

**GENERAL SURGERY**

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

**ICD-9 ■ CPT ■ HCPCS  
Reimbursement & Coding  
For General Surgery**



**Presented By**

**Ms. Kathleen Mueller, R.N., CPC., CCS-P, CCC, CMSCS  
Healthcare Consultant**

**SPECIAL SECTION FOR 2012**

Many new diagnosis codes impacting General & Vascular Surgery.  
We'll have the latest for Surgery! There are more CPT changes for  
Surgery than any other specialty in last 3 years.

**Thursday, November 3, 2011  
Louisville, Kentucky  
The Galt House Hotel  
140 North 4th Street  
(Louisville, KY 40202)**

**Friday, November 18, 2011  
Raleigh, North Carolina  
Hilton Garden Inn - Airport  
1500 RDU Center Drive  
(Morrisville, NC 27560)**

◆  
**Thursday, December 1, 2011  
Dallas, Texas  
Embassy Suites - Love Field  
3880 West Northwest Hwy.  
(Dallas, TX 75220)**

**(9:00 am - 4:00 pm)**

**2012 Review  
Herniae, vascular, bariatric, laparoscopies,  
breast, and more.**

**McVey**  
**ASSOCIATES, INC.**

800-227-7888  
26th Year

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

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

## L

### earn coding techniques that work!

- Review recent changes to lap hernia and E/M codes.
- Document and code for what you do. This critical area loses money daily AND can cost in audit penalties.
- Central venous lines - tunneled versus non-tunneled, insertion versus replacement. We will give you guidelines and tips.
- Bariatric procedures are becoming more common for morbid obesity. We'll review the latest guidelines for proper reporting.
- Mammosite insertion codes were revised. We will update you on all of the breast codes.
- EGD & Colonoscopy rules. Screening versus diagnostic. We will review the policies.
- When is it proper to use modifier -59?
- Visits & procedures during the postoperative procedure. How do we report them? What modifier do we use?

## S

### trategies To Assist Correct Coding, Reimbursement & Compliance

- With increase in MACs and RACs, proper documentation is essential for billing, quality and risk prevention.
- PQRI- How it applies to general surgeons.
- As deductibles and copays for patients skyrocket, is your office equipped to monitor this and act on it?
- Advance Beneficiary Notice (ABN) forms were revised in late 2008. Learn when and how to use an ABN form for General Surgery procedures, in 2012.
- Documentation is essential for counseling and coordination of care billing, based on time.
- Monitoring your Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) for services you provide. It is essential for claims submission.

## A

### dvanced Surgery Insurance Solutions Ease Paperwork

- There are many 2012 ICD-9 changes effective October 1, 2011. Which impacted general surgery practices? We will go over these changes. The last 3 years have been huge.
- Medicare Voluntary Refund reports require prompt action on your part. We will explain.
- We will review indications on modifier -62 for co-surgeon and modifier 80 for assistant surgeon. It can mean a lot for reimbursement.
- Unlocking the key to the modifier maze concerning -58, -78 and -79. We will give you clarification on these modifiers.
- Linking your ICD-9 codes to the CPT codes will greatly reduce unnecessary claims denials and reduce payment turn around time for 2012.

CAN'T ATTEND?

Note:

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





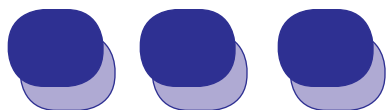
## WE PROVIDE ANSWERS TO MEDICARE PROPOSALS



- Medicare's proposals to the Physician Fee Schedule include a large pay cut. CMS elimination of Consultation payment for 2010. What's the latest?
- What EM service codes should be used instead of Consult codes? What about the AI modifier?
- We will cover the 2012 Diagnosis new, revised and deleted codes.
- New Medicare rules could cost your Practice big \$\$\$.
- CMS proposes payment reduction for physician owned high cost imaging.
- Special accreditation requirements for technical services may be in your near future.
- Beware of Templates and EMRs that encourage you to improperly code higher visit levels.
- Medical Necessity for Complexity of Decision Making is essential for proper EM levels of service.
- We will provide some Practical Tips to Prepare for ICD-10 transition 2013.

### *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 recordings 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](http://www.mcveyseminars.com)

### CEUs and Certificate of Completion



PRACTICE  
MANAGEMENT  
INSTITUTE

This program has prior approval by the American Academy of Professional Coders (AAPC) for 6 continuing education hours. Granting of prior approval in no way constitutes endorsement by the AAPC of the program content or the program sponsor. (the Academy 800-626-2633) Other groups offering 6 C.E.U.'s are 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). You also receive a McVey Associates, Inc. Certificate of Completion.

26TH YEAR PROVIDING THE HIGHEST QUALITY BUSINESS INFORMATION TO  
HEALTHCARE - THANK YOU, TERRY L. MCVEY, PRESIDENT