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McVey Seminars Presents A "LIVE RECORDING" on Three days of indepth coding & billing for: Podiatry **Physicians & Practice Coders**

An educational workshop provided for



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

Live Recording Available Now \$100 Off for the On Demand Viewing Option



NEWS ALERT: 2025 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.

Options for this program:

- 1. USB flashdrive & pdf of materials.
- 2. DVD & pdf of materials
- 3. On Demand Viewing Option you'll receive a link and pdf of materials, and you'll be able to view the course on McVey seminars Youtube channel.
- This course comes with pre-approved ceu's (10)



orkshop Curriculum

- 2025 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



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





andle Special Podiatry Situations

- Update of ICD-10 for 2025
- 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, having participated in "Redeterminations," "Reconsiderations," "Administrative Law Judge Hearings," and the actual court system. This unique prospective provides attendees the opportunity of learning solutions to their insurance and coding problems from "real world" experience, both in Dr. Warshaw's instruction and the "on-site networking" in this specialty only workshop. Dr. Warshaw is committed to assist podiatric practices in learning to code appropriately, obtain the proper reimbursement, and to avoid the wrath of the carriers by coding and subsequently billing in an appropriate fashion.

CEUs and Certificate of Completion











This program has prior approval of AAPC for 10 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 10 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 Institute (800-259-5562). ment Association.

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E PROVIDE ANSWERS

- 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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If you have any questions regarding this seminar, 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!

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