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38th Year

McVey Seminars Presents A "<u>LIVE WEBINAR</u>" on *Three* days of indepth coding & billing for: Podiatry Physicians & Practice Coders

An educational workshop provided for



3 - four hour days of coding for physicians and staff given by: Michael Warshaw, DPM, CPC, FACPM Healthcare Consultant, Practicing Podiatrist, Certified Coder

Are you aware of the new and revised ICD-10-CM codes that apply to Podiatry? Non-pressure Ulcers (L97.-) are classified by Grade and Pressure Ulcers are classified by Stage. Do you know these Classifications?

Friday, June 7, Friday, June 14 & Friday, June 21, 2024 10:15 am -2:15 pm PT

(11:15am to 3:15pm MT, 12:15pm to 4:15pm CT, 1:15pm to 5:15pm ET)

NEWS ALERT: 2024 Updates E/M Changes. Are you ready? The Impact of Copy and Paste on the Quality of Care a Patient Receives. Are you cloning your medical record entries? Hopefully not. Telemedicine/Telehealth Considerations to Maintain Quality of Care. The Top 10 Reasons That Podiatrists Are Audited and Fail the Audit. Coding and Proper Charting for Diabetic Shoes and Ankle Foot Orthoses.



orkshop Curriculum

- 2024 Podiatry Coding Updates
- Medical Record Documentation
- Fraud & Abuse
- HIPAA & Release of information
- ICD-10-CM Conventions and Rules
- Coding and the CPT Manual
- Evaluation and Management
- Surgery
- Wound Care
- Routine foot care / Mycotic nails / Diabetic shoes
- Modifiers
- HCPCS

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odiatry Workshop Highlights

- Proper evaluation and management levels of service specific for podiatry
- Review foot and ankle anatomy
- Review Medical Terminology
- Preplanned, staged, related procedure vs. a complication to a performed procedure
- Performing E/M services with procedures: are they both always reimbursed
- Adjudicating Denied Claims
 - Use the Correct Coding Initiative

dditional topics to be discussed

- Audit and review forms
- Understanding EOB's
- Patient education
- Use of an Advanced Beneficiary Notice
- Areas and codes targeted by CMS

Certification as a Podiatry coder? This in-depth training may be all you need to take a certification test. We recommend learning more at ACPMED.org

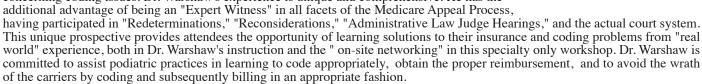


andle Special Podiatry Situations

Update of ICD-10 for 2024 How to appropriately use the ICD-10 Manual

About your seminar leader:

Michael G. Warshaw, DPM, CPC, FACPM, is a practicing podiatrist and a certified coder with over 25 years of successful coding, management, and training experience for podiatric practices. His national and local views come from active participation as a practicing podiatrist, having the distinction of being a certified podiatric coding specialist, and years of serving as a national lecturer concerning coding issues. Dr. Warshaw's experience is unique and comprehensive. He has the additional advantage of being an "Expert Witness" in all facets of the Medicare Appeal Process,



CEUs and Certificate of Completion







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This program has prior approval of AAPC for 12 continuing eduction 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 12 C.E.U.'s are the Professional Association of Health Care Office Management (800-451-9311), Qpro (385-715-1237), (the Practice Management Institute (800-259-5562), and American Health Information Management Association.

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NOTE! You can register on-line now! Visit www.mcveyseminars.com & click on specialties in upper left hand corner, then find your location. You may also fax registration form with credit card to: (415)892-1271.





- With wound care as prevalent as it is today, what is the most appropriate debridement code to use?
- The appropriate use of Modifiers 25 and 59 are the two MOST audited issues in Podiatry. Are you using these two Modifiers correctly?
- Does using a "rule out" diagnosis hurt the patient's insurance coverage?
- Do "Medicare's Correct Coding Guidelines" apply to private and commercial insurance companies?
- What about patients who return for follow-up services and end up being treated for new problems. Which condition becomes the primary diagnosis?
- My doctor thinks if we appeal "denials" we will be singled out for future audits or even delays on our claims. Is that true?
- We're confused about levels of service filed on the same day as procedures, do we or don't we get paid for them?
- I have heard "Nursing Home visits" and "Home Visits" are targeted services for audits. Should I stop doing them altogether or is there a proper way to document them so that if I am audited, I can pass the audit?
- With Medicare, isn't it easier to file for "office visits" instead of "routine foot care and mycotic nails" and not have to worry about the 61 day eligibility period?

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