

Presented by



# E/M Chart Auditing Workshop

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## Live Class

### Expert presenter

Instructor relays detailed content in understandable terms

### Interactive

Format includes Q&A opportunity to address attendee questions

## Highlights:

- Improve provider communication
- Eliminate over/under-coding
- 2023 E/M guideline updates

**CPT®, ICD-10 and HCPCS are needed for this course to engage with hands-on exercises and will need to be self-provided by the registrant.**

### Location:

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

**Fee:** \$299 per person

Includes instructional materials

### Questions:

JoAnne Rau

Office: (585) 473-7573

Fax: (585) 473-7641

Email: jrau@mcms.org

### Register:

Program: #24859-0809

Online: [mcms.org/events](https://mcms.org/events)

Ph: (585) 473-7573

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

**+ CEUs** 6 per person

Practice Management Institute 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](https://pmiMD.com).



**Create a systematic approach to cross-checking records so you can code E/M encounters with confidence.**

Expand your knowledge of evaluation and management coding audits to improve accuracy of claim submissions and reduce over/under coding, and risk of a government or third-party audit. Receive expert guidance on key components and potential problem areas to help ensure that your coding practices are compliant with the government and private payer regulations.

Coders, auditors, providers, clinical and practice staff involved in medical coding, will benefit from this training. Managers and compliance officers are also encouraged to attend.

**6 CEU | 9:00 am - 4:00 pm EST | Tues, Aug 9, 2022**  
**6-hour session will include Q&A and breaks**

### Registration form

Keep a copy for your records.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Additional registrants may be listed on separate page)

Practice Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail (required): \_\_\_\_\_

PMI-Certified ID#: \_\_\_\_\_ (if applicable)

Visa  MasterCard  American Express  Check (payable to Monroe County Medical Society)

Credit Card #: \_\_\_\_\_ CVV code: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Address, if different from above: \_\_\_\_\_