InHealth
Professional
Services

Steve Adams - Practice Management & Coding Seminars

TheCodingEducator.com

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The Current and Future of Evaluation and Management (E/M) Coding - – AAPC Approved 1.5 CEUs

In 2021 Evaluation and Management Coding for outpatient services as we know it will change. During this workshop we'll discuss where we are today with outpatient coding and how we'll get to the new guidelines in 2021. Even though outpatient coding will change, the E/M guidelines for inpatient coding will remain the same. Upon completion of this workshop you'll know outpatient E/M now, how it will work in 2021 and reacquaint yourself with inpatient coding of E/M services that won't be changing for the next several years.

During this 1.5-hour presentation you will:

1. Review E/M Coding for outpatient and inpatient services for 2020

2. Get a firsthand look at the E/M changes coming in 2021 for outpatient services

3. Find out what role the history and exam will play in 2021 when selecting outpatient services

4. Learn how the table of risk will impact E/M code selection for outpatient services in 2021

5. See how time requirements will change in 2021 for outpatient E/M services

Understanding the Risk Adjustment Factor and HCCs – AAPC Approved 1.5 CEUs

Every time you see a patient you select an ICD-10 code. Sometimes, however, you don't understand that an ICD-10 code carries a certain "value" based on a payment model instituted by CMS back in 2003. It is that payment model "Risk Adjustment Model" that is going to be used in the future to determine your reimbursements (payment for performance.) This score will follow your NPI number forever, regardless if you are a solo practitioner, in a group practice, or hospital employee.

During this 1.5-hour presentation you will:

1. See what an HCC and RAF means to you

2. Find out how your ICD-10 code will shape your future reimbursement

3. Understand how important it is to document all comorbid conditions

4. Learn the top valued HCCs and their corresponding ICD-10 codes

5. Discover what the optimal RAF score is for you and your patients to achieve the most compliant reimbursements under the CMS Quality Payment Program.

Surviving Payment for Performance

You have all heard the terms – QPP, ACO, CIN, BPM and HCC and RAF – but what do they all mean and how do I even know which one is which, and which one might work best for me moving forward in this payment for performance reimbursement world.

In this talk, I break down for you the models for payment for performance and show you what really matters. What each of them have in common and the questions you should ask before moving forward.

During this 1.5-hour seminar I'll cover:

1. What changes has the current administration made to the QPP program that gives us some insight into the future of payment for performance
2. Is the ACO the right place for me to be right now? See what the current administration is proposing that might change the ACO model upside down
3. Maybe a Clinically Integrated Network is the right thing for me – how would I know, what do they do and how do they help providers
4. Are Bundled Payment Models something I should worry about if I'm in primary care?
5. How does the Risk Adjustment Model tie into all of these and what are the seven conditions I should know today?
6. What are the most important questions to ask anyone approaching me about joining their model?

Using Technology to Resolve Coding Dilemmas – AAPC Approved 1.5 CEUs

Have you ever just wanted to look up a NCD or LCD because a claim was denied? Ever wanted to see how to research current RAC, ZPIC or OIG audit issues? Ever just wanted to know where to find an answer to a coding question or denial was on the internet? This is the talk for you.

During this 1.5-hour talk, I'll show you how to:

1. Navigate CMS manuals

2. Learn how to find an LCD and NCD on the CMS website

3. Review Advance Med and Connolly Healthcare RAC and ZPIC Page

4. Find information on the OIG Work Plan you need to know

5. Find all the Risk Adjustment and HCC files you'll need for private practice or your ACO

Compliant Evaluation and Management Coding and Documentation – AAPC Approved 1.5 CEUs

In this 1.5-hour workshop, we'll review issues that are currently under OIG, MAC and RAC review nationwide. This presentation will help you better document the services and modifiers you need to convert your work into maximum legitimate revenue.

1. Find out the difference between incident to and shared visits with your NPPs

2. Learn how to properly document both new and consultative services in the office, ER, Nursing Home and Hospital.

3. Find out what is needed to support level 4 and 5 established patient office visits as well as the higher level subsequent hospital service codes 99232 and 99233.

4. Get the inside scoop on changes to the proper use and documentation of an Evaluation and Management Services and Surgeries on the same day or following day (modifier 25 and 57).

5. See how to properly bill for Evaluation and Management Services within the global period of both minor and major surgery (modifiers 24, 58, 78 and 79).

6. Review the new Wellness Medicare Codes and all other preventive services now billable as part of an annual assessment.

EM Auditing 101 – AAPC Approved 1.5 CEUs

Part of your compliance plan should include a standard annual audit of E&M services. However, many coders and billers are unable to perform this task because of the rules and regulations used by the Government to audit your notes.

In this 1.5 -hour seminar we work with your staff through an interactive workshop to:

1) Look at incident to and shared visit billing for Midlevels
2) Understand the three ways to select E&M codes
3) Using modifiers correctly
4) Auditing outpatient and inpatient services
5) Working with your providers to implement change

Don't overlook the importance of knowing how to audit your own notes. Be proactive and not reactive to the Governments focus on this daily activity in your practice.

Billing Preventive Services – AAPC Approved 1.5 CEUs

90% of primary care physicians don't use acceptable preventive service codes for their Medicare patients.

Whether you are in a private practice or accountable care organization, these services are critical in maximizing your legitimate revenue.

In this 1.5-hour seminar we will discuss all the CPT and ICD-9 codes you can use to be paid for:

1) Welcome to Medicare Visits

2) Annual Well Visits

3) Paps / Pelvics

4) Screening for depression and alcohol

5) Tobacco Counseling

6) Advanced Care Planning

7) IBT for CVD

8) Home Health Certifications

9) Billing additional EM services with prevention

Medicare has provided the benefits; you need to ensure you are using the preventive medicine codes appropriately.

Advanced Modifier Use

Most physicians and their staff are confused when it comes to knowing global periods and proper modifier use. This seminar takes a simple report from the CMS website and lets you know the when, why and how behind the most important modifiers used in primary care and surgery offices every day.

Topics I'll Cover in this 1.5-hour presentation:

1) Proper use of the CMS web site for modifier information

2) Learn the global periods for every CPT code

3) Find out what insurance companies consider minor, major, staged, related and unrelated surgeries.

4) Find out when to use the 25, 50, 51, 57, 58, 78, 79

5) Learn the proper use of the –59 modifier and get free CCI edit information from CMS every quarter.

10 Ways to Maintain the Financial Control of Your Practice – AAPC Approved 1.5 CEUs

Make sure you are ready to convert your work into maximum compliant revenue this year. During this course I will outline the top 10 tips you'll need to know to be productive and efficient this year and beyond.

In this 1.5-hour talk we'll discuss:

1. Use of E/M coding comparison reports

2. Responding to RAC and ZPIC audits

3. Uncommon modifiers and their use

4. Using an ABN

5. CCI Edits

6. CMS Preventive Services

7. Calculating gross and net collection ratios

8. Figuring out you're accounts receivable

9. Reducing denials

10. Controlling Overhead

Documentation & Billing – Critical Care – AAPC Approved 1.5 CEUs

Critical care is defined as the direct delivery by a provider of medical care for a critically ill or critically injured patient. Critical illness acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition. Critical care requires high complexity medical decision-making to assess, manipulate and support vital organ system function to treat single or multiple vital organ system failure.

During this 1.5-hour workshop, you will:

1. Identify those clinical conditions that are best associated with critical care

2. Find out exactly what to document to avoid compliance issues

3. Review the time required to bill various levels of critical care

4. See how to count time discussing issues with family members

5. Look at the other services that are bundled with critical care

Compliant Documentation – Hospital and Hospitalists Services - AAPC Approved 1.5 CEUs

This course will help providers to identify the weaknesses in the hospital billing and the areas that need to be corrected to process these claims efficiently in a timely manner. The course will also help the healthcare provider to identify the correct CPT and ICD-10 codes for billing purposes to eliminate errors and denials which cause frustration for patients, as well as the provider, and to limit compliance risks.

During this 1.5-hour presentation we'll cover:

1) Hospital Inpatient Admissions

2) Initial Hospital Consults

3) Subsequent Hospital Visits

4) Identify and document Hospital Outpatient Services:

5) Initial Observation Services

6) Subsequent Observation Services

7) Properly identify and document Critical Care Services

8) Document certain Medicare Preventive Services

9) Tobacco Cessation

10) Home Health Certification

The ABCs of Fraud and Abuse – AAPC Approved 1.5 CEUs

Find out about, MICs, RACs, MACs, ZPICs, etc….

The Federal Government has allocated nearly 2 billion dollars to combat fraud and abuse in CMS for years 2016-2020. Audits will be coming from every corner – Medicare, Medicaid, Tricare and commercial carriers. This seminar lets you know who's who in the wonderful world of auditing.

During this 1.5-hour seminar we will discuss:

1) What is a MAC, MIC, MFCU, RAC and ZPIC and what can we do to prepare for an audit

2) Find out who's who and what they're after

3) Make sure you know how to respond and what to send in the event of a record request

4) Get some insight into the False Claims Act and how this civil war error law can impact you

5) Learn about the Stark and Anti-Kickback Laws and how they might affect your practice

6) What are Civil Monetary Penalties and what do they mean to me

7) Why are Compliance and HIPAA manuals so important

Understanding Coding Reports

When surviving healthcare in the 21st century it's critical that you are able to convert your work into maximum legitimate compliant revenue. You can only do this if you are able to understand some of the reports you have access to every month in your own practice. This workshop covers some of the most common reports you need to understand in order to continue to thrive in the error of Payment for Performance.

In this 1.5-hour talk we'll discuss:

1. Charges, adjustments and payments – what should my gross and net collection ratios be? More importantly, what is the net and gross collection ration and why is it important.
2. CPT productivity Reports – what can this report show you about your work? Most importantly, what doesn't it tell you about what you could be doing as a primary care provider.
3. ICD-10 productivity reports – under HCC and Risk Adjustment you'll need to understand and code for the seven most common high-risk diagnosis codes. Are these seven diseases on your list?
4. Accounts receivable reports – what is an acceptable accounts receivable? How can I use this report to help motivate my staff and convert my work into revenue?