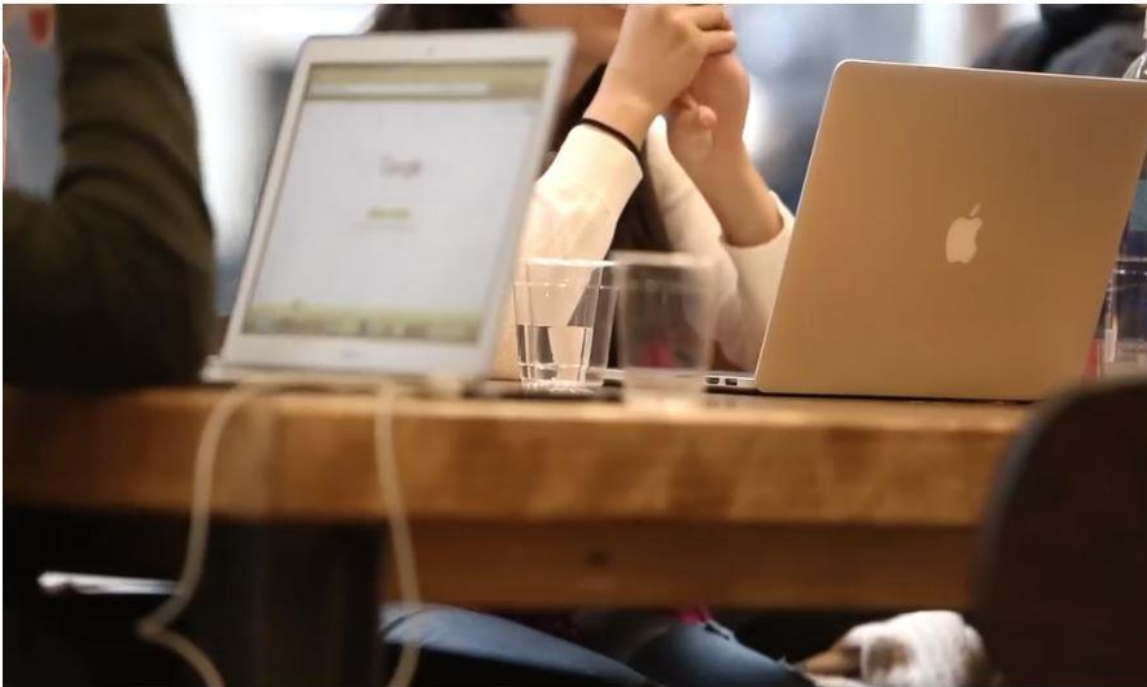# Steve Adams - Practice Management & Coding Seminars

TheCodingEducator.com

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2023 Outpatient & Inpatient (E/M) Coding Changes – AAPC Approved 1.5 CEUs

In 2021 Evaluation and Management Coding rules for outpatient services changed. In 2023 those rules changed for facility billing. During this workshop, we will discuss the new guidelines that went into effect on January 1, 2021, and then were subsequently updated in 2023. Upon completion of this workshop, participants will know the new guidelines, see some clinical examples, and be able to decide when to bill based on time, or medical decision-making.

During this 1.5-hour presentation you will:

1. Get a look at the E/M changes for 2023 and the updated revisions.
2. Discover what role the history and exam play in 2023 when selecting outpatient & inpatient services and what is meant by "medically appropriate".
3. Understand how the table of risk will impact E/M code selection for outpatient and inpatient services in 2023.
4. Evaluate how time requirements will change in 2023 for all E/M services.
5. Determine how to document the new prolonged service codes.

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 do not 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 of if you are a solo practitioner, in a group practice, or a hospital employee.

1. See what an HCC and RAF mean 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.

How to Be Ready for Audits and Ensure Your Success

During the course of this presentation that lasts for approximately an hour and a half, I will walk you through the process that I use with my private clients to ensure that we are aware of all potential audits, ranging from commercial insurance plans to federal insurance plans, and how we get prepared to succeed in those audits.

At the conclusion of this seminar you will:

1. Finally understand the ABCs of the different non-governmental companies hired to by CMS to ensure your compliance
2. Find out how to prepare notes to forward to the above organizations
3. Understand how to identify areas being targeted within your organization
4. See the websites that offer insight into future targets from outside of your organization
5. Find out how to download and read policies, not just for ICD-10 coverage, but for Medical Necessity documentation

Common Coding Errors with the new CMS Guidelines

In this 1.5-hour presentation, I cover the most common errors I find when conducting chart reviews. You will see what I see and how to correct them to maintain compliance.

Upon completion of this talk, we will discuss:

1. The updated data counting system for EM codes
2. The proper coding rules for billing time in the outpatient and facility setting
3. The new shared visit rules in the facility setting and modifier FS
4. Annual Well Visits and Welcome to Medicare has a new requirement
5. Documenting those HH certs and recerts, TCM, Tobacco, and others correctly – many still miss key elements
6. It is never too late to find out how to use telehealth to your advantage during COVID

Properly Documenting Time in the Outpatient and Inpatient POS

Under the new EM guidelines for 2021, AMA offers us a new way to document for time and prolonged services. Major revisions have been made to this section of the CPT manual and this presentation covers the new and revisions to both the time requirements and prolonged services.

Upon completion of this talk, you will understand:

1. How to properly document total day time in the office setting
2. Total unit floor time in the hospital and nursing home setting
3. How to document prolonged services in the office
4. How to properly document prolonged services in the inpatient setting

Using Technology to Resolve Coding Dilemmas – AAPC Approved 1.5 CEUs

Have you ever just wanted to look up an NCD or LCD/LCA 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 will show you how to:

1. Navigate CMS manuals
2. Learn how to find an LCD/LCA 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 will 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 will 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. 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.
3. Get the inside scoop on changes to the proper use and documentation of Evaluation and Management Services and Surgeries on the same day or the following day (modifier 25 and 57).
4. 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).
5. Review the new Wellness Medicare Codes and all other preventive services now billable as part of an annual assessment.

Outpatient Preventive Medicine Coding

75 percent of primary care physicians do not document and bill their preventive service codes correctly for their Medicare patients. CMS added new documentation requirements for several services in 2023 – Depression, Alcohol, Opioid Education, and Screening for Substance Use Disorders – are you read?

Whether you are in private practice or an 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 / Pelvic

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.

Billing Based on Time

With all the changes to EM coding, it can be confusing to know which one of the five ways to bill on time is appropriate. This presentation breaks down all five ways, with examples, to help you ensure you are documenting in a compliant manner.

During this 1.5-hour presentation, I will discuss, with examples, the following:

1) Billing on total daytime

2) Billing on one-minute past the midpoint time

3) Face-to-Face Time

4) Unit-Floor Time

5) Proper documentation for Prolonged Service Time

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 will Cover in this 1.5-hour presentation:

1) Proper use of the CMS website 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.

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 ten tips you will need to know to be productive and efficient this year and beyond.

In this 1.5-hour talk we will discuss:

1. Use of E/M coding comparison reports
2. Responding to RAC and UPIC 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 are 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 – Inpatient and Facility Coding

In 2023, the AMA and CMS changed the EM rules for inpatient and other facility services. This course will help providers to identify those changes and what adjustments they will make moving forward. The course will also help the healthcare provider 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 as we move into 2023.

During this 1.5-hour presentation we will cover:

1) Shared Visit Changes in the Facility

2) The reduction in history and exam requirements

3) The new table of medical decision making

4) What to do now that the observation codes have been revised

5) How time is now total-day-time

6) See the prolonged service codes for commercial and federal payers.

Understanding Coding Reports

When surviving healthcare in the 21st century it is critical that you can 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 to continue to thrive in the error of Payment for Performance.

In this 1.5-hour talk we will discuss:

1. Charges, adjustments, and payments – what should my gross and net collection ratios be? More importantly, what are the net and gross collection ratios 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 will 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 account receivable? How can I use this report to help motivate my staff and convert my work into revenue?

Understanding Observation Services

More patients are being sent to observation than ever before. As coders and providers, we must understand the time and documentation rules associated with the various codes afforded us in the observation section of CPT. This talk does that for you in one hour.

During this 1.0-hour workshop, you will:

1. Review the documentation requirements for multiple-day observation
2. Look at the codes in the same day admission/discharge section and find out the time requirements for those services
3. Review the guidelines on when to use subsequent observation codes versus standard outpatient EM codes
4. See the documentation requirements when billing services on time
5. Learn what is needed for an observation discharge and when this code can be used.

Preop, Intraop, and Postop modifiers with Integumentary Surgery

During this 2.0-hour presentation, we will look at clinical examples that will teach you when and what modifiers to use with some common surgical procedures done on the skin.
Every specialty does something in the skin section and this workshop teaches you how to avoid the most common mistakes.

At the end of this presentation, you will

- See examples of clinical services billed with modifiers 25, 57, 59, 58, 78 and 79
- Get a refresher on some common, and not so common, skin surgeries
- Find out the proper way to measure excisions and lesions and what is important to know regarding closures
- Find out about surgical site preparation and debridement

So, get your CPT book and have some fun learning the best way to code for some difficult surgical procedures – remember, there is no grade at the end of this course

ABCs of Fraud, Abuse, and Compliance

During this 2.0-hour presentation, we will discuss the importance of remembering why we do what we do and what happens in the event we do not document correctly.

At the end of this presentation, you will be more familiar with

- The true difference between fraud and abuse
- The five statues every coder should be familiar with
- Which ones include intent and which ones do not
- What to do each month to identify issues in your RAC, MIC, and MAC
- Why the OIG workplan should be at the top of your things to review each month

Every year we need compliance training, and this is an effective way to knock it out for you and your staff.

Old Fashion Customer Service (8 points of contact)

Your number one responsibility is to your patients. Your staff needs to make sure that they understand not only your clinical relationship but also your business relationship. This 1.5-hour seminar has been developed to help your staff provide a high-quality customer service experience that will bring your patients back and refer their friends to your practice.

Topics:

1) Realizing that customer service is a must
2) How to take advantage of each customer contact
3) Tips on dealing with all those telephone calls
4) Projecting a positive and professional attitude
5) Dealing with the disgruntled customers
6) Learning how to collect payment at the time of service
7) Development of policy and procedures to ensure success.
8) The importance of protection patient health information

2023 CPT Update OBGYN

During this 1.5 hour presentation, we will discuss the conversion factor for 2023, a new integumentary and digestive codes, new HCPCS codes, ICD-10 Codes that will impact OBGYN this year and an update on CMS and Telehealth/Telemedicine extension.

At the end of this presentation, you will be more familiar with

- The adjusted conversion factor for 2023 and how it impacts GYN codes
- Two new skin and digestive system codes
- The new set of ICD-10 codes for your OB patients
- What changes to HCPCS will impact OBGYNs for 2023
- The latest update from CMS for Telemedicine following the end of the PHE