



## NOW ENROLLING!

**When:**  
**Thursday,**  
**October 21, 2010**

**Advanced Coding Workshop**  
9 a.m. to 4 p.m.  
(Prgm# 15301-1021)

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

**CEUs:**  
6 PMI CEUs (CMC, CMIS, CMOM)

**Fee:**  
\$249 for per person  
Includes breaks and course materials.

**Register:**

Online: [www.mcms.org](http://www.mcms.org)

Fax (585) 473-7641

Phone (585) 473-7573

Mail: Ginny Ruderman, Monroe County Medical Society, 132 Allens Creek Road Rochester, NY 14618

## Advanced Coding Workshop

**This challenging coding class will give experienced coders a workout with hands-on, advanced exercises and guidelines for more effective coding.**

Identify claim errors, improper level selection and get clarification of current guidelines. Bring your questions and receive expert guidance on some of your most challenging coding situations. **\*Bring current CPT® & ICD-9-CM books to class.**

### Course Agenda

- Documentation of medical necessity to the highest degree
- Review of ICD-9-CM notes, symbols and tables
- How to avoid truncated ICD-9 codes
- Taking the mystery out of modifier usage
- Proper coding rules for post-operative complications
- Understand the difference between a consult and a referral
- How to select the code that best describes the procedure
- Justification of services by diagnosis
- Using global and surgical packages for billing
- Learn to identify problem coding areas
- Correct usage of V&E supplementary classifications
- Improve theory and confidence when coding unique situations
- Recognize whether to code an encounter as a consult or evaluation
- Fine-tuning code selection that best describes the procedure
- How to code exceptional situations where the rules don't apply
- Advanced instruction with tips on combining, applying rules
- Coding rules for concurrent care
- Guidance on proper use E&M level of service coding

## Registration Form Keep a copy for your records. **Advanced Coding Workshop**

Check the boxes above for the program(s) you wish to attend. List additional registrants on duplicate forms.

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: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**100% Satisfaction Guaranteed**  
for details visit [www.pmiMD.com](http://www.pmiMD.com).

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