

Presented by



Mastering Evaluation & Management Coding

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ONONDAGA COUNTY MEDICAL SOCIETY



Live Webinar

■ Expert presenter

Instructor relays detailed content in understandable terms

■ Interactive

Format includes Q&A opportunity to address attendee questions

■ Convenient

Participate right from your computer or device

Highlights:

- 2021 E/M guidelines & changes
- Selection for location/type of service
- Review of documentation guidelines

Instructor



Lisa Maciejewski-West
CMC, CMIS, CMOM, CMCA-E/M, CPCO

REGISTER

Program: # 24262-0922

Online: www.pmimd.com/program_info.asp?af=24262-0922

Fax: (210) 691-8972

Phone: (800) 259-5562

Mail: Practice Management Institute
8242 Vicar
San Antonio, TX 78218

E/M lays the groundwork for the reimbursement process. It is also a well-known audit trigger. Documentation deficiencies and improper level of service selection can be a tremendous liability. Improve confidence working with provider documentation and E/M codes and ensuring they meet the guidelines for accurate reimbursement.



This course provides the knowledge and tools needed to internally monitor billing compliance.

Learn about the relationship between documentation, accurate code selection and proper reimbursement. Participants will receive a comprehensive explanation of E/M coding and documentation guidelines and review case examples. Providers, coding and billing professionals are encouraged to attend.

Highlights of E/M coding guidelines will be reviewed including changes for E/M Office and Other Outpatient Visits effective January 2021. Class participants will learn how to select proper E/M code for location and type of service provided to the patient, and identify accurate, adequate, and clinically useful information. Receive guidance on the elements of medical decision-making, and explanation of proper add-on code usage.

This content covered in this course assumes a basic to intermediate understanding of E/M coding and documentation. Participants will receive a digital course manual and may choose to bring a current CPT Code book.

\$199 | 3 CEU | 9 am -12 pm ET | Tuesday, September 22
3-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): _____

Visa MasterCard American Express Check (payable to Practice Management Institute)

Credit Card #: _____

Exp. Date: _____ Total Amount: _____

Cardholder Name: _____

Cardholder Signature: _____

Billing Address, if different from above: _____