer** (CMCO)®



Certified Medical **Chart Auditor-E/M** (CMCA-E/M)