2018

GENERAL SURGERY

CODING AND REIMBURSEMENT WORKSHOPS

Supercharge Your Reimbursement Skills

2018 Mastering General Surgery CPT Coding

Intensive Trauma and Critical Care Coding NEW

KZA KAREN ZUPKO & ASSOCIATES, INC.

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

TAKE YOUR **PRACTICE** TO **NEW HEIGHTS**

Meet Your Instructors

Deborah Grider
CPC, COC, CPC-I, CPC-P,
CPMA, CEMC, CCS-P, CDIP
Consultant, Author, and Speaker

Betsy Nicoletti
MS, CCP
Consultant and Speaker

Teri Romano,
RN, MBA, CPC, CMDP
Consultant and Speaker

WHY **ATTEND** KZA WORKSHOPS?

WHO SHOULD ATTEND?

GENERAL SURGEONS | BILLING MANAGERS | CODING/BILLING STAFF | REVENUE CYCLE DIRECTORS | ADMINISTRATORS

Trusted Partner of the American College of Surgeons

Content is reviewed by the College to ensure it accurately addresses the highest priority coding and reimbursement challenges facing general surgeons.

Designed for General Surgery

Case examples, exercises, and tools are for general surgery only. We know your time is valuable so we pack these courses with content and clinical scenarios relevant to *your* specialty: Endoscopy. Colorectal. Bariatric. Breast. Hernia. Liver. Vein treatment. The E/M deep dive includes general surgery examples. And, we've added a full day of *Intensive Trauma and Critical Care Coding* in New York, Las Vegas, and Chicago.

Engaging Instructors with Real-World Advice

KZA's instructor experience is current with the operational and strategic challenges practices face every day. We use real case examples, facilitating lively discussion for an interactive learning experience that benefits everyone.

Physician Advisors for More Than 30 Years

KarenZupko & Associates, Inc. (KZA) is a consulting and education firm that advises physicians and healthcare organizations how to increase revenue, optimize efficiency, reduce risk, and improve the patient experience.

BONUS MATERIAL!

Exclusive online content speeds implementation

THURSDAY

SUPERCHARGE YOUR REIMBURSEMENT SKILLS

Would your E/M coding and documentation survive an audit? Are your collections processes set up to address the impact of high deductible health plans? Are no-shows wreaking havoc on the schedule? This workshop zeros in on hot-button issues such as these and a whole lot more.

You'll learn to select the correct E/M code from our all new case scenarios, document medical necessity the right way to avoid risk, and make sure you are accurately reporting services both in and out of the global period. We'll also cover coding for common skin procedures and the essential business skills required to parlay your new coding knowledge into optimal reimbursement. You'll take home practical tools, techniques, and templates to achieve success.

We'll show you how to:

- Assess your E/M audit risk and avoid costly coding errors.
- Collect from patients who have high deductible health plans.
- Report and bill post-op follow up visits and reduce no shows.
- Rev up the revenue cycle and decrease denials and payment delays.
- Correctly code for common skin procedures.
- Develop key performance indicators that improve productivity.

Learning Objectives

As a result of attending this course, particiapants will be able to:

- Select the correct category of code and level of service for E/M visits.
- Appropriately assign modifiers to E/M visits.
- Accurately code lesion excision and repair codes.
- Describe the medical and surgical services that are and are not included in the global payment for surgery.
- Assess and improve one key aspect of the revenue cycle function.
- Implement strategies for collecting from patients with high deductible health plans.

Excellent, should be required for ACS fellows and surgical residents.

William Dutton, MD, FACS
Charleston, SC

This is a wonderful course. The information is really dedicated to current general surgery practices. It's also a great opportunity to speak with colleagues and see how they are dealing with the same situations.

Gail Strindberg, MD
Tooele, UT

THURSDAY

SUPERCHARGE YOUR REIMBURSEMENT SKILLS

7:00AM Check-in and Breakfast *(provided)*

8:00AM E/M Coding Deep Dive

- Select the right type of service
- Document and bill the right level of service
- Show the medical necessity for the service with accurate ICD-10-CM diagnosis coding
- Code these cases NEW

10:00AM Break

10:15AM E/M Coding Deep Dive (continued)

- E/M modifiers
- Critical care in and out of the global period

11:00AM Avoid Costly Coding Errors: Lessons from the OIG/DOJ NEW

- Modifier 25, lending and borrowing provider numbers, and medical necessity
- Scheduling patients outside of the global period
- Coding data: assess your audit risk

12:00PM Lunch

1:00PM Coding for Skin Procedures

- Benign and malignant lesions, soft tissue tumors, wound repair, wound care, debridement

1:45PM CMS Mandate

- Learn which states need to report post op visits
- Post op visits in the hospital and office

2:00PM Strategies to Reduce No-Show Visits

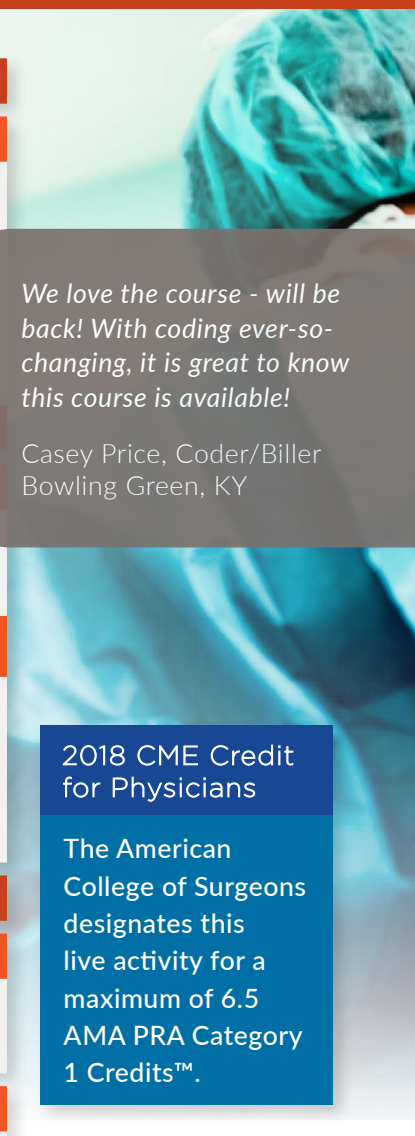
- Tracking the source, reason, and revenue loss for no-shows
- Strategies to reduce empty appointment slots

2:15PM Break

2:30PM Essential Business Skills for Reimbursement

- Techniques to rev up the revenue cycle
- Collecting from patients with high deductible health plans NEW
- Proven techniques for decreasing denials and payment delays
- Developing key performance indicators that improve productivity

4:00PM Adjourn



We love the course - will be back! With coding ever-so-changing, it is great to know this course is available!

Casey Price, Coder/Biller
Bowling Green, KY

2018 CME Credit for Physicians

The American College of Surgeons designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credits™.

2018 AAPC Accreditation

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.

FRIDAY

2018 MASTERING GENERAL SURGERY CPT CODING

General surgeons have a golden opportunity in 2018. The limited number of new and revised codes gives practice teams the chance to evaluate their coding knowledge and the accuracy of reimbursement. This course delivers the instruction and tools necessary to support these efforts.

We'll cover the new and revised incompetent vein treatment codes. We've also expanded the hernia surgery section. All-new and complex cases will deepen your knowledge.

And, you'll get granular instruction on coding for colorectal, endoscopy, bariatric, appendix, gall bladder, and endocrine surgery. This course also addresses why documentation is as essential as the code selected, and how to capture all potential revenue by improving your notes. We'll show you the correct way to use modifiers so that you optimize payment. You'll leave armed with ideas and techniques for setting up systems that reduce denials and increase appeal success.

We'll show you how to:

- Assess whether you're using surgical modifiers correctly - *and what to do if you're not.*
- Recognize whether documentation needs improvement.
- Use effective techniques for improving appeal letters and payment success.
- Integrate tips and techniques into the reimbursement process.

Presentations (thankfully) were very in-depth and the coding "tips" listed are priceless!

Camille Provenzano, Billing Manager
Palm Beach Garden, FL

Learning Objectives

As a result of attending this course, particiapants will be able to:

- Correctly code common general surgery procedures including breast, endoscopy, colorectal, bariatric, trauma, gall bladder, liver, hernia, and more.
- Accurately use new and revised incompetent vein treatment codes.
- Identify areas for improvement in surgical documentation.
- Accurately apply modifiers when they are required and understand their impact on reimbursement.
- Understand how to report and get paid for unlisted procedures.
- Integrate 2018 CPT and HCPCS coding changes and guidelines into practice.

FRIDAY

2018 MASTERING GENERAL SURGERY CPT CODING

7:15AM Check-in and Breakfast (provided)

8:00AM The Global Surgical Package

- What's included in the global package and what can be separately reported?
- Deconstructing the global payment: surgical splits, RVUs and physician time.

Surgeon Role Modifiers

- Co-surgery vs. Assistant: Are you reporting these correctly?
- Payor expectations for co-surgery and assistant surgery documentation.
- Reimbursement: Difference between co- and assistant surgeon.

Same-Day Procedure Modifiers

- Modifier 22: What justifies modifier 22 and how to increase your chances of payment?
- Modifier 50: Which procedures accept a bilateral modifier?
- Modifier 52 vs. 53: What is the difference and how are they used in general surgery?
- Modifier 51 vs. 59: How do you know which one to use? How does reimbursement differ for each?
- Modifiers XE, XP, XS, XU: When to use as an alternative to modifier 59.

Modifiers for Additional Procedures Performed During the Global Surgical Period

- Modifier 58: Documenting staged procedures. Do they always need to be preplanned? What about repeating a resection after pathology shows more margins?
- Modifier 79: What defines an unrelated procedure? Is a different diagnosis essential?
- Modifier 78: Does this apply to in-office procedures? How do I report in-office treatment of post-operative complications.

Documentation for Unlisted Procedures

- How to report and get paid.
- Template letter for reporting unlisted codes.
- Case scenarios

9:45AM Break

This course will significantly increase my income.

Jacob H Rinker, MD
Gillette, WY

FRIDAY

2018 MASTERING GENERAL SURGERY CPT CODING

10:00AM Coding for Common Patient Scenarios

Breast Procedures

- 2018 CPT changes in breast coding; intraoperative placement of clips during breast procedures, intraoperative radiation therapy (IORT). NEW
- Breast biopsy and placement of localization devices.
- Open and percutaneous.
- Breast mass: Incisional vs. Excisional biopsy.
- Sentinel lymph node mapping.
- Lymph node excision: When is it separately reported?
- Mastectomy coding: Lumpectomy, simple and radical mastectomies.
- Case scenarios

Hernia Surgery

- Hiatal/paraesophageal hernias: Type 1, 2, 3, 4.
- Open/laparoscopic hernia repair.
- Reporting mesh placement.
- Reporting hernias with other procedures: When is it appropriate?
- Component separation release/abdominal reconstruction.
- Case scenarios

Endoscopy Coding

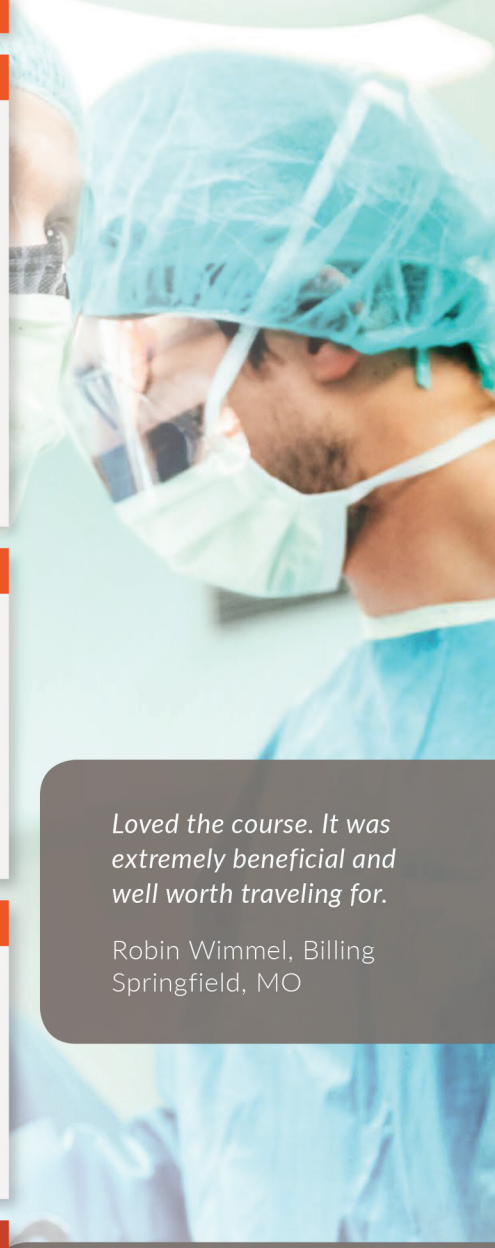
- General concepts in endoscopy coding
- Moderate sedation update.
- Colonoscopy
- Sigmoidoscopy vs. colonoscopy: How far is far enough?
- Diagnostic vs. Therapeutic.
- Case scenarios

12:00PM Lunch

1:00PM Procedure Coding (continued)

Colorectal Surgery

- Approach matters: Laparoscopic vs. Open.
- Partial colectomy (Hartmann's procedure, LAR).
- Coding a colectomy with diverting ileostomy.
- Abdominal perineal resection (APR).
- Total and subtotal colectomy.
- Stoma creation, revision, and closure.
- Case scenarios



Loved the course. It was extremely beneficial and well worth traveling for.

Robin Wimmel, Billing
Springfield, MO

This was the most informative seminar I have ever attended. I will definitely watch for another seminar in my area from KZA.

Debra Connelly, Medical Coder
Berwyn, IL

FRIDAY

2018 MASTERING GENERAL SURGERY CPT CODING

Bariatric Surgery

- Coverage policies: Clinical criteria and approved procedures.
- Paraesophageal hernia repair: When is it separately reported?
- Reporting additional procedures during the global period.

Intra-abdominal Lesion Codes

- What's separately reported and what's not

Appendix Surgery

- Laparoscopic vs. Open
- Laparoscopic repair of a ruptured appendix.
- When can an appendectomy be reported with other procedures?
- Case scenarios

2:00PM Break

2:15PM Procedure Coding (continued)

Gallbladder and Liver Surgery

- Cholecystectomy
- Liver resection vs. biopsy
- Case scenarios

Incompetent Vein Coding: 2018 New and Revised Codes

NEW

- Sclerotherapy: New in 2018
- Ablation Coding
- RFA and Laser
- Mechanochemical: New in 2018
- Chemical adhesive: New in 2018
- Ultrasound coding post ablation.

Endocrine Surgery

- Thyroid
- Parathyroid

4:00PM Adjourn

Fast paced - kept my attention. High value - each point or tip was relevant. I really appreciate the 'in the moment' opportunities for Q + A.

Christine S. Clark, MD, FACS
Salem, OR

2018 CME Credit for Physicians

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2018 AAPC Accreditation

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NEW TO THE WORKSHOP SERIES

SATURDAY

2018 INTENSIVE TRAUMA AND CRITICAL CARE CODING

NEW

EXTEND YOUR LEARNING!
ATTEND THIS NEW FULL-DAY COURSE.

You asked for it – we're delivering it. This all-new course goes narrow and deep into the distinct coding issues faced by trauma and critical care providers. Learn the granularities of the relevant global surgical packages. Gain the know-how for choosing the correct modifier to report surgeon role, same day surgical procedure, and surgical procedures performed within the global period. And get the details needed to code and document an array of procedures common in a trauma and critical care environment, including central venous catheter, emergent procedures, abdominal trauma, wound care, imaging, and vessel repair.

This course provides clarity to the Medicare vs. CPT definition of critical care, and addresses coding issues related to place of service, time spent with the patient, and concurrent care. You'll leave with the information necessary to code for E/M and critical care services, and the billing imperatives for teaching physicians, nurse practitioners, and physician assistants.

Learning Objectives

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

- Discuss how the pre, intra and post-operative component of trauma procedures are valued.
- Understand the difference between co-surgeon and assistant surgeon in trauma.
- Describe how surgical modifiers are used in trauma and how they impact payment.
- Describe accurate coding of common surgical trauma scenarios.
- Apply coding concepts to complex trauma surgeries, including multiple injuries and damage control surgery.
- Apply modifiers to E/M and critical care services.
- Identify scenarios when critical care coding is appropriate and when it is not.

Presented by

Teri Romano, RN, MBA, CPC, CMDP

Exclusive trauma education from one of the developers of the first statewide trauma system.

Limited Dates

Date	City
February 10	Las Vegas, NV
May 19	New York, NY
November 3	Chicago, IL

GENERALSURGERY

NEW TO THE WORKSHOP SERIES

SATURDAY

2018 INTENSIVE TRAUMA AND CRITICAL CARE CODING

NEW

8:00AM The Global Surgical Package

- Deconstructing your payment. How do payors value physician services?
- Understanding relative value units, surgical splits and time based valuation
- What's included in a 90-day global package and what's separately reported?

Surgeon Role Modifiers

- Co-surgeon vs. Assistant: Are you reporting these correctly?
  - Multiple trauma surgery with my partner, are we co or assistant surgeons?
  - Multiple trauma with a different specialist, are we co or assistant surgeons?
- Payor expectations for co-surgery and assistant surgery documentation
- Reimbursement: Difference between co- or assistant surgeon

Same Day Surgical Procedure Modifiers

- Modifier 22: When is it appropriate to use a 22 and will it get paid? Does the very nature of trauma surgery make a 22 more common with trauma surgeons? Will 22 be an audit flag?
- Modifier 50: Which procedures accept a bilateral modifier?
- Modifiers 52 vs. 53: What's the difference and how are they used in trauma and general surgery?
- Modifier 51 vs. 59: How do you know which one to use? How does reimbursement differ for each? Surgery on multiple organs: is a 51 or 59 used?
- Understanding Medicare's proposed changes to modifier 59: The X modifiers

Surgical Services Performed During the Global Surgical Period

- Modifier 58: Documenting staged procedures. Do they always need to be pre-planned? What about re-exploring and packing a liver hemorrhage while in the global period? What about damage control surgery?
- Modifier 79: What defines an unrelated procedure? Is a different diagnosis essential? Is this used when I re-open an abdomen after damage control surgery?
- Modifier 78: Does this apply to in office procedures? How do I report in-office treatment of post-operative complications?
- How does each modifier impact reimbursement?

NEW TO THE WORKSHOP SERIES

SATURDAY

2018 INTENSIVE TRAUMA AND CRITICAL CARE CODING

10:30AM Break

10:45AM Highlights of Trauma Diagnosis Coding

11:00AM Trauma Procedure Coding

- Central Venous Catheter Coding
- Imaging and the trauma surgeon
  - FAST exams
- Other Emergent procedures
  - Chest tube
  - Intubation, tracheostomy
  - Pericardiocentesis
  - Wound exploration
  - Resuscitation
  - Hemorrhage management
  - Procedure and critical care or E/M coding; when can both be reported?

12:00PM Lunch

1:00PM Procedures (continued)

- Abdominal trauma coding
  - Liver, spleen, intestine resection/repair
  - Wound vac coding
  - Reporting multiple trauma, what's separately reportable
- Damage control surgery
- Vessel repair
- Case scenarios

Wound Repair Coding: Do's and Don'ts

- Simple, intermediate, complex repairs: When are they reported with trauma care?
- Debridement/wound care therapy: Wound vac use and reimbursement

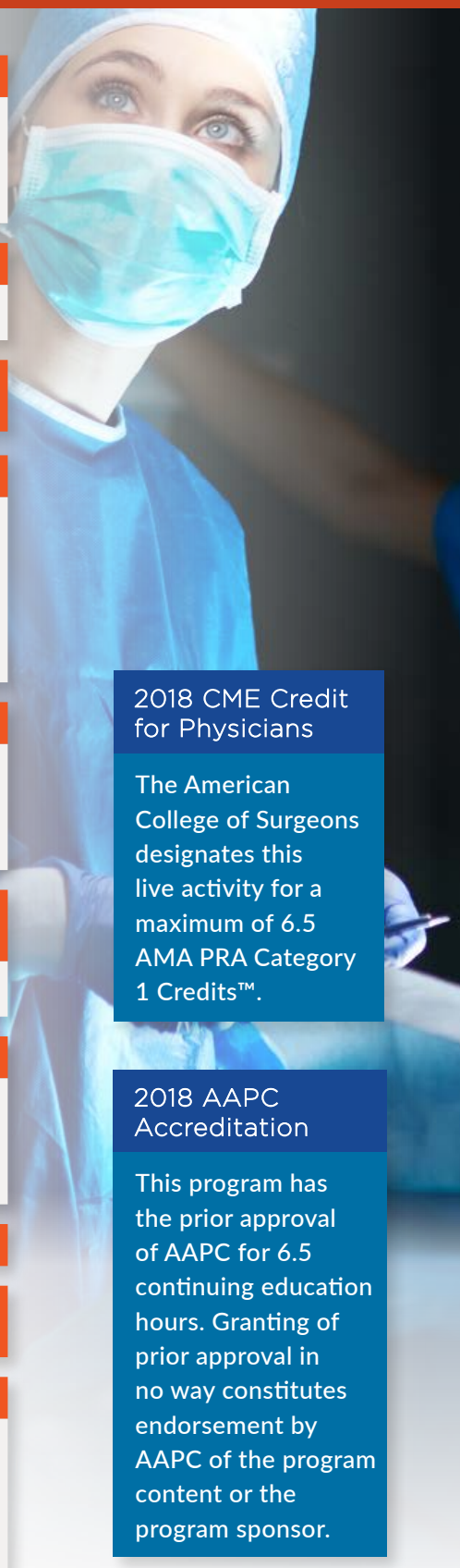
2:00PM Break

NEW TO THE WORKSHOP SERIES

SATURDAY

2018 INTENSIVE TRAUMA AND CRITICAL CARE CODING

NEW



2:15PM E/M and Critical Care Coding; Introduction

- Audit and Risk Avoidance Strategies in E/M coding
- How your EHR can be an audit risk
- Critical care coding and the trauma surgeon

Defining Critical Care

- Medicare vs. CPT

Critical Care and Place of Service: Where can Critical Care be Reported

Calculating Time in Critical Care

- Services That Can Be Included in the Calculation of Critical Care Time
- Services That May Not Be Included in Critical Care Time
- Applying the primary and add-on critical care codes with different providers

Concurrent Critical Care Coding

- Partners of the same specialty
- Physicians of different specialties
- The trauma surgeon as an Intensivist

Critical Care Services and Other E/M Services Provided on Same Day

- Medicare
- CPT

Global Period of Procedure with 90 Day Global Period

- In Trauma and Burn Cases
- In other scenarios
- Applying E/M modifiers

Teaching Physicians and Critical Care: Billing Imperatives

Billing Critical Care for Nurse Practitioners and Physician Assistants

Documenting Critical Care

- Supporting Documentation: What justifies medical necessity and what does not.
- Examples of acceptable and unacceptable critical care documentation
- Critical care scenarios

4:00PM Adjourn

2018 CME Credit for Physicians

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2018 GENERAL SURGERY
CODING AND REIMBURSEMENT WORKSHOPS

2018 Course Fees

PACKAGE	ACS MEMBER	NON-MEMBER
Thursday (Reimb.) or Friday (CPT)	$675	$775
Saturday (Trauma)	$795	$895
Thursday + Friday	$1080	$1180
Thursday or Friday + Saturday	$1100	$1200
All Three Courses (BEST VALUE!)	$1675	$1775

Workshop Dates and Hotels

January 25-26	**Southlake, TX**
Hotel	Hilton Dallas/Southlake Town Square
Room	$179 *(room block ends 1/3/18)*
Phone	800-445-8667

February 8-9	**Las Vegas, NV**
February 10	Trauma Course
Hotel	The Encore Wynn
Room	$239 *(room block ends 1/8/18)*
Phone	866-770-7555

February 22-23	**Orlando, FL**
Hotel	Wyndham Grand at Bonnet Creek
Room	$189 *(room block ends 2/8/18)*
Phone	407-390-2300

April 12-13	**Chicago, IL**
Workshops	Woman's Athletic Club
Hotel	Hyatt Centric Chicago Magnificent Mile
Room	$199 *(room block ends 3/28/18)*
Phone	888-591-1234

May 17-18	**New York, NY**
May 19	Trauma Course
Hotel	The Yale Club
Room	Attendees Book Own Hotel Room
Phone	866-770-7555

August 9-10	**Nashville, TN**
Hotel	Loews Vanderbilt Hotel
Room	$189 *(room block ends 7/16/18)*
Phone	800-336-3335

November 1-2	**Chicago, IL**
November 3	Trauma Course
Hotel	Hyatt Centric Chicago Magnificent Mile
Room	$199 *(room block ends 10/13/18)*
Phone	888-591-1234

REGISTER TODAY!

Online	www.karenzupko.com *(faster service)*
Phone	312-642-8310
Fax	312-642-5571
Email Form	information@karenzupko.com
Mail	625 N. Michigan Ave. Suite 2225 Chicago, IL 60611

Please Print

PRACTICE/GROUP NAME

PRIVATE PRACTICE OR EMPLOYED

MAILING ADDRESS

CITY

STATE

ZIP+4

OFFICE PHONE

EXTENSION

FAX NUMBER

E-MAIL ADDRESS

Attendee Registration

	ATTENDEE NAME/JOB TITLE	Thursday	Friday	Saturday	Amount
1		○	○	○	
2		○	○	○	
3		○	○	○	
4		○	○	○	
	TOTAL $ FOR ALL ATTENDEES				

Payment Method (Course fees are tax deductible):

○ Check (made payable to Karen Zupko & Associates, Inc.)

CREDIT CARD:

○ Discover
○ AMEX
○ Visa
○ MC

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

BILLING ZIP CODE

SECURITY CODE

SIGNATURE

BILLING ADDRESS INFORMATION (IF DIFFERENT FROM ABOVE)

CANCELLATION/RESCHEDULING POLICY: All cancellations and transfer requests must be received in writing. Refunds are subject to a $50 administrative fee per registrant and will be made according to the following schedule: Cancellations received 10 days or more prior to the course receive a full refund less the administrative fee per registrant; cancellations received 0-9 days prior to the course do not receive a refund. If you must cancel your course registration with fewer than 10 days' notice, KarenZupko & Associates, Inc. will transfer your registration fees to another workshop of your choice within the same calendar year, less the following: (1) the $50 administrative fee per registrant, (2) the cost of the workbook(s) per registrant, and (3) the meeting venue food and beverage charges per registrant, including all service charges and taxes. All monies are forfeit if you "no-show" to a course without prior written notice. KarenZupko & Associates, Inc. assumes no responsibility for costs associated with airline ticketing, price changes, or cancellations. As such, we recommend the purchase of travel insurance when making your plans.