

CPT and ICD-10 Coding Conundrums – Clarified!

Speaker **Margaret M. Maley, BSN, MS**

Location Amelia Island, Florida

Getting paid has never been more complicated. Fortunately, learning top-notch documentation and correct coding has never been easier. Margaret Maley, BSN, MS, from KarenZupko & Associates, Inc. will focus on crucial CPT and ICD-10 coding and documentation conundrums facing orthopaedic surgeons, APPs and coding and reimbursement personnel. Maley will discuss medical necessity, modifier 25 mania, fracture care, key surgical modifiers and hot topics for audits and take backs. Each attendee will receive a copy of KZA's valuable workbook full of concrete examples and practical tools. Attend this course to get answers to your most confounding coding questions.

Learning Objectives

- Identify key requirements for incident-to and direct billing for PAs and NPs
- Define “medical necessity”
- Use key surgical modifiers accurately
- Describe what is included in global fracture care

Why does a surgeon need to know anything about coding? If orthopaedic surgery is your hobby and not your occupation, you don't. In the rapidly changing healthcare environment, knowing how to present “your data” is the key to staying relevant. Assigning the code is the easy part. Including appropriate documentation in the record to support the code is the real work.

CPT codes describe what you did.

ICD-10 codes describe why you did it.... **AND PAYORS ARE WATCHING.**

AGENDA

Medical Necessity	15 min
<ul style="list-style-type: none"> • What payors know and how they use it to deny or recapture payments. • Just because it is in the note, doesn't mean it was necessary to make a diagnosis or treat a problem! 	
Do I Have to Assign a Diagnosis Code to EVERY Condition on the Problem List?	15 min
<ul style="list-style-type: none"> • NO WAY! – Focus on the “big three”: diabetes, obesity and smoking – oh my! 	
The Impact of Diagnosis Coding Ignorance on the Bottom Line	15 min
<ul style="list-style-type: none"> • Today and tomorrow 	
Acute vs. Chronic Diagnosis Codes	15 min
<ul style="list-style-type: none"> • Save time and money by learning to document correctly. 	
Do You Know What Needs to be in the Record to Get Paid for a Meniscectomy or Meniscal Repair?	15 min
<ul style="list-style-type: none"> • Payor policies and denials are based on documentation and diagnosis codes. • Learn what is expected so you can control what's controllable. 	
Physician Assistant/APP Billing	30 min
<ul style="list-style-type: none"> • Direct, Incident-to and Split/Shared 	
Modifier 25 – Significant and Separate Service	15 min
<ul style="list-style-type: none"> • What is the big kerfuffle around this modifier? • Is an E/M separately reportable with a joint injection? 	
Break	10 min
Global Surgical Package and the Preop H&P	15 min
<ul style="list-style-type: none"> • Is it separately reportable? 	
Total Knee Arthroplasty	10 min
<ul style="list-style-type: none"> • Must this be done outpatient? 	
Fracture Care	30 min
<ul style="list-style-type: none"> • What's included and what is separately reportable? • What do you report after the patient was seen in the ER? 	
Modifier 57 – Decision for Surgery	
<ul style="list-style-type: none"> • When do I use it? 	
Key Surgical Modifiers	60 min
<ul style="list-style-type: none"> • Modifier 58: planned anticipated • Modifier 78: return to OR to treat complications • Modifier 79: unrelated procedure • Modifier 22: unusual service • Modifier 52: reduced service 	
Top 5 Ideas for the “To-do” List When You Go Home	5 min