

# 3rd Annual Coding, & Billing Reimbursement Seminar

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Monday and Tuesday, May 5th and 6th, 2008  
Grand Casino Hinckley, MN

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In addition to coding, other issues are covered such as the impact of RVU-based physician compensation plans, the coder's legal risks, the effects of payer uniformity standards, and how coders can quickly teach physicians. All this and coding too!



**MMA**  
Minnesota Medical Association



**PARTNERS**  
HEALTHCARE CONSULTING, LLC

# day

# 1

# Monday, May 5<sup>th</sup>

**8:30am to 9:30am**  
**Registration**

**9:30 am to 11:00 am**  
**Administrative Simplification-  
The New MN Standards** ✨

Learn how the new MN Administrative Simplification law affects your organization and your billing processes. Minnesota is now the first state in the nation to require all health care payers and providers to submit claims and eligibility transactions and receive remittance data electronically using a common format starting in 2009. MN has taken the HIPAA standards to a new level that includes standards for how to code procedures. The new requirements, signed into law in 2007, apply to all health care providers and affect virtually anyone who bills for or buys health care services on behalf of a group of people. Hear how electronic administrative health care transactions can reduce costs and improve the efficiency of health care. (Patrice Kuppe)

**11:00 am to 11:15 am**  
**Break**

**11:15 am to 12:30 pm**  
**New Reasons for Good ICD-9  
Coding and How to Get There** ✨

Do you have trouble determining the correct ICD-9-CM codes based on your providers' clinical vocabulary? Do diagnoses often vary from progress notes? Do providers miss diagnoses? Do they link them well? In this session, we will provide common terms to look for to alert you to certain conditions, and key information that must be documented. We will point out common ICD-9 coding AND documentation problems and we'll give you NEW ammunition you can use to motivate your providers to pay more attention to this aspect of coding. (Nancy Jacobson)

**Developing an Effective  
Compliance Process** ✨

Many practices assess their compliance once a year. But problems don't necessarily arise on that schedule. This program will focus on the importance of developing a compliance plan document that directs

the practice's efforts over time and circumstance (therefore it can't be too specific), and we'll provide ideas about creating annual work plans, conducting regular monitoring, storing (filing) your findings/results, implementing changes, etc. We'll present several cases to help convey what works and what typically does not. (Jeanne Chapdelaine)

**The ABCs of ABNs** ✨

Medicare requires the use of an Advance Beneficiary Notice (ABN) in certain situations. Do you understand why, when and how to use this document? If not, you could face financial and legal consequences. Attend this session to learn the ABCs of ABNs, including the proper use of GA and GY modifiers and an explanation of the Notice of Exclusion from Medicare Benefits (NEMB). (Penny Osmon)

**12:30 pm to 1:30 pm**  
**Networking Lunch** ✨

**1:30 pm to 2:45 pm**  
**Hospitalist/Inpatient Coding:  
How to Avoid the Landmines  
that can Sink Your Claims** ✨

Providing hospital services can be costly. Not only does it take physicians away from the office thereby reducing their ability to see more patients, but many practices inaccurately or inconsistently bill for these services. Others have begun using hospitalist services, which has its own set of potential coding issues. And surgical coding rules are so complex, errors by even the best coders are not atypical. In 75 minutes, we will attempt to help you get rid of most of your landmines. (Nancy Jacobson)

**Conducting a One-Day "Self  
Evaluation:" Looking For Low  
Hanging Fruit** ✨

We seem to have less time than we used to. And less revenue too. We know we need to find the "missing" revenue but who has time to go looking? This session will offer ideas on what you can do in one day (or so) to uncover the low hanging bananas (poor E&M or diagnosis coding), oranges (missing services), grapes (medical necessity issues)...

you get the gist. During the last 15 minutes, we'll have an open forum so that folks can share what they have done to find fruit. Our goal will be to help you better understand what's happening in your practice so you can spend most of your time making improvements rather than assessing problems. (Jeanne Chapdelaine)

### Mastering the Modifiers ✨

This session will improve your knowledge and identify possible ways to more appropriately report the services you are providing with the use of modifiers. The speaker will point out important subtle differences when submitting modifiers to Medicare and Commercial insurance carriers. You will want to attend this session to learn how to optimize your reimbursement in addition to appropriately reporting your services for all payers. (Penny Osmon)

### 2:45 pm to 3:00 pm

Break

### 3:00 pm to 4:15 pm

#### OB Services Provided by Primary Care Physicians ✨

When OB/GYN services are provided in the primary care practice, coders are challenged with learning to code for unique situations. In this session, we will explore the various OB services and how to code and bill them. We'll also discuss documentation and coding for unrelated services and "shared care" billing (primary care and specialist each providing a portion of the global OB package). (Nancy Jacobson)

#### E&M 101 – Just the Basics ✨

Beginning coders or those wishing a refresher will benefit from this back-to-the-basics session. We will take you on a brief tour of the E&M section of CPT, discuss guidelines for the various categories of service, and

introduce the E&M level of service audit process. We will also identify "urban myths" and areas where practices tend to differ in their audit approach (Jeanne Chapdelaine)

### Billing Medicare for Consultations – Confusion or Clarity? ✨

Ever since the OIG released its Executive Summary in March of 2006, consultations have been under scrutiny. When should you bill a pre-op consultation? Are consultation information forms useful? Can you initiate treatment on the same day? When is it a transfer of care? During this session the speaker will answer these questions and use clinical examples of good and bad consultations to give you the answers you need. (Penny Osmon)

### 4:15 pm

#### Day One Adjourns

# day 2

## Tuesday, May 6<sup>th</sup>

### 8:00 am to 9:00 am

#### Breakfast Brainstorm ✨

Got down burning questions you want answered at the conference. Turn your question in by the end of the first day and our educators will respond to as many as time allows during breakfast the following day.

### 9:00 am to 10:15 am

#### You're Given an Hour to Teach Providers E&M: On Your Mark, Get Set, GO! ✨

If your job requires you to teach E&M coding, you'll want to attend this session. Do you sometimes feel you can't get enough time with providers, the rules are just too complex, or it feels as if you're talking a different language? If so, we'll help by providing some simple tips and tools for educating providers on choosing a level of service. Using the Documentation Guidelines for Evaluation and Management Services as the tool, we'll break down key elements and offer ideas

to share with providers for improved documentation. (Nancy Jacobson)

#### A Primer on RVU-Based Physician Compensation Plans and Their Impact on the Coder ✨

Over 50% of physician compensation plans include RVUs in some fashion and this number is increasing quickly. This program will define RVUs, and describe typical RVU-based physician compensation systems. It will also describe the benefits to the organization and some of the challenges, especially those affecting coding and billing staff. (Jeanne Chapdelaine)

### 10:15 am to 10:30 am

BREAK

### 10:30 am to Noon

#### Do I need to worry about this? What coders need to know about conducting documentation reviews ✨

Everyone knows that the government is regularly investigating health care providers. But the consequences of these investigations are often misunderstood. For example, while many people believe that every documentation deficiency is "fraud," under Medicare a poor documentation does not even create an overpayment as long as the service was truly provided as billed. Some "experts" have suggested that coders should purchase insurance in case their employer is investigated. However, state law generally will require an employer to cover expenses incurred by employees who have acted in good faith. This session will provide a legal overview for coders. It will help coders recognize whether they are in one of the extremely rare situations where they should worry, or the far more common cases where they should sleep soundly at night. (David Glaser)

### Noon

#### Session adjourns

# Speakers

## Patrice Kuppe

Patrice Kuppe is the Director of Administrative Simplification for Allina Hospitals and Clinics. Her work experience with providers, payers and clearinghouses gives her an excellent understanding of how electronic data interchange can be used to optimize health care business operations. Her career has included work as a care giver, as a manager in administration for health insurance companies, and in management for providers. She has spent her career teaching process improvement, coding, EDI, and X12 to the health care community while actively participating in the HIPAA and state regulatory process. As an enthusiastic endorser of health care administrative simplification she actively participates in standards development and implementation through her participation in multiple standards organizations, the Workgroup for Electronic Data Interchange, and the Minnesota HIPAA Collaborative, and the MN AUC.

## Penny Osmon, BA, CPC

As a previous Medicare Fraud Investigator, Penny Osmon brings a unique perspective to her role as an educator for the Wisconsin Medical Society. With over 13 years of health care related experience she is knowledgeable about health care administration from the perspective of both payer and provider and about the aspects of coding. She currently presents educational programs on Medicare policies and procedures, coding and billing. Penny is a Certified Professional Coder, an approved Professional Medical Coding Curriculum Instructor, and a member of the American Academy of Professional Coders. She also serves on the Wisconsin Medical Group Management Association Medicare and Medicaid Workgroup, the WPS Medicare Part-B Provider Outreach and Education Group (POEAG) Advisory Committee and represents the Society at Region V CMS meetings and on Medicare's Carrier Advisory Committee.

## Jeanne Chapdelaine

Jeanne Chapdelaine has spent her entire career in health care, focusing on improving her clients' business performance. She has consulted for over 18 years focusing on revenue and third-party payer compliance issues in medical groups and health systems.

She is a respected speaker on a variety of coding, reimbursement, and third-party payer compliance topics and provides educational sessions for clients and professional organizations. She has authored many publications and co-authored a book chapter about how coding systems affect physician compensation.

Prior to joining Wipfli LLP, She held the position of principal and director of Partners Healthcare Consulting, Inc. ("Partners"), a health care consulting firm. (In 2005, Partners merged with Wipfli LLP.) She has also worked in provider relations for a large preferred provider organization (PPO) and with a regional medical group computer billing organization.

Her national client mix ranges from small rural practices to large health systems. She has great skill working with physicians and gaining their confidence and cooperation.

**Professional Organizations and Activities** She is an active member of the Health Care Compliance Association (HCCA) and the American Health Information Management Association (AHIMA).

### Education

She holds a Mini MBA in Health Care Management from the College of St. Thomas in St. Paul, Minnesota.

## Nancy Jacobson, CPC, CCS-P

Nancy Jacobson is a certified coding consultant with over 20 years of health care experience in the medical clinic setting. She has developed proficiency in a broad range of medical office areas, specializing in coding and reimbursement and medical practice operations. Specific areas of focus include surgical and office coding and reimbursement, design and implementation of charge tickets, auditing procedures, and development of resources (clinic policies and procedures).

She is a published author and a presenter

of coding education sessions sponsored by the Minnesota Medical Association (MMA), American Health Information Management Association (AHIMA), and Minnesota Health Information Management Association (MHIMA).

Prior to joining Wipfli LLP, She held the position of consultant for Partners Healthcare Consulting, Inc. ("Partners"), a health care consulting firm. (In 2005, Partners merged with Wipfli LLP.) She has also worked as an operations supervisor for a large surgical group and an administrator for a pediatric urology practice.

### Professional Organizations and Activities

She is an active member of professional associations at the national and local level, including the American Academy of Professional Coders (AAPC) and Minnesota Twin Cities AAPC local chapter, American Health Information Management Association (AHIMA) and Minnesota Health Information Management Association (MHIMA), and Minnesota Medical Group Managers Association (MMGMA).

### Education

She earned a Mini MBA in health care management from the College of St. Thomas and attends many continuing education seminars for professional development on an ongoing basis.

## David Glaser, JD

David is a shareholder in Fredrikson & Byron's Health Law Group and helped establish its Health Care Fraud & Compliance Group. He assists clinics, hospitals, and other health care entities negotiate the maze of health care regulations, providing advice about risk management, reimbursement, and business planning issues. He has considerable experience in health care regulation and litigation, including compliance, criminal and civil fraud investigations, and reimbursement disputes. His goal is to explain the government's enforcement position, and to analyze whether this position is supported by the law or represents government overreaching.

## Objectives:

Participants will be able to

- Improve coding and documentation skills;
- Understand Medicare rules for ABNs, Modifiers and Consultations
- Increase collection rates through process improvements
- Educate providers on E&M coding
- Understand MN payer uniformity efforts.

## CEU Credit:

This program has the prior approval of the American Academy of Professional Coders (the Academy) for 8.0 continuing education hours. Granting of Prior approval in no way constitutes endorsement by the Academy of the program content of the program sponsor.

This program has been approved for 8.0 Continuing Education Units for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting of prior approval from AHIMA does not constitute endorsement of the program content of its Program Sponsor.

## Room Reservations:

A block of rooms has been reserved by the MMA for Sunday and Monday nights. The cost is \$54.90 per night. You may make your reservation by calling 800-468-3517, extension 2, reservation deadline is April 23rd.

## Transfer of Registration

If you are unable to attend a seminar for which you are registered, you may send a substitute in your place at any time.

## Confirmation

(Please include your email address)

Confirmation will be emailed to you within two weeks of registration. Please review your confirmation carefully to ensure that all information is correct. If you have not received your confirmation three working days before the seminar, please contact Vicki Westling at the Minnesota Medical Association 612/362-3764 or [vwestling@mnmed.org](mailto:vwestling@mnmed.org).

## Register by Mail

Complete the registration form and mail it with your payment (make checks payable to the Minnesota Medical Association), or credit card information to:

Minnesota Medical Association  
Attn: Vicki Westling  
1300 Godward St. NE, Suite 2500  
Minneapolis, MN 55413

## Register by Phone

Call Vicki Westling at 612/362-3764. Please have your credit card number and expiration date ready.

## Register by Fax

You may fax your completed registration form to (612) 623-2871. Your fax should include credit card number, expiration date and signature of cardholder.

## Register Online

Visit [www.MMAonline.net](http://www.MMAonline.net) and find the 3rd Annual Coding, Billing and Reimbursement Seminar in Upcoming Events.

# Location

Grand Casino | Hinckley, Minnesota  
1-800-468-3517

Take 35W North to Highway 48 Exit in Hinckley.  
Follow signs to Grand Casino.

# Registration

## Session Preferences Monday, May 5th

### 9:30 am to 11:00 am

- 0  Administrative Simplification-  
The New MN Standards

### 11:15 am to 12:30 pm (Please choose one)

- 1  New Reasons for Good ICD-9  
Coding and How to Get There
- 2  Developing an Effective  
Compliance Process
- 3  The ABCs of ABNs

### 12:30 pm to 1:30 pm

- 4  Networking Lunch

### 1:30 pm to 2:45 pm (Please choose one)

- 5  Hospitalist/Inpatient Coding:  
How to Avoid the Landmines  
that can Sink Your Claims
- 6  Conducting a One-Day "Self  
Evaluation:" Looking For Low  
Hanging Fruit
- 7  Mastering the Modifiers

### 3:00 pm to 4:15 pm (Please choose one)

- 8  OB Services Provided by Primary  
Care Physicians
- 9  E&M 101 – Just the Basics
- 10  Billing Medicare for  
Consultations – Confusion or  
Clarity?

## Tuesday, May 6th

### 8:00 am to 9:00 am

- 11  Breakfast Brainstorm

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- 12  You're Given an Hour to Teach  
Providers E&M: On Your Mark,  
Get Set, GO!
- 13  A Primer on RVU-Based  
Physician Compensation Plans  
and Their Impact on the Coder

### 10:30 am to Noon

- 14  Do I need to worry about this?  
What coders need to know  
about conducting documentation  
reviews

## Registrant Information

Name \_\_\_\_\_

Clinic/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Physician/Clinic Specialty \_\_\_\_\_

E-mail \_\_\_\_\_

Please Note Special Needs (diet, mobility, vision, hearing) \_\_\_\_\_

Cost:

\$299 per registrant; if more than one person from the same office attends,  
the cost is \$279 for each additional registrant. The cost includes workbook,  
breaks both days, lunch on Monday, and breakfast on Tuesday.

Payment: Total \$ \_\_\_\_\_

Bill Me

Enclosed is my check in the amount of \$ \_\_\_\_\_

(Please make checks payable to Minnesota Medical Association)

Please charge my:

VISA

MasterCard

Discover

Account Number \_\_\_\_\_ Ex. Date \_\_\_\_\_

V Code (last 3 digits of number on signature panel of credit card) \_\_\_\_\_

Name/Signature of Cardholder \_\_\_\_\_

Direct questions to Vicki Westling at (612) 362-3764 or vwestling@mnmed.org