



2012 Online Coding Webinars

Presented by 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

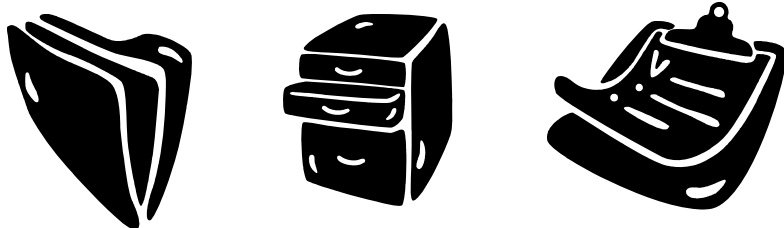
- 100 Diagnosis (ICD-9-CM) Coding
- 200 Current Procedural Terminology (CPT) Coding
- 300 Special Coding Topics
- 400 Modifiers
- 600 Coding for Specialties
- 700 Third Party Payer Issues

Continuing Education Units (CEUs)

Participants earn one CEU for each hour of class attendance. Additional CEUs 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. Hoag, RN, CCS-P
Shawn R. Hafer, CCS-P, CPC
Donna Monroe, CCS-P, CPC
Barbara Barnes, CPC-A

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 several State and Primary Care Associations. Over the past fifteen years, BCA has been preparing students for certification through various professional associations and the College of Southern Idaho.

Refresh your coding knowledge through our web-based seminars!

2012 Online Coding Seminars

100 Diagnosis Coding

101 ICD-9-CM Diagnosis Coding I

March 1, 2012 10:00 AM – 1:00 PM MT
September 25, 2012 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
(There are no AAPC CEUs available for this webinar.)*

102 ICD-9-CM Diagnosis Coding II

March 15, 2012 10:00 AM – 1:00 PM MT
October 9, 2012 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

March 29, 2012 10:00 AM – 1:00 PM MT
October 23, 2012 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 OB/Gyn and Contraceptive Management Diagnosis Coding

July 12, 2012 10:00 AM – 1:00 PM MT

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~~

~~May 15, 2012 10:00 AM – 1:00 PM MT~~

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

110 ICD-10-CM: Steps Toward Coding Proficiency

February 15, 2012 10:00 AM - 12:00 PM MT
~~May 17, 2012 10:00 AM – 12:00 PM MT~~

This session covers basic introductory information including ICD-10 format and conventions, similarities between ICD-10-CM and ICD-9-CM and how to code for common conditions such as hypertension, diabetes, neoplasm, injuries and pregnancies. Topics also include how to find and use on-line resources that are available for coders interested in learning more about the ICD-10-CM code set.

Audience: Entry- to experienced-level coders/billers and clinic management. (This is a two hour session)

200 Current Procedural Terminology (CPT)

201 CPT Procedure Coding I

May 10, 2012 10:00 AM – 1:00 PM MT
November 6, 2012 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
(There are no AAPC CEUs available for this webinar.)*

2012 Online Coding Seminars

200 *continued...*

202 CPT Procedure Coding II

May 24, 2012	10:00 AM – 1:00 PM	MT
November 20, 2012	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

February 7, 2012	10:00 AM – 1:00 PM	MT
August 2, 2012	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

March 22, 2012	10:00 AM – 1:00 PM	MT
September 6, 2012	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 19, 2012	10:00 AM – 1:00 PM	MT
July 17, 2012	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

May 22, 2012	10:00 AM – 1:00 PM	MT
November 15, 2012	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 12, 2012	10:00 AM – 1:00 PM	MT
October 4, 2012	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

March 6, 2012	10:00 AM – 1:00 PM	MT
September 13, 2012	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. **Registration closes one week before class to allow time to US Mail the auditing tool.**

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

209 Chart Auditing II

March 20, 2012	10:00 AM – 1:00 PM	MT
September 27, 2012	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

2012 Online Coding Seminars

200 continued...

210 Chart Auditing III

April 3, 2012 10:00 AM – 1:00 PM MT
October 11, 2012 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

April 17, 2012 10:00 AM – 1:00 PM MT
October 25, 2012 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. **Registration closes one week before class to allow time to US Mail the auditing tools.**

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

212 Chart Auditing V

May 1, 2012 10:00 AM – 1:00 PM MT
November 8, 2012 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 2012!

January 24, 2012 10:00 AM – 12:00 PM MT

This session will summarize significant changes in CPT for 2012. 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 26, 2012 10:00 AM – 1:00 PM MT
November 1, 2012 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

April 5, 2012 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 28, 2012 10:00 AM – 1:00 PM MT
September 18, 2012 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"

February 9, 2012 10:00 AM - 12:00 PM MT
July 31, 2012 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

2012 Online Coding Seminars

400 Modifiers

401 Understanding Modifiers I (E/M)

February 2, 2012 10:00 AM – 1:00 PM MT
August 16, 2012 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)

February 16, 2012 10:00 AM – 1:00 PM MT
August 30, 2012 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 5, 2012 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 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 14, 2012 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, 2012 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, 2012 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

July 26, 2012 10:00 AM – 1:00 PM MT

"Beyond broken bones" focuses on wide-ranging Orthopaedic surgery topics including fracture guidelines, knees, spines, shoulders, and endoscopies/arthroscopies. The session is packed with Ortho coding "extras"; specialty practice E/Ms, modifiers, multiple surgeries, separate procedures and use of the CCI/MPFSDB.

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



2012 Online Coding Seminars

Specialty Coding continued...

609 Obstetrics Coding

June 28, 2012 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 7, 2012 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 non-covered items. 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

August 21, 2012 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 11, 2012 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, non-physician 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 2013 - What to Expect

December 11, 2012 10:00 AM – 1:00 PM MT

This session will review the important changes to the Medicare program that occurred during 2012 and explore changes slated for Medicare Part B for the year 2013.

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

302 FQHC and RHC Coding Review

February 23, 2012 10:00 AM - 1:00 PM MT
August 14, 2012 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

2012 Online Coding Webinars

Registration Form

You may submit a registration form for one webinar or multiple webinars.

Name: _____

Title: _____

Organization: _____

Address: _____

Work Phone: _____ Fax: _____

Email Address of Attendee: _____

Type of facility

- FQHC/RHC Public Health
 Private Practice Hospital Clinic
 Indian Health Services
 Other: _____

Your duties (check all that apply)

- ICD-9-CM Coding CPT Coding
 HCPCS Coding
 Compliance
 Accounts Receivable A/R Management
 Chart Auditing Fee Schedules
 Develop forms/tools
 Work with Payers (Medicare, etc.)

Current Degrees & Certifications

Degree or Certification	School/Certifying Organization	Year

Registration Fee: \$189.00 per webinar for one phone line and one internet connection.

Course #	Course Title	Date	Number of Credits	Fee
Total				

To register for additional webinars, please use a separate sheet.
Cancellations must be received in writing 10 days prior to the session for a full refund.

Method of Payment

- Check made payable to Montana Medical Association
 Please charge my Visa or Master Card or American Express

Card Number: _____ Amt. to Charge _____

Name as it appears on card: _____ Exp Date: _____

Contact MMA:

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