



PRACTICE<sup>®</sup>  
MANAGEMENT  
INSTITUTE

# Continuing Education

for Medical Office Professionals



**NOW ENROLLING!**

**When:**  
**Monday,**  
**March 29, 2010**

**Chart Auditing Workshop**  
9 a.m. to 4 p.m.  
(Prgm# 15296-0329)

**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 instructional 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

## Chart Auditing Workshop

**A proactive stance is your best defense against an audit.**

Health care's changing financial landscape means that physicians need to pay more attention to securing correct reimbursement. Now is the time to overhaul bad coding habits and get your practice on track. Improve communication with physicians and staff about chart documentation and ensure that appropriate levels of service are billed with this hands-on workshop.

**\*Bring current CPT® & ICD-9-CM books to class.**

### Course Agenda

- Proper evaluation of the nature of the presenting problem
- Choosing appropriate levels of history, exam, and medical decision-making
- Ensuring that chart documentation supports the claim submitted
- Appropriate code linkage issues
- Cross-checking documentation and code selection
- Level of service audits and what they mean
- E/M documentation guidelines review
- Chart audit forms to help implement an internal audit program
- Making sure that appropriate levels of service are identified and billed
- Implementing controls to help prevent coding errors
- Communicating with physicians and staff about chart documentation
- Hands-on auditing of complex scenarios
- Uncovering under-documentation that creates improper code selection
- Auditing your charts based on fact to uncover missed revenue

## Registration Form Keep a copy for your records. Chart Auditing 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: \_\_\_\_\_

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