



PRACTICE[®]
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

When:

**Friday,
October 16, 2009**

Principles of Coding Workshop

9 a.m. to 4 p.m.

(Prgm# 13918-1016)

Where:

Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

CEUs:

6 PMI CEUs (CMC, CMIS, CMOM)

for this class

5.5 AAPC CEUs for this class

Fee:

\$249 per person.

includes instructional materials

Register:

Online: www.mcms.org/content/calender.asp

Fax (585) 473-7641

Phone (585) 474-7573 ext. 307

Mail: Monroe County
Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

100% Satisfaction Guaranteed
for details visit www.pmiMD.com.

Principles of Coding Workshop

This fast-paced workshop explores outpatient coding systems with emphasis on proper code selection for accurate and timely reimbursement.

Step-by-step guidance for securing correct reimbursement for services rendered. Improve coding proficiency and accuracy with detailed instruction, in-class discussion and workbook exercises. *Bring current CPT[®] and ICD-9 coding books to class.

Course Agenda

- Instruction on use of Medicare's Correct Coding Policy
- Guidance on proper use of E&M level of service coding
- Improve understanding of audit triggers and healthcare fraud
- CPT[®] coding components, modifiers and how to use the index
- Usage of V&E supplementary classifications
- ICD-9-CM guidelines with special instructions for 4th & 5th digits
- Medical terminology principles
- Identify roots, prefixes, suffixes and abbreviations
- Explanation of unique symbols and punctuation
- Instruction on how to read a source document
- Guidance on proper add-on code usage
- Learn how to recognize/avoid downcoded or under coded claims
- Taking the mystery out of modifier usage
- Instruction of diagnosis codes indicating level of necessity
- Step-by-step explanation of documentation guidelines
- How to code accurately, to the highest level of specificity
- How to avoid upcoding or underbilling practices

Registration Form Keep a copy for your records.

Check the boxes above for the program(s) you wish to attend. List additional registrants on duplicate forms. Confirmation will be emailed once your registration has been posted in our system.

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#*: _____

Check form of payment: Visa MasterCard Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

Brought to you by:





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Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

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