



# 2018 Continuing Education for Medical Office Professionals

Brought to you by



Thursday, December 6, 2018

CPT Code Update  
9:00 am - 12:00 pm  
Program 22937-1206

## CEU's: 3 per session

PMI grants CEUs for its certified professionals based on a 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:

\$199 per person, per session  
Includes instructional materials.

## Register:

Online: [mcms.org/events](http://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](mailto:rking@mcms.org)

## CPT Code Update: 2019

Make a smooth transition into 2019 by reducing claim denials

Receive all the new, revised, and deleted CPT codes and descriptors, effective Jan. 1. Find out what codes in your specialty will change. 335 code updates, including new telehealth codes for remote patient monitoring and consultation. Other notable changes include:

- 99446-99449 code descriptors now include EHR
- Revised chapter guidelines for Non-Face-to-Face and Care Management Services
- Text revisions to device evaluation codes to include Leadless Pacemaker

This is an intermediate-level course for medical office coders, billers, auditors, clinicians, and practice managers; no coding books required.

## 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.