

PODIATRY

McVey Seminars Presents A "VIRTUAL" Seminar on Coding & Reimbursement Solutions

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ICD-10-CM ■ CPT ■ HCPCS

PODIATRY - 2026

2 - two & a half hour sessions of coding for physicians and staff

given by:

Michael Warshaw, DPM, CPC, CPODCS, COCS, CSFAC, FACPM
Practicing Podiatrist & Management Consultant

Friday, August 7 & Friday, August 14, 2026

10:00 am - 12:30 pm PT

(11:00am to 1:30pm MT, 12:00 noon to 2:30pm CT, 1:00pm to 3:30pm ET)

Most Commonly Audited Codes in Podiatry

- * 11720/11721 (nail debridement)
- * E/M Codes - all (-25 modifier)
- * 11730 (nail avulsion)
- * Wound Care Codes
- * 10060/10061 (I&D of abscess);
- * 11050 series (paring of skin lesions) (corns/calluses)
- * Orthotics Codes
- * 59 Modifier
- * Injection codes (Morton's neuroma, plantar fasciitis)

What do I need to do to survive an audit?

How a Webinar Seminar Works:

1. Register by fax, mail or online. Cost is \$285 per one of the following options - landline, computer or Ipad.
2. The audio/video portion for this course can be heard via landline, mobile or web browser. Major browsers on windows, MAC OS X & Linux.
3. You'll receive Dial-in access, and materials a few days before the program.
4. Materials will be emailed a few days before program.



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C

orrect Reimbursements From Indemnity payers, Managed Care & Medicare

- E/M changes for office and other outpatient services went into effect on January 1, 2026. Are you sure that you are billing correctly and that your documentation supports the E/M code that you bill? Let us help!
- Should I use Total Time or Medical Decision Making to determine the office or other outpatient service E/M code that I should bill? We will help you make the best decision.
- Document and code for what you do. Charge and file claims according to your contracts. This principle for doing business with insurances is critical to survival.
- Modifiers, a key to opening the door to accurate reimbursement. Dealing with the latest definition of the -25 modifier could impact an increase or decrease in your revenue. It depends on your understanding and working within the new guidelines. We'll explore Podiatry's use of them all.
- What E & M service codes should be used instead of consult codes?
- Correlating your coding: New payment methods mean *making those diagnoses count!* Don't lose out on money that's rightfully yours. Good vs. bad diagnoses! Stay out of trouble with Medicare.

L

earn Coding Techniques That Work!

- Advanced information on the legislated Medicare billing changes and the CPT coding changes for year 2026. Who can sign for the patient?
- Using both Volumes I & II to code ICD-10 CM diagnoses correctly - Coding to the highest degree of specificity is required for accuracy & payment: How to avoid "Rule Outs" to improve reimbursement. Signs, symptoms and ill-defined conditions are the key to proper reimbursement. What impact on podiatry?
- Exercises in Coding: *Doing it right for Podiatry* by reviewing your codes and making them work.
- Guidelines for HCPCS Coding: We'll show you when to use each level: Use all of the coding "Extras": Modifiers and Podiatry's special needs.

T

he "Tid Bits" and Fighting Back

- *What triggers an audit on your claims?* Can you afford it? We'll provide a superb handout with Podiatry coding techniques to help. What's happening with RAC audits?
- Eliminate the fear of fighting Medicare. You can win an audit. Don't accept down-coding when it isn't right. Medicare appeals can be appealing!
- Getting paid on the first insurance form submission. Learn the basics of what works. It is different between private, government and managed care insurers. Be aware of computer audits on ICD-10 vs. CPT in Medicare's Correct Coding Policy. You'll learn how to cut down on payment turnaround time.
- Documentation guidelines are more critical than ever. The basis of a Compliance Plan. We'll update you.

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HANDLE SPECIAL PODIATRY SITUATIONS

- The 2026 ICD-10-CM changes went into effect on October 1, 2025. Have you incorporated the changes? We can help.
- The new CPT codes and changes go into effect on January 1, 2026. Are you ready?
- CMS has come up with the top issues that they are going to audit. Let's be proactive.
- Preparing for a medicare audit.
- Use E & M services coding properly. Important clarifications for 2026.
- Understanding the new "foot care codes".
- Avoid coding errors that may trigger an audit.
- Develop your "Voluntary Compliance Program".
- How to use modifiers properly.
- Avoid claim inquiries, downcoding & denials.
- The most appropriate way to code for nail debridements.
- Therapeutic shoes for patients with diabetes.

Learn How To



Michael Warshaw, DPM

About your seminar leader:

Michael G. Warshaw, DPM, CPC, CPODCS, COCS, CSFAC, FACPM, is a practicing podiatrist and a certified coder with over 30 years of successful coding, management, and training experience for podiatric practices, and a Fellow of the American College of Foot & Ankle Orthopedics & Medicine. 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 advantage of being an "Expert Witness" in all facets of the Medicare Appeals Process. 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 Q & A 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.

Special Section: If you are billing for E/M services in other places of service than office and outpatient, are you selecting the correct E/M code and does your documentation support the code that you bill?



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coding Manual. Cost
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Yes I'd like to participate in the virtual seminar on Coding for Podiatry 2026 on Friday, August 7 & Friday, August 14, 2026 from 10:00am to 12:30pm Pacific Time Pacific Time. **Fee for participating is \$285.00** and that includes an access phone number, and/or link to connect to for this program with the ability to ask questions of our expert. *One phone line, computer or Ipad per registration. **Additional Participants \$99 each.**

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IMPORTANT: Write your e-mail address here (a link to all conference working materials arrives via e-mail)

e-mail address (Print Clearly)

Coding for Podiatry / August 7 & 14, 2026 / 10:00 am - 12:30 pm PT (both days)

(11:00am to 1:30pm MT, 12:00 noon to 2:30pm CT, 1:00pm to 3:30pm ET)

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Payment must be received prior to the conference ☐ Check enclosed for \$ _____

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WE PROVIDE ANSWERS

- What is the appropriate documentation that is needed on every encounter for wound care/debridement.
- Podiatry has been and continues to be a highly audited medical specialty. What are the most commonly audited codes?
- What are the highest levels of E/M services that a podiatrist can bill?
- Beware of templates and EMRs that encourage you to improperly code higher E/M levels.
- CPT code 11730 is targeted for fraud and abuse by Medicare. What is the appropriate documentation?
- What are the appropriate rules to follow for treating a patient in a Nursing Facility?
- What documentation protects me from a prepayment audit for diabetic shoes and ultimately gets me paid?



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