

GENERAL SURGERY

**A Workshop Sponsored by
American Society of General Surgeons**

**ICD-9 ■ CPT ■ HCPCS
Reimbursement & Coding**

For General Surgery



A full day of coding for physicians and staff

given by:

**John F. Bishop, PA-C,
CPC, MS, CWS**

SPECIAL SECTION FOR 2008 CPT & 2008 ICD-9

Many new diagnosis codes impacting General & Vascular Surgery. There were more CPT changes for Surgery than any other specialty in 2006 - 2008. We'll have the latest for 2008.

Tuesday, June 3, 2008

Cleveland, Ohio

**Radisson Hotel - Airport
25070 Country Club Blvd.
(North Olmsted, OH 44070)**



Tuesday, June 17, 2008

Tampa, Florida

**Tampa Airport Marriott
Tampa International Airport
(Tampa, FL 33607)**

(9 am - 4:00 pm)

2008 Review

**Bariatrics, wound care mesh removal,
vein therapy, and more. . .**

**Bring examples of your coding and reimbursement problems
for the workshop. We'll find the specific
solutions together!**

(PLEASE BRING YOUR ICD-9, CPT & HCPCS BOOKS)



**800-227-7888
22nd Year**

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Learn coding techniques that work!

- Review recent changes to the definition of the Surgical Package for appropriate coding.
- Document and code for what you do. This critical area loses money daily or can cost in audit penalties.
- Central venous lines - out with the old codes - in with 23 new codes. We'll help you sort through them.
- Bariatric procedures are all the rage. We'll review the latest guidelines for proper reporting.
- We will review the latest Category III emerging technology codes.
- What are CMS's guidelines for Consultations?
- The recent changes for reporting insertion, revision and removal of implantable venous access devices. What about 2008?
- When is it proper to use -59 modifier?
- Can you explain the different indications for proper usage of modifier -25 versus -57?
- Visits & procedures during post operative period. How do we report them?

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Strategies To Assist Correct Coding, Reimbursement & Compliance

- Proper documentation is a sound Business Strategy from a Compliance and Risk Perspective!
- Compliance issues (CMS, HIPAA, and HIPAA Privacy).
- Medical necessity for foot / ankle procedures, wound care and debridements is closely scrutinized under Utilization Review. We have answers!
- Advance Beneficiary Notice (ABN) & practical applications for General Surgery.
- Brief overview of upcoming deadlines for HIPAA-AS Privacy and Transaction.
- Documentation essentials for counseling and coordination of care billing based on time.
- Monitoring your Local Medical Review Policies for services you provide. It helps.

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Advanced Surgery Insurance Solutions Ease Paperwork

- There were many 2008 ICD-9 changes effective October 1, 2007. What surgery impact in 2008?
- Medicare Voluntary Refund Report require prompt action on your part! We'll explain.
- We will review indications for modifier -62 for co-surgeon and -80 for assistant surgeon.
- Clear understanding of usage of modifiers -58, -78 and -79 essential for proper reimbursement
- What are the indications for the -63 modifier?
- Linking your ICD-9 CM to your CPT-4 will greatly reduce unnecessary claims denials and reduce payment turn around time for 2008.

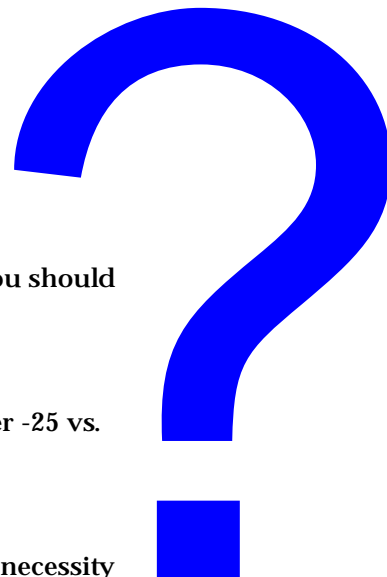


CAN'T ATTEND?

Note:

TAPES/CD ON THIS TOPIC: 2 or 3 audio cassette tapes or CD's, workbook & S/H costs (allow 3 to 4 weeks after we receive your order in house for shipment)

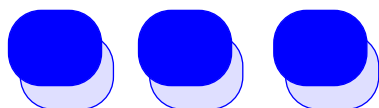
WE PROVIDE ANSWERS



- When do we use the latest -52 and -53 modifiers?
- What about using the -GA modifier? (We'll discuss why & when you should use it.)
- What are the rules for Teaching Physicians?
- Can you explain the different indications for proper usage of modifier -25 vs. -57?
- Can we report an office visit and a procedure on the same day?
- We hear audits are increasing! Are we clearly documenting medical necessity and coding for the work we do?
- What are the rules if my Doctor provides Conscious Sedation?
- Why should I wait for the pathology reports before billing lesion excisions?
- Understand the documentation principles necessary to correctly report office procedures, diagnostic studies, wound care, and vascular procedures.
- What are the latest rules for Physician Assistants, Nurse Practitioners & Clinical Nurse Specialists?

The McVey Guarantee

We unconditionally guarantee your full tuition for up to one year. After attending, if you did not feel the investment worthwhile, please write to us with your comments. We believe in the value of our seminars and services - and we think you will too!



For More Information

If you have any questions regarding this seminar, the tapes available, on-site seminars or consulting please call TOLL FREE: 1-800-227-7888.

The McVey staff welcomes your questions and we're here to help!

web site: www.mcveyseminars.com

CEUs and Certificate of Completion



This program has prior approval by the American Academy of Professional Coders (the Academy 800-626-2633), the Professional Association of Health Care Office Management (800-451-9311), the Professional Association of Healthcare Coding Specialists (888-708-4707), and the Practice Management Institute (800-259-5562), for six continuing education hours. Granting of prior approval in no way constitutes endorsement by the Academy, PAHCOM, PAHCS or PMI of the program content or the program sponsor. You also receive a McVey Associates, Inc. Certificate of Completion.

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HEALTHCARE - THANK YOU, TERRY L. MCVEY, PRESIDENT**