



PRACTICE
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

Brought to you by:



**Thursday
April 5, 2012**

ICD-10-CM Coding Workshop

9 a.m. to 4 p.m.

(Program 17403-0405)

6 PMI CEUs

Where:

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

Fee:

\$299 per person
Includes instructional materials

Register:

- Fax (585) 473-7641
- Phone (585) 473-7573
- Mail: Ginny Ruderman
Monroe County Medical Society
132 Allens Creek Road
Rochester, NY 14618

ICD-10-CM Coding Workshop

Get on the right track for the next phase of implementation

Phase 2 of ICD-10-CM is already upon us. The deadline for conversion to the 5010 Transaction and Code Sets Standards is January 1, 2012. Is your practice keeping pace with the implementation plan as set forth by CMS?

5010 Implementation is required for converting to ICD-10-CM and CMS is serious about the scheduled deadline that each provider must accomplish in order to secure the accurate processing of claims to receive reimbursement on and after January 1, 2012.

This class will emphasize the needs of the practice in the areas of:

- Education of staff, physicians and other providers
- Administrative preparedness such as documentation, forms, software and compliance
- Clinical preparedness
- Requirements to satisfy Quality of Care standards and reporting, hierarchy of conditions and diagnosis coding
- Auditing preparation requirements

**Includes hands-on
ICD-10-CM coding scenarios**

Registration Form

Keep a copy for your records.

List additional registrants on duplicate forms.

9 a.m. to 4 p.m. ICD-10-CM Coding Workshop

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: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

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