Guidelines for proper documentation and service selection

ICD-10 implementation will increase audit scrutiny.

Visit us at pmiMD.com or call (800) 259-5562 to register.
Who Should Attend
Providers and coding/billing professionals are encouraged to attend.

Prerequisites
This content covered in this course assumes a basic to intermediate understanding of E/M coding and documentation.

What to Bring
All participants should bring a current-year CPT® manual. A course manual will be provided.

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

Practice Management Institute® (PMI) teaches physicians and their staffs how to properly navigate complex health care issues and secure every dollar rightfully due. PMI programs focus on solutions for coding, reimbursement, compliance and practice productivity. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for more than 30 years.

Class Highlights:
• Relate accurate code selection to proper reimbursement
• Review sample chart notes
• Step-by-step explanation of documentation guidelines
• The down side of using EMR templates for E/M code selection
• Select proper E/M code for location and type of service provided to the patient
• Explanation of proper add-on code usage
• Look at appropriate codes for work performed by ancillary providers
• Instruction of diagnosis codes indicating level of necessity
• E/M coding grids to aid in accurate level of service selection
• Documentation necessary in the medical record
• Correct use of Level II CPT® modifiers
• How documentation is used to record the complexity of medical decision making
• The role of history and exam in medical decision-making
• Review examples of chart notes to identify potential problem areas

Are you confident that your provider documentation and E/M codes meet the guidelines for accurate reimbursement?

E/M lays the groundwork for the reimbursement process. It is also a well known audit trigger. This class will provide the knowledge and tools you need to internally monitor billing compliance.

Reasons to Attend

1. ICD-10 puts provider documentation on auditor’s radars. Problems could result in huge fines.

2. Learn an internal chart documentation training system designed to help staff proactively identify and correct potential problems on an ongoing basis.

3. Review billing practices to reduce liabilities for incorrect claims.

4. Receive a comprehensive explanation of documentation guidelines and principles of accurate, adequate and clinically useful information.

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PMI awards certification by exam in four administrative areas:

- Certified Medical Coder (CMC)®
- Certified Medical Insurance Specialist (CMIS)®
- Certified Medical Office Manager (CMOM)®
- Certified Medical Compliance Officer (CMCO)®

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