

National Certified Medical Coder Boot Camp

April 22-24, 2013

Phoenix Biomedical Campus
UA Plaza Building 4
714 E. Van Buren St., Suite 115 • Phoenix, AZ 85006

AGENDA

Day 1 (Monday, April 22, 2013) 8:30 am-5 pm

(Meals will be on your own)

The following topics will be covered:

E/M Coding Made Easy

- Fundamentals: Review essential E/M coding principles
- Learn the latest E/M coding updates
- Learn how and when to code 99211
- "Why is 99213 my providers' favorite code"?
- Learn why UNDER coding is just as bad as OVER coding
- When to code well visits vs. sick visits
- How to quickly find the correct code for the evaluation performed
- Proven techniques to make E/M coding easier AND more accurate
- How to find and then fix holes in your charge capture process.

Hospital Coding

- Admits/Discharges
- Hospital rounds and consults
- Observation care
- Critical care codes
- Specific hospital procedure coding

Proven Techniques and Tips to Eliminate Under-coding

- Why the superbill is a common cause of under-coding
- Learn when you should report E/M services on the same day as injections, infusions, tests and other procedures

E/M Documentation Rules of the Road

- Understand the differences between the 1995 and 1997
- CMS E/M Documentation Guidelines
- Learn how to determine which guidelines ('95 or '97) are more beneficial for your practice
- How to ensure all of the key components of an encounter are being documented by providers
- Understand the benefits and drawbacks of using documentation templates
- Hands on exercises provide real-life examples of how to streamline the documentation and coding of office visits handling fees
- Non-physician services: how to code them correctly
- Avoid non-compliant coding: why nursing home visits, diagnostic tests, and modifiers 25 and 59 are problematic
- How to capture and code care plan oversight, home health certification and other non face-to-face encounters

- Proven strategies for increasing charges— and using “unspecified” codes may be costing you money
- Learn the most over-reported ICD-9 codes and how their use may be costing you money

Day 2 (Tuesday, April 23, 2013) 8:30 am-5 pm

(Meals will be on your own)

The objective for the day will be to:

- Navigate the 2013 CPT and ICD-9 books with confidence
- Get all the new CPT changes for 2013 and cover every section of the CPT book
 - Get your claim paid using modifiers that best define the situation
 - Reduce the risk of under-coding of physician services – especially office visits and consults
 - Build on the basics of how to use the new index, symbols and instructions found in the 2013 code books
 - Improve collection rates and coding accuracy using the tools and tips you’ll get at the conference

Day 3 (Wednesday, April 24, 2013) 8:30 am – 12 noon

(Meals will be on your own)

The following topics will be covered:

- Learn the ICD-9 updates and changes for 2013
- What are the most over used ICD-9 codes and why they will get you AUDITED i.e. 401.9, 789.00
- Learn how to use the HCPCS book
- Find out what money is being lost by not using specific HCPCS codes

Certification Test

If you are taking the certification test please note the following:

- 1) The test is 100 multiple choice questions
- 2) The test is taken online
- 3) It is a timed test, however, once you start the exam you have 24 hours to complete it
- 4) The test and one year membership is included in the program
- 5) If you fail the exam you may retake it at no additional cost
- 6) You will be given a passcode at the Boot Camp to create your own account at **WWW.ARHPC.COM**