SURGERY

KARENZUPKO & ASSOCIATES, INC.

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

KEEPING THE GEARS IN MOTION

BE EDUCATED. FEARLESS.

2014 CODING AND REIMBURSEMENT WORKSHOPS

E/M CODING, PROFITABLE PRACTICE OPERATIONS AND STRATEGY
MASTERING GENERAL SURGERY CPT CODING
COMPREHENSIVE BREAST CODING (NEW FOR 2014!)

625 North Michigan Avenue, Suite 2225 Chicago, IL 60611 (312) 642-5616 fax: (312) 642-5571 www.karenzupko.com

2014 CODING AND REIMBURSEMENT WORKSHOPS

American College of Surgeons
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WORKSHOP: E/M CODING, PROFITABLE PRACTICE OPERATIONS AND STRATEGY

You carefully hone your surgical skills, but are you as meticulous with your business and administration skills?

Are you paying attention to your practice's current need for accurate coding, efficient operations and technology-enhanced billing and collections? Do you have time to plan for participation in government incentive programs and the shift toward payment models based on outcome, cost, and quality measures?

This course is focused on fine-tuning the business and reimbursement side of your practice. You'll receive the information and tools needed to code E/M services with confidence, utilize modern payment technologies, evaluate and improve billing and collections systems, and prepare for the coming changes in healthcare reimbursement.

WORKSHOP: MASTERING GENERAL SURGERY CPT CODING

Years of surgical training never prepared you for the necessity of correct coding. Yet, the ability to code is critical to your economic viability whether you are in private practice or employed by a hospital or academic institution.

Incorrect codes for surgical cases—both CPT and now ICD-10—will result in denials, downcoding and payment delays.

Attend this workshop to develop a sharper understanding of what the surgeon must document in reports and how staff must translate the facts into codes. Correct use of modifiers is absolutely essential to being paid optimally.

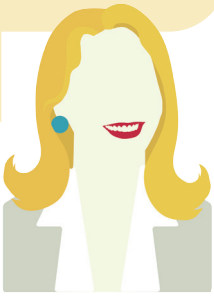
WORKSHOP: 2014 COMPREHENSIVE BREAST CODING

NEW IN 2014!

This new course is a must for breast surgeons and their billing staff. We'll show you how to effectively prepare for the 2014 breast biopsy and imaging code changes, and help you become fluent in the business side of comprehensive breast care reimbursement.

TEAM ATTENDANCE PRODUCES THE BEST RESULTS!

Getting paid is a team effort—and surgeons lead the team.



BE EDUCATED. FEARLESS.

When physicians understand the correct coding and reimbursement elements to include in their operative reports and can accurately select and document E/M and diagnosis codes, billing and collections systems improve.

Don't shortchange your practice. Physician attendance at both Thursday and Friday workshops will optimize the practice team's educational experience.

WHO SHOULD ATTEND THESE COURSES?

GENERAL SURGEONS, COLORECTAL SURGEONS, BREAST SURGEONS

BECAUSE:

- Your dictation, or lack of it, drives procedural coding.
- Your risk of denials and adjustments may increase (and your staff's ability to appeal may decrease) if the rules are not clearly understood.
- Your diagnostic coding defines medical necessity.
- You need to amend your dictation NOW to prepare for the coming ICD-10 changes.
- If you are hospital-employed, your coding and documentation accuracy impacts the compensation formula.

PRACTICE EXECUTIVES, ADMINISTRATORS AND PRACTICE MANAGERS

You are the chief compliance officer in most private practices. In order to supervise the economic engine of the practice you must understand how coding affects business office operations.

CODERS AND BILLERS

If you are responsible for entering data, working denials, applying modifiers, posting payments and filing appeals, your expertise in surgical and office coding must be *exacting in its execution!*

HOSPITAL OR MSO EXECUTIVES RUNNING GENERAL SURGERY PRACTICES

Maximize your profits! Understand what is special and unique about billing for the general surgery service line, and keep your surgeons happy and bonus-able. (Not to mention reduce compliance headaches.) Learn the rules and avoid using incorrect and expensive assumptions that result in fiscal disaster.

WHAT PAST ATTENDEES ARE SAYING

"This course was incredibly well put together by knowledgeable staff. Speaker and content was extremely helpful."
Cynthia Serafine, *Administrator*, Water Park, FL

"This course was superb. I wish I had taken this course six years ago. It should be mandatory for all new surgeons!"
Peter F Lalor, MD, Bowling Green, OH

"This is my fourth year attending and I am still learning new techniques!"
Hope Day, *Billing Manager*, Provo, UT

"I am extremely pleased with the information presented at these courses and am happy I made the decision to attend. I would like to get my physicians to attend next year."
Jennifer McNabb, CPC & CGSC, Chattanooga, TN

"Great value! Should be mandatory."
Robert Marema, MD, Ponte Verda, FL

"Excellent!! Great resource for any practicing physician and any resident/fellow who is about to enter practice."
Avi Bhavaraju, MD, Marietta, GA

THURSDAY

7:30AM–4:00PM

E/M CODING, PROFITABLE PRACTICE OPERATIONS AND STRATEGY

LEARNING OBJECTIVES:

At the end of the day, participants will be able to:

- Select the correct category of code for office and hospital services.
- Implement new strategies for moving toward new payment models.
- Identify key financial indicators for monthly review.
- Reduce the chance of an audit by documenting correctly.

AGENDA:

7:30AM: REGISTRATION/CONTINENTAL BREAKFAST

8:00–10:00AM:
Just tell me what to bill! How to select the correct type of E/M service

- What type of visit to report: new patient, consult, initial hospital services, observation
- Which E/M services are part of the global and which may be billed
- Reporting critical care for non-surgical patients
- Reporting critical care for surgical patients
- Screening colonoscopy, CPT codes, HCPCS codes, and modifiers

10:00–10:15AM: BREAK

10:15–NOON:
Level of service for E/M visits

- Documentation requirements for E/M services
- Medicare fee schedule and relative value units
- E/M documentation copied from a previous visit
- Compliance alerts
- CMS and CPT updates

NOON–1:00PM: LUNCH PROVIDED

1:00–2:30PM:
Strategy

- Moving from a fee-for-service world into a hybrid payment system
- Patient engagement
- How to participate in the Medicare Physician Quality Reporting System
- Understanding the Medicare EHR Meaningful Use Program
- Diagnosis coding: it's not just for claims any more
- Overview of risk based diagnosis adjustments

2:30–2:45PM: BREAK

2:45–4:00PM:
Practice operations

- Using technology to improve collections
- Registration, deposits, verification of insurance
- Collecting patient due balances
- Key performance indicators and reports
- Optimal scheduling, no-show reduction

CME ACCREDITATION

AMA PRA Category 1 Credits™ will be provided for this activity

AMERICAN ACADEMY OF PROFESSIONAL CODERS (AAPC):
This program has the prior approval of AAPC for 6.5 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

CODING IS THE FIRST ORDER OF BUSINESS IN TODAY'S SURGICAL PRACTICES—YOUR BUSINESS DEPENDS ON IT.

KZA workshops are a valuable asset in helping you prepare to run your practice with agility in this ever-changing climate of coding and insurance claim submissions.

Topics covered include:

- What type of code to select?
- What level of code to select?
- Is the E/M service part of the global or separately payable?
- When surgeons provide critical care to an injured patient, is that part of the global payment in addition to surgery? Or separately reimbursed?

OTHER KEY LEARNINGS AND TAKE-AWAYS INCLUDE:

LEARN WHICH CPT/HCPCS CODES TO REPORT
Correct your modifier and diagnosis code ordering. Screening colonoscopy services routinely convert to therapeutic or diagnostic procedures and can affect the payment of the claim. Learn to navigate ordering and avoid confusion.

AVOID PENALTIES
Position your surgical practice for changes coming in the health care system, including moving to ICD-10 and the need for more specific clinical documentation. The risk for not meeting meaningful use requirements and not reporting on PQRS measure is high. The penalties for 2015 add up. Protect your practice!

GIVE YOUR PRACTICE A BILLING CHECK-UP
Using up-to-date technology and effective procedures, surgical practices can bill and collect more efficiently for services they've provided. Collect what you are owed!

MEET YOUR INSTRUCTOR

Betsy Nicoletti has been earning rave reviews from ACS attendees for more than seven years. She is thorough, friendly, knowledgable and loves teaching. Returning participants tell us that they can rely on Betsy's advice to make solid decisions that improve their bottom line while reducing risks.

Betsy Nicoletti, MS, CPC

As a certified coder, Ms. Nicoletti simplifies complex coding rules for practitioners and engages physicians in a positive and respectful way, which encourages attention and accuracy in their coding. Besides doing auditing and compliance work, she is a speaker, writer and consultant in coding education, billing and accounts receivable management.

Ms. Nicoletti is an experienced auditor and advises practices who are being scrutinized by their private payers or the government. She is an expert on evaluation and management notes created by electronic medical record systems.

FRIDAY

7:30AM–4:00PM

MASTERING GENERAL SURGERY CPT CODING

LEARNING OBJECTIVES:

As a result of this course participants will be able to:

- Effectively incorporate 2014 CPT code changes and coding guidelines into practice.
- Differentiate CPT Rules and medicare reimbursement rules.
- Apply coding and modifier guidelines to accurately report multiple procedure combinations.
- Articulate why the surgeon's participation in the coding reimbursement process is critical to the bottom line of the practice.

AGENDA:

7:30AM: REGISTRATION/CONTINENTAL BREAKFAST

8:00–9:45AM:

Operative Note Dictation Tips for Coding and Appeals

Surgeon Role Modifiers and Complexity Modifiers

- Documentation for Modifier 22
- Surgeon Roles: Modifiers 80,81, 82, and 62

Unlisted Procedures: How to Report

Place of Service: What You Need to Know; Now an OIG target!

Protecting E/M Service from the Global Surgical Package

- Surgical Package Definition: CPT vs. Medicare
- Modifiers 24, 25, and 57

Same Day Surgical Procedure Modifiers

- Modifiers 50, 51, and 59
- What Does CPT Say? What Does Medicare Say?

Surgical Services Performed During the Global Surgical Period

- Surgical Package Definition: CPT vs. Medicare
- Modifiers 58, 78, and 79
- Does Place of Service Matter?

9:45–10:00AM: BREAK

10:00AM–NOON:

2014 Radiology Reporting

- 2014 Updates
- Global Reporting/Professional Component Only
- Does Place of Service Matter?
- Image Guidance for Vascular Access Devices

2014 Breast Coding Update

- Breast Biopsy: 2014 CPT Code Update: Deletions, Revisions, New Codes
- Sentinel Lymph Node Mapping
- Mastectomy Coding

Colorectal Overview

- Colonoscopy
- Colorectal

NOON–1:00PM: LUNCH PROVIDED

1:00–2:00PM:

Colorectal Continued as Necessary

Hernia Surgery Overview

- Hiatal/Paraesophageal Hernias: Type 1,2,3,4
- Open/Laparoscopic Hernia Repair
- Component Separation Release

2:00–2:15PM: BREAK

2:15–4:00PM:

Integumentary Update 2014

- Lesions
- Soft Tissue Tumor Update 2014
- Wound and Laceration Repairs
- Complex Repair Deletion/Revision

2014 Esophagoscopy/EGD Changes

Endocrine Overview

- Thyroid
- Parathyroid

MEET YOUR INSTRUCTORS

KZA's team of seasoned instructors loves what they do. As a result, our workshops are powerfully informative and entertaining. We don't read PowerPoint slides. Courses are interactive and workbooks are filled with reference materials and tools that enable the practice to take action on what they learned. You will not be bored. KZA presentations are informed by our boots on the ground knowledge and practical experience delivering coding audits and reviews, annual compliance plan education, and revenue cycle improvements in practices, just like yours. Our instructors' clinical nursing experience, publishing expertise, and years of teaching are unique—and result in highly rated workshops.

Mary LeGrand, RN, MA, CPC, CCS-P

Mary LeGrand is a nationally recognized clinical documentation expert, auditor, and workflow redesign consultant who supports physician practices through the ever-changing demands of healthcare. Her clinical skills, combined with her coding and financial management expertise (e.g., EOB analysis, A/R management, appeals) allow her to dissect complex coding and reimbursement scenarios from both the physician and payor side of the process, to achieve operational efficiency and optimize reimbursement.

Teri Romano, RN, MBA, CPC

Teri Romano has over twenty-five years of consulting and teaching experience in the healthcare field. Ms. Romano works with physician groups and hospitals combining a background in clinical systems with solid approaches to operational and organizational problem solving. In addition, she consults with vein, vascular, general surgical, and neurosurgical practices on practice management issues including revenue enhancement, appeals management and expense reduction.

CME ACCREDITATION

AMA PRA Category 1 Credits™ will be provided for this activity

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FRIDAY

FEB. 21, 2014
7:30AM–3:00PM

ONE DAY SEMINAR HELD IN ORLANDO, FLORIDA ONLY

2014 COMPREHENSIVE BREAST CODING WORKSHOP

NEW! FOR 2014

LEARNING OBJECTIVES:

- Accurately code E/M services and recognize the pitfalls of EMR/EHR implementation.
- Utilize appropriate modifiers to ensure accurate claim submission.
- Effectively incorporate the 2014 CPT breast biopsy and imaging coding changes.
- Identify required documentation to accurately incorporate ICD-10 verbiage into office notes and pre- and post-operative diagnosis in operatives notes.
- Articulate the key processes in the revenue cycle to ensure clean claim submission and minimize risk of denial.

AGENDA:

7:30AM: REGISTRATION/CONTINENTAL BREAKFAST

8:00–9:30AM:

Surgical Package Definition
- CPT
- Medicare

Protecting E/M Services from the Global Surgical Package
- Modifiers 57 and 25

Same Day Surgical Modifiers
- Modifiers 50, 51, and 59

Global Surgical Package: Services Performed During the Global Period
- Modifiers 24, 79, 58, and 78

Surgeon Role and Complexity Modifiers
- Modifier 22
- Assistant and Co-Surgeon Modifiers

Radiology Services
- Global Reporting vs. Professional Component Only
- Ultrasound Guidance for Needle Localization
- Central Line Placement: Fluoroscopic and/or Ultrasound Guidance

9:30–9:45AM: BREAK

9:45AM–NOON:

Breast Case Examples from the Field
- Breast Biopsies 2014 Update: Case Coding is the Highlight of this Season
- Mastectomy Coding
- Sentinel Node Mapping
- Radiotherapy Catheters

NOON–1:00PM: LUNCH PROVIDED

1:00–2:00PM:

Evaluation and Management
- Categories
- Levels of Service Documentation
- Choosing the Level of Service
- Time, as a Contributing Component
- E/M Utilization: Risk Identification

2:00–2:30PM: SHARPENING YOUR REVENUE CYCLE NOW
- Using technologies that improve efficiency and speed payments from payors and patients
- Improving patient pre-operative counseling

2:30–3:00PM:
- Transitioning to ICD-10: An action plan
- Documenation tips that make finding ICD-10 easier and faster

MEET YOUR INSTRUCTOR

Mary LeGrand, RN, MA, CPC, CCS-P

Mary LeGrand is a nationally recognized clinical documentation expert, auditor, and workflow redesign consultant who supports physician practices through the ever-changing demands of healthcare. Her clinical skills, combined with her coding and financial management expertise (e.g., EOB analysis, A/R management, appeals) allow her to dissect complex coding and reimbursement scenarios from both the physician and payor side of the process, to achieve operational efficiency and optimize reimbursement.

YOU'LL GET ANSWERS TO:

- Who reports the injection of the radioactive tracer and what is key in your documentation?
- What is the best way to bill for a mastectomy for malignancy and prophylactic the same day?
- How to report services performed during the global period?
- Are your E & M services always based on the history, exam, and medical decision making or does counseling/coordination of care drive the visit?

CME ACCREDITATION

AMA PRA Category 1 Credits™ will be provided for this activity

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"AS USUAL, EXCELLENT PRESENTATION. I WILL ATTEND AGAIN!"

Mitzi Edge, *Administrator*
The Breast Center, PC, GA

BE EDUCATED. FEARLESS.

2014

SURGICAL & OFFICE-BASED REIMBURSEMENT AND CODING WORKSHOPS

REGISTRATION

Space at workshops is limited. To ensure a place for you and your staff, visit www.karenzupko.com or call 312.642.8310 today. To fax your registration, complete this form and fax it to 312.642.5571.

To complete your registration, all information is required. Please fill in all fields. We will send confirmations via e-mail.

Enroll three or more people at the same time and receive a special discount off your total registration. If the physician is an ACS member, all practice employees may attend at the member rate.

2014 COURSE FEES

Workshop	ACS Member*
Thursday	$500
Friday	$500
Both Days	$825

Workshop	Non-Member
Thursday	$545
Friday	$545
Both Days	$950

**If physician is an ACS member, staff may attend at member rates.*

REGISTER TODAY....

online	www.karenzupko.com
by fax	312.642.5571
by phone	312.642.8310
by mail	625 N. Michigan Ave. Suite 2225 Chicago, IL 60611

WORKSHOP SCHEDULE

LOCATION	HOTEL	DATE	ROOM RATE	PHONE	ROOM BLOCK CUT-OFF
Las Vegas, NV	Encore Las Vegas	Feb. 6–7	$209	866-770-7555	01/15/14
Orlando, FL	Wyndham Grand Orlando Resort	Feb. 21	$192	407-390-2300	01/31/14
Chicago, IL	Hyatt Chicago Magnificent Mile	April 10–11	$189	888-591-1234	03/10/14
Washington, DC	20 F Street NW Conference Ctr.	May 15–16	Visit our website for hotels in the area		
Nashville, TN	Loews Vanderbilt Hotel	Aug. 21–22	$159	800-336-3335	08/06/14
Chicago, IL	Hyatt Chicago Magnificent Mile	Nov. 13–14	$209	888-591-1234	10/23/14

PLEASE PRINT

PRACTICE/GROUP NAME _____ PRIVATE PRACTICE OR EMPLOYED

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

OFFICE PHONE _____ FAX NUMBER _____

E-MAIL ADDRESS _____

ACS MEMBER NAME AND ID NUMBER _____

ATTENDEE REGISTRATION (FOR ALL LOCATIONS *EXCEPT* FOR ORLANDO, FLORIDA)

ATTENDEE NAME/JOB TITLE	WORKSHOP LOCATION	THURSDAY	FRIDAY	*BEST VALUE!* BOTH	AMOUNT
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

ATTENDEE REGISTRATION - NEW IN 2014! BREAST CODING WORKSHOP (ORLANDO, FLORIDA ONLY)

ATTENDEE NAME/JOB TITLE	WORKSHOP LOCATION	FRIDAY	AMOUNT
	Orlando, Florida	☐	
	Orlando, Florida	☐	
	Orlando, Florida	☐	

*For faster service, register online at **www.karenzupko.com***

TOTAL $ FOR ALL ATTENDEES _____

PAYMENT METHOD (Course fees are tax deductible):

☐ Check (made payable to Karen Zupko & Associates, Inc.) Credit Card ☐ Visa ☐ MC

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

BILLING ZIP CODE _____ SECURITY CODE _____

SIGNATURE _____

BILLING ADDRESS INFORMATION (IF DIFFERENT FROM ABOVE) _____

MAIL PAYMENT TO: KarenZupko & Associates, Inc., 625 N. Michigan Ave., Suite 2225, Chicago, IL 60611

Payment information: Advanced registration is required; register on-line, via fax or over the phone. **Faxing your registration holds your space for five (5) business days while we await receipt of your check payment or your credit card payment clears.**

Cancellation/Rescheduling Policy: All cancellations and refund requests must be submitted in writing to KarenZupko & Associates, Inc. Full refunds for registration (minus a $50-per-participant administrative fee) will be given only if notice of cancellation is received at least 10 days prior to the meeting date. No refunds will be given if cancellation notice is received fewer than 10 days prior to the meeting date. **This cancellation policy is strictly enforced.** It is suggested that you purchase trip cancellation insurance (available from most travel agents) to cover expenses in the event of unavoidable cancellation.

KarenZupko & Associates, Inc. assumes no responsibility for costs associated with airline ticketing, price changes or cancellations.