

2009 Online Coding Seminars



Presented by the Montana Medical Association and Brown Consulting Associates, Inc.

Coding training without leaving the office!

These seminars are live telecommunication classes designed for coders and billers working in health centers and doctors' offices to further their education related to coding, documentation and billing.

Course Levels

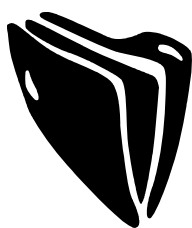
- 100 Diagnosis (ICD-9-CM) Coding
- 200 Current Procedural Terminology (CPT) Coding
- 300 Special Coding Topics
- 400 Modifiers
- 600 Coding for Specialties
- 700 Third Party Payer Issues

Continuing Education Units (CEUs)

Participants earn one CEU for each hour of class attendance. One additional CEU may be earned by completing an optional post-course assessment. Full details will be included in the course materials.

Cost

Each course is \$189 and includes 2-3 hours of instruction. Price includes one phone connection and one internet connection.



Cancellations must be received in writing 10 days prior to the session for a full refund. An administrative fee of \$25 will be charged for lost CEU certificates.

Details

Courses are 2 or 3 hours in length and combine web-based learning with live teleconference lectures. You will need an internet-ready computer and a speakerphone or headset to participate.

Instructors

Bonnie R. Lewis, RN, CCS-P
Shawn R. Hafer, CCS-P, CPC
Candi Miller, RHIT, CCS, CCS-P
Donna Monroe, CCS-P, CPC
Dana Fox, CCS-P, CPC
Irene Quast, CPC, CPC-E/M

Brown Consulting instructors are certified by the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC).

Brown Consulting Associates has been providing physician coding consulting since 1989. They conduct seminars for the Idaho, Montana and Washington State Medical Associations. Over the past five years, BCA has been preparing students for certification through the Alaska and Northwest Regional Primary Care Associations.

Refresh your coding knowledge through our web-based seminars!

2009 Online Coding Seminars

100 Diagnosis Coding

101 ICD-9-CM Diagnosis Coding I

April 16, 2009	10:00 AM – 1:00 PM	MT
July 9, 2009	10:00 AM – 1:00 PM	MT
October 8, 2009	10:00 AM – 1:00 PM	MT

Clinicians and clinics prove medical necessity for their services through correct diagnosis coding. This introduction to diagnosis coding is a hands-on orientation to ICD-9-CM via exercises in the use of the ICD-9-CM Index and Tabular List plus other basic diagnosis coding guidelines and conventions. Prepares the student for *ICD-9-CM Coding II* (Course 102).

Audience: Entry-level coders/billers

102 ICD-9-CM Diagnosis Coding II

April 30, 2009	10:00 AM – 1:00 PM	MT
July 16, 2009	10:00 AM – 1:00 PM	MT
October 22, 2009	10:00 AM – 1:00 PM	MT

Intermediate ICD-9-CM Coding continues the important lessons of *ICD-9-CM Coding I* (Course 101) and includes review of the ICD-9-CM Official Guidelines for physicians (Sections I and IV). Gain expertise in difficult ICD-9-CM coding. Bring your ICD-9-CM book!

Audience: Entry- to intermediate-level coders/billers

103 ICD-9-CM Diagnosis Coding III

May 12, 2009	10:00 AM – 1:00 PM	MT
July 23, 2009	10:00 AM – 1:00 PM	MT
November 3, 2009	10:00 AM – 1:00 PM	MT

This session includes detailed exploration of common, but challenging diagnoses such as diabetes and related conditions, hypertensive disease, important OB coding concepts, and more. Bring your ICD-9-CM book!

Audience: Experienced coders/billers

105 Diagnosis Coding for OB/Gyn and Contraceptive and Procreative Management

July 14, 2009	10:00 AM – 1:00 PM	MT
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Diagnosis coding issues unique to Ob/Gyn are explored in this specialty session. Emphasis on pregnancy and its complications, healthcare maintenance, hormone therapy and Medicare guidelines. Comprehensive handout information supplements coding exercises. OB coders, be sure to check *Obstetrics I* (Course 609) for in-depth CPT coding.

Audience: Intermediate- and experienced-level coders/billers

106 Neoplasm Diagnosis Coding

July 28, 2009	10:00 AM – 1:00 PM	MT
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Experienced coders struggle with this difficult coding discipline, but you'll gain confidence in the use of codes for primary-secondary-in situ malignancies, benign conditions, and "history of" neoplasm diagnoses through this focused training. Curriculum includes sequencing neoplasms with other diagnoses.

Audience: Intermediate- to experienced-level coders/billers

107 ICD-9-CM Coding Changes Effective October 1, 2009

August 11, 2009	10:00 AM – 12:00 PM	MT
September 29, 2009	10:00 AM – 12:00 PM	MT

This important session will explore changes to ICD-9-CM diagnosis codes that are effective October 1, 2009, and will apply throughout 2010. (*This is a two-hour session.*)

Audience: Entry- to experienced-level coders, physicians, non-physician clinicians

200 Current Procedural Terminology (CPT)

201 CPT Procedure Coding I

May 7, 2009	10:00 AM – 1:00 PM	MT
August 6, 2009	10:00 AM – 1:00 PM	MT
November 6, 2009	10:00 AM – 1:00 PM	MT

Take the first step to coding proficiency! Seminar includes orientation to the structure and format of the CPT book including CPT conventions, the CPT Index, E/M code components. Prepares the student for *CPT Procedure Coding II* (Course 202).

Audience: Entry-level coders/billers

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202 CPT Procedure Coding II

May 14, 2009	10:00 AM – 1:00 PM	MT
August 20, 2009	10:00 AM – 1:00 PM	MT
November 13, 2009	10:00 AM – 1:00 PM	MT

Continue to build your CPT expertise with further exploration of the CPT book with an emphasis on CPT guidelines, surgery coding concepts and coding conventions and modifiers. Designed to follow **CPT Procedure Coding I** (Course 201) or as a refresher course for coders returning to the profession.

Audience: Entry- to intermediate-level coders/billers

203 Coding for Clinicians

June 4, 2009	10:00 AM – 1:00 PM	MT
September 10, 2009	10:00 AM – 1:00 PM	MT
December 3, 2009	10:00 AM – 1:00 PM	MT

Designed for primary care providers. This session highlights the important relationship of medical record documentation to coding compliance and reimbursement. Emphasis on CPT coding, electronic health records, the surgical package including common in-clinic services and a review of the diagnosis coding guidelines and common reporting errors.

Audience: Primary care physicians and providers

204 E/M Coding

May 21, 2009	10:00 AM – 1:00 PM	MT
September 17, 2009	10:00 AM – 1:00 PM	MT
November 12, 2009	10:00 AM – 1:00 PM	MT

Master analysis of the E/M key components History, Exam and Medical Decision Making as well as documentation requirements of varied E/M codes: office and preventive services, consultations, critical care, inpatient, observation, ED services.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

205 Wellness and Illness Coding

January 22, 2009	10:00 AM – 1:00 PM	MT
August 7, 2009	10:00 AM – 1:00 PM	MT

Fine-tune your E/M coding! Learn to recognize and correctly assign codes for Wellness, Illness, Wellness and Illness and Wellness turned Illness encounters. Also includes special considerations for coding birth control/hormone replacement therapy and Medicare services.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians.

206 E/M and Surgery Coding

March 19, 2009	10:00 AM – 1:00 PM	MT
November 20, 2009	10:00 AM – 1:00 PM	MT

Bundling and modifier issues are huge when E/M and surgical services are rendered together in the clinic or facility setting. Documentation tips plus pre-op services and Medicare regulations.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

207 Coding for Inpatient, Nursing Home and Out-of-Clinic Services

April 24, 2009	10:00 AM – 1:00 PM	MT
October 16, 2009	10:00 AM – 1:00 PM	MT

Inpatient coding is an OIG compliance target. Protect your practice with compliant coding of hospital, observation, and critical care services. Discussion covers specific criteria for discharges, Nursing Facility services, and CPO plus problem-solving using inpatient records.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

208 Chart Auditing I

February 5, 2009	10:00 AM – 1:00 PM	MT
October 29, 2009	10:00 AM – 1:00 PM	MT

This introduction to E/M Chart Auditing explores review techniques including production analysis, record selection, and CMS Documentation Guidelines (1995 and 1997). Students learn to use audit tools to assess CPT Key Component elements and correctly identify code level. Plan to attend **Chart Auditing II** (Course 209) upon completion.

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

209 Chart Auditing II

February 12, 2009	10:00 AM – 1:00 PM	MT
November 5, 2009	10:00 AM – 1:00 PM	MT

Expanding on concepts of **Chart Auditing I** (Course 208), participants in this workshop use audit forms and the CMS guidelines to perform audit of actual medical records (handouts provided). Prepares the student for **Chart Auditing III** (Course 210).

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

2009 Online Coding Seminars

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210 Chart Auditing III

February 19, 2009 10:00 AM – 1:00 PM MT
November 19, 2009 10:00 AM – 1:00 PM MT

Participants familiar with chart auditing learn additional auditing strategies during this hands-on auditing session emphasizing clinician E/M production review and analysis.

Prerequisite: Completion of Chart Auditing I and/or II.

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

211 Chart Auditing IV

March 3, 2009 10:00 AM – 1:00 PM MT
December 1, 2009 10:00 AM – 1:00 PM MT

This hands-on session emphasizes out-of-clinic E/M audits for hospital admissions and subsequent care, inpatient consultations, Emergency Department, and nursing home services. **Prerequisite:** Completion of Chart Auditing I and/or II.

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

212 Chart Auditing V

March 17, 2009 10:00 AM – 1:00 PM MT
December 10, 2009 10:00 AM – 1:00 PM MT

This fast-paced session includes more E/M audits with a look at encounters for both wellness and illness, E/M and surgery as well as problematic EMR encounters. Discussion will include clinician feedback, comparison of documentation with the billing encounter form and diagnosis coding and reporting.

Prerequisite: Completion of Chart Auditing I and/or II.

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

213 What's New in CPT for 2009!

January 27, 2009 10:00 AM – 12:00 PM MT

This session will summarize significant changes in CPT for 2009. Discover new codes, review changes in old codes and examine the intent of the AMA revisions.

Audience: Entry level to experienced level coders/billers, coding managers and CFOs (This is a two-hour session)

300 Special Coding Topics

301 Behavioral Health

April 14, 2009 10:00 AM – 1:00 PM MT
November 4, 2009 10:00 AM – 1:00 PM MT

Are you providing mental health and psychiatric services to your patient population? Attend this session to explore coding for psychiatry, psychology and behavioral health services provided by physicians, psychologists, LCSWs, nurse practitioners, and others. Examine differences between DSM IV and ICD-9-CM diagnosis coding. Coding, documentation and payer issues are discussed.

Audience: Coders and clinicians providing these services

303 HCPCS Coding

May 5, 2009 10:00 AM – 1:00 PM MT

This fast-paced session navigates the HCPCS Level II system and provides tips for using HCPCS codes in a variety of coding circumstances: medical supplies, drugs/injectables, professional services. Includes use of HCPCS modifiers and Medicare guidelines.

Audience: Entry- to experienced-level coders/billers

304 Injection Service Coding

February 10, 2009 10:00 AM – 1:00 PM MT
September 9, 2009 10:00 AM – 1:00 PM MT

Here's help for coders who struggle with correctly coding immunization, injection, infusion, chemotherapy, and allergy services, including an overview of CPT, HCPCS and ICD-9-CM issues. Class also emphasizes use of E/M codes with injection services and injection coding requirements for Medicare beneficiaries.

Audience: Entry- to experienced-level coders/billers

305 99211 - The "Do's" and the "Don'ts"

March 18, 2009 10:00 AM - 12:00 PM MT
October 7, 2007 10:00 AM - 12:00 PM MT

Many questions surround non-clinician visits (nurse visits). This session will explore which types of services are billable and which are not. Appropriate documentation will be discussed, including templates for guidance in capturing needed elements. *(This is a two-hour session.)*

Audience: Coders, auditors, compliance staff, nurses, physicians, non-physician clinicians, clinic management

2009 Online Coding Seminars

400 Modifiers

401 Understanding Modifiers I (E/M)

March 12, 2009 10:00 AM – 1:00 PM MT
October 1, 2009 10:00 AM – 1:00 PM MT

Correctly used, modifiers explain unusual or complicated circumstances and can have a positive effect on practice reimbursement. This course undertakes a comprehensive review of CPT and HCPCS modifiers with specific emphasis on use of modifiers with E/M codes. (See *Understanding Modifiers II* (Course 402) for surgical modifier education.)

Audience: Entry- to experienced-level coders/billers

402 Understanding Modifiers II (Surgery)

March 26, 2009 10:00 AM – 1:00 PM MT
October 15, 2009 10:00 AM – 1:00 PM MT

Modifiers communicate difficult, increased, separate, reduced, multiple and repeat services, and this class expands the principles introduced in *Understanding Modifiers I* (Course 401) to apply to surgery services. Participants practice using surgery modifiers with examples and scenarios. Discussion includes detailed information on use of the Medicare Physician Fee Schedule Data Base (MPFSDB) and Correct Coding Initiative (CCI).

Audience: Entry- to experienced-level coders/billers

600 Coding For Specialties

601 Surgery Coding Fundamentals

June 9, 2009 10:00 AM – 1:00 PM MT

Coding in the surgical practice involves in-depth knowledge of the many topics covered in this rapid-fire review; the Surgical Package and surgical guidelines, modifiers, bundling issues and MPFSDB and CCI use. Be sure to also enroll in *Op Reports I* (Course 602) to improve operative report coding skills

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

602 Operative Report Coding

June 16, 2009 10:00 AM – 1:00 PM MT

Participants learn Brown Consulting's proven "12-Step" systematic approach to coding op reports. Practice correct use of coding tools to extract essential information from complex documentation. Features op reports from numerous specialties.

Audience: Coders/billers, physicians, and non-physician clinicians

603 Family Practice Coding

June 19, 2009 10:00 AM – 1:00 PM MT

This action packed session includes review of diverse coding disciplines that apply in a Family Practice environment: E/M coding (preventive medicine, wellness/illness, pre-op encounters, time documentation), discussion of electronic health records, OB services including family planning and office-based surgeries (lacerations, lesions, fracture care).

Audience: Coders/billers, physicians, and non-physician clinicians

604 Internal Medicine Coding

June 26, 2009 10:00 AM – 1:00 PM MT

Coding challenges in Internal Medicine focus on the myriad issues emphasized in this session: consultations, time-based E/M coding, prolonged services, inpatient encounters and pre-op services.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

605 Orthopaedic Coding

August 4, 2009 10:00 AM – 1:00 PM MT

Beyond broken bones, this informative session features a full range of Ortho coding issues including E/Ms, surgery topics such as endoscopies/arthroscopies, separate procedures, multiple surgeries and modifiers. Further covers use of the MPFSDB and CCI.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians



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Specialty Coding continued...

609 Obstetrics Coding

June 30, 2009 10:00 AM – 1:00 PM MT

Prepare to cover the full gamut of OB/maternity coding concerns in this fast-paced session. Answers to questions about the OB package, non-package services, complications, procedures, prenatal testing, ultrasounds, and modifiers. See *OB/Gyn and Contraception Management Diagnosis Coding* (Course 105) for OB diagnosis coding education.

Audience: Intermediate- to experienced-level coders/billers, physicians, and non-physician clinicians

700 Third Party Payer Issues

701 Medicare Part B I

August 25, 2009 10:00 AM – 1:00 PM MT
December 8, 2009 10:00 AM – 1:00 PM MT

What is a HPSA? MAC? GPCI? This comprehensive introduction to Medicare Part B is designed for the beginner or occasional user and touches the many facets of the program used in the physician office. Medicare fundamentals are explored including provider eligibility and enrollment (par, non-par, and assignment issues); details of Medicare's unique reimbursement methodology (RBRVS); coverage issues and coding policy related to E/M coding, surgery, preventive services, and noncovered items. Session includes outline of differences in Part B services when billed by FQHC and RHC clinics. Plan to also attend *Medicare Part B II* (Course 702).

Audience: New or occasional Medicare coders/billers and new clinicians

702 Medicare Part B II

September 1, 2009 10:00 AM – 1:00 PM MT
December 15, 2009 10:00 AM – 1:00 PM MT

Designed to follow *Medicare Part B I* (Course 701). Explores CMS documentation guidelines; Medicare coverage policy including NCDs, LCDs; surgical coding issues, modifiers, the Medicare Physician Fee Schedule Data Base and NCCI edits. Plan to attend *Medicare Part B III* (Course 703).

Audience: Medicare Part B I (Course 701) participants or any coders/billers working with Medicare programs

703 Medicare Part B III

September 15, 2009 10:00 AM – 1:00 PM MT
December 17, 2009 10:00 AM – 1:00 PM MT

Designed to follow *Medicare Part B II* (Course 702); highlights issues attached to Medicare Preventive Services and "carve out" billing/coding policy, ABNs, "incident to" services, nonphysician providers, Medicare appeals, the OIG Work Plan, and Fraud/Abuse considerations.

Audience: Medicare Part B II (Course 702) participants or any coders/billers working with Medicare programs

704 Medicare 2010 - What to Expect

December 30, 2009 10:00 AM – 1:00 PM MT

This session will review the important changes to the Medicare program that occurred during 2009 and explore changes slated for Medicare Part B for the year 2010.

Audience: Physicians, clinicians, and coders/billers who work with Medicare programs

302 FQHC and RHC Coding Review

February 4, 2009 10:00 AM - 1:00 PM MT
September 30, 2009 10:00 AM - 1:00 PM MT

What is an FQHC and how is it different from a coding perspective? Get those answers and more in this top-to-bottom overview of the special coverage and reimbursement regulations that impact coders and billers in a Federally Qualified Health Clinic (FQHC) or a Rural Health Clinic (RHC).

Audience: All FQHC/RHC coders/billers

