

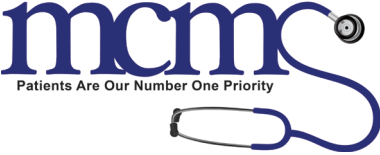


PRACTICE[®]
MANAGEMENT
INSTITUTE

2018 Continuing Education for Medical Office Professionals

Brought to you by

Monroe County Medical Society



Tuesday, January 16, 2018

CPT[®] Coding Workshop

9:00 am to 4:00 pm
Program # 22927-0116

CEU's: 6

PMI grants CEUs for its certified professionals based on total number of instructional hours (1 CEU per hour of classroom instruction). CEUs may be applied to annual renewal requirements as noted on pmiMD.com.

Where:

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

Fee:

\$299 per person
Includes instructional materials and breaks

Register:

Online: www.mcms.org/events

Fax: (585) 473-7641

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

Questions: Ronaele King
585-473-7573
rking@mcms.org

CPT[®] Coding Workshop

Learn current guidelines to improve accuracy, reduce claim denials, and remain compliant.

Learning Objectives:

- HCPCS and Medicare guidance
- Anatomy of an E/M code
- Body systems and documentation guidelines
- Using comprehensive and mutually exclusive codes
- Coding for sequential surgical procedures
- Correct coding and documentation for prolonged services
- Selecting proper critical care codes
- Performance and interpretation of diagnostic tests
- Determining when to code by time
- Overriding key components when choosing E/M code
- Selecting accurate E/M levels of service
- Proper use of CPT modifiers
- Guidelines for working with Medicare's Correct Coding Policy

A course manual is provided. Participants must bring a current year CPT Code Set manual to this class.

Registration Form Keep a copy for your records. List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

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: Credit Card Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* Registration Discounts: PMI certified professionals with active an ID# receive 10% off their registration fee.