Objective:
This course is designed to provide attendees with a high level understanding of coding and documentation guidelines related to Evaluation and Management Services (E&M). Each participant will be provided instruction detailing the various guidelines used to determine levels of E&M services (e.g., AMA versus CMS, 1995 versus 1997 examination guidelines, etc.). Day 1 of the program primarily focuses on instruction and review of pertinent source documents (e.g., CPT and AMA published E&M guidance, CMS E&M Documentation Guidelines [DGs] and (when applicable) Medicare MAC guidance). The various categories and subcategories of E&M services will be covered with each attendee as well. Day 2 of the program will be used to reinforce highlights from Day 1 and offer a series of hands-on auditing case for review and inspection of E&M selected progress notes.

Cost: $279.00 per person.

Venue:
Phoenix Biomedical Campus/Building 4 UA
Phoenix Plaza Building, Phoenix, AZ
714 E. Van Buren Street, Room 115

Faculty: John Burns, CPC, CPC-I, CEMC, CPMA, Director of Audit and Compliance Services

This class is approved for 11 hours of CEUs approved by the AAPC

Attendee Responsibilities:
Each attendee is expected to present to class with the following:

- 2016 CPT (Professional Edition encouraged)
- 5-10 de-identified E&M cases for potential solo or group hands-on exercises
- 2 highlighters
- A copy of any audit tools, templates or score sheets currently being utilized

To REGISTER or PURCHASE the 2016 CPT Professional Edition Manuals which are available by visiting www.ruralhealthcoding.com or contacting John Beard at John.Beard@RuralHealthCoding.com
This intense 2 day course is intended for clinicians, providers, billers, coders, auditors, office managers, IT professionals and other entities involved in the oversight or management of the revenue cycle. The curriculum will provide attendees with a strong grasp of Evaluation and Management (E&M) auditing, coding and documentation techniques. The curriculum is designed to assist in development and mastery of the skills related to Evaluation and Management (E/M) services from clinical documentation, coding, auditing, and billing perspectives. This education and training has been proven to have both a positive financial impact on the organization and an increased measure of risk mitigation as it relates to pre and post-payment review.

Specific objectives include:

1. Demonstrating the difference between “Key” E/M Components and Contributory E/M factors
2. Identifying the similarities and differences between the CPT E/M guidelines and CMS E/M Guidelines
3. Understand how to compare one’s own E/M levels to valid benchmarks in the industry
4. Explaining the differences between the 1995 vs. 1997 Examination guidelines. A discussion will be had related to MAC specific guidance in some jurisdictions
5. Determining Medical Decision Making levels and how it drives levels of E&M service
6. How to properly link ICD-10-CM codes to the E/M service in order of importance
7. Understanding the limitations of EHRs that give misleading E/M code recommendations (e.g., code wizards)
8. Being able to complete an E/M Audit tool for codes 99201-99397
9. Distinguishing a Problem-Oriented E/M service and a Preventive E/M service
10. Listing the key steps on how to present audit findings to clinicians and track improvement efforts