

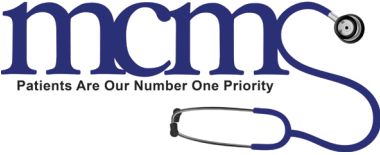


PRACTICE[®]
MANAGEMENT
INSTITUTE

2018 Continuing Education for Medical Office Professionals

Brought to you by

Monroe County Medical Society



Advanced Coding & Auditing Boot Camp

Get answers to your toughest coding and auditing questions

Don't wait for an audit letter to come. This class will help you get your self-audit program off the ground. Improving audit proficiency reduces practice risk and promotes accurate claim submission. Participants in this session will audit case scenarios, including ICD-10 cases, that relate directly to trouble spots and areas of concern in medical office billing.

Program Highlights:

- Discuss the benefits of establishing an ongoing chart audit process
- Review resources and tools needed to create a successful chart audit process
- Identify key components, code linkage issues, and proper evaluation of the presenting problem
- Step-by-step review of coding procedures and '95 vs. '97 guidelines
- Guidance on selecting the level of medical decision-making
- Perform cross-coding exercises between ICD-9 and ICD-10

Participants must bring current year CPT[®], HCPCS and ICD-10-CM Code Set manuals to this class. A medical dictionary is also recommended, but not required.

Wednesday, January 17, 2018

Advanced Coding &
Auditing Boot Camp

9:00 am to 4:00 pm
Program # 22928-0117

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

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.