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LIVE CLASS
Thursday, October 22, 2020

E/M Code & Guideline Changes Effective 2021

9:00 am to 12:00 pm
Program # 24110-1022

OR

1:00 pm to 4:00 pm
Program # 24428-1022

CEU's: 3 per person

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
200 Canal View Boulevard
Suite 202
Rochester, NY 14623

Fee:

\$199 per person
Includes instructional materials

Questions:

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Business Manager
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Register:

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Mail: Monroe County Medical Society
200 Canal View Boulevard
Suite 202
Rochester, NY 14623

E/M Code & Guideline Changes Effective 2021

Beginning January 1, healthcare providers working in office and other outpatient services must choose to code by time or medical decision-making. Don't let improperly coded claims break your revenue cycle.

Highlights:

- Changes to History and Exam
- Documentation for Telehealth
- Prolonged Service Code Instruction

This in-depth training is full of new information to help providers and coders understand how the new 2021 E/M selection will work.

After 23 years, the E/M documentation guidelines and coding for office/outpatient visits will change. What happens to history and exam? What is the prolonged service code? How do the changes affect documentation for non-face-to-face services?

Your instructor will answer these questions and provide guidance on the potential impact on your specialty and the practice, saving you time by helping you identify software, processes, templates, or documents that may need to be updated and/or replaced. Go through real world examples, applying new 2021 guidelines for proper E/M code selection.

Participants will receive a course manual and complete coding exercises to help you and your clinicians prepare now for January 1 implementation.

Registration Form Keep a copy for your records. **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: _____

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: _____

Address associated with card: _____

Cardholder Signature: _____

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