

## **BASIC MEDICARE REIMBURSEMENT UPDATE**

### ***Coding Office Visits***

***(2.5 hours)***

How do you know the appropriate level of service for your eye exams? Should you use evaluation and management codes (992xx) or ophthalmic codes (920xx)? We discuss the key elements that distinguish levels of service including their utilization parameters. Presentation includes Corcoran Consulting Group's new, proprietary **Office Visit Matrix**, a fast, easy means of coding eye exams.

### ***Consultations***

***(1 hour)***

What exactly is a consultation? Understanding CMS's definition of consultations and the necessary criteria to qualify the encounter as a consult are critical to your success in documenting and coding for consults. Presentation includes case studies.

### ***Coding Ophthalmic Tests***

***(1 hour)***

A comprehensive discussion of the required elements for the proper charting of diagnostic tests will be addressed. Pitfalls and common problems are reviewed along with hints for improving and streamlining documentation.

### ***Surgical Coding, Bundling and Modifiers***

***(1 hour)***

What's the difference between a major and minor surgery? Medicare's specific rules about bundled procedures, postoperative periods, and their impact on reimbursement are reviewed. Definitions of individual modifiers and examples of when to use them are explained.

### ***Co-management of Postoperative Care***

***(45 minutes)***

When should patients be co-managed? The legal pitfalls including safe harbor standards are addressed. Medicare's instructions concerning the reimbursement of shared postoperative care including documentation, coding, and modifiers are reviewed. Co-management of refractive surgery is also examined.

### ***Reimbursement for Eyeglasses***

***(1 hour)***

Why are 95% of all optical claims erroneous? Understanding the eligibility rules for Medicare beneficiaries following cataract surgery and the numerous HCPCS codes are analyzed. Examples of documents that require patient signature(s) are provided. Case studies to illustrate code selection and claim preparation are included.

## BASIC COURSES CONTINUED

### *Coding Office Visits for Optometry* (3 hours)

How do you know the appropriate level of service for your eye exams? Should you use evaluation and management codes (992xx) or ophthalmic codes (920xx)? We discuss the key elements that distinguish levels of service. Consultations and their documentation requirements are defined. Presentation includes Corcoran Consulting Group's new, proprietary **Office Visit Matrix**, a fast, easy means of coding eye exams.

### *2007 Reimbursement Update for Optometry* (2 hours)

What's new in coding and reimbursement is included in this reimbursement update along with troubleshooting various coding and documentation issues that are prevalent in the optometric practice. Discussion includes improving medical records and reimbursement.

### *Medicare Basics* (1 hour)

A basic understanding of the Medicare program and associated rules and regulations are discussed. The basic requirements for chart documentation are addressed. An excellent course for introducing the very basic concepts for dealing with Medicare and chart documentation essentials.

### *Anatomy of a Medicare Audit* (1 hour)

This course describes why audits may occur and what the payers look for when they audit and how to respond. Case studies illustrate the process and remedies are offered to help the practice with prevention measures.

### *The Art of Taking a Medical History* (1 hour)

The medical history is the foundation on which the patient visit is built. The components of the history and its relevance to coding and reimbursement are described. Various techniques for gathering the history are shared.

### *Understanding ICD-9 Coding* (1 hour)

Understanding ICD-9 CM coding is as important to proper claim submission as CPT coding. Helpful hints for selecting the most appropriate diagnosis code and the link between ICD-9 and CPT code rules are discussed.

### *Managing Your Accounts Receivable* (1 hour)

The challenges, problems and psychology associated with accounts receivable and collections are discussed. A strategy to analyze and improve collections including staff training and follow-up is presented. A case study and how to analyze a fee schedule are included.

### ***Coping with Claim Rejection***

***(1 hour)***

Denied claims create cash flow problems and are often handled inappropriately by staff and payers. This course discusses possible causes, preventive measures, and the appeals process to help cope with claim rejection. Case studies reveal the importance of effective management of claim denials.

### ***Challenges and Opportunities in Documentation and Coding***

***(1 hour)***

Proper documentation of services is a common concern for practices. This course addresses the common challenges, provides practical ways to improve documentation and offers opportunity to improve reimbursement.

### ***Common Myths in Billing***

***(2 hours)***

Myths about billing are common. Staff members and others share them creating confusion. Through a series of case studies, we dispel these myths with facts.

### ***Coding and Documentation for your Cataract Surgeon***

***(1 hour)***

Specific documentation and coding guidelines exist for patients who elect cataract surgery. New technology and ancillary surgeries performed concurrently represent numerous billing challenges.

### ***Diagnostic Tests for Glaucoma***

***(1 hour)***

This course is a discussion of documentation and coding issues associated with diagnostic tests performed for glaucoma. Issues to be addressed include: orders, interpretations, frequency, indications, and various coding rules.

### ***Reimbursement is a Team Sport***

***(45 minutes)***

Consider the roles of all staff members as they relate to coding, reimbursement, and documentation. Bring them together as a team to improve efficiency and the quality of your claims.

### ***What's New in 2007***

***(45 minutes)***

Rules, regulations, and other reimbursement related issues change regularly. This course is a potpourri of the latest issues affecting practices today.

### ***Reimbursement for Punctal Occlusion***

***(30 mins)***

How do you submit your claims for punctal occlusion? The utilization of this procedure has skyrocketed in recent years. Proper chart documentation, CPT code selection, and appropriate modifiers are explained. Case studies presented.