

CPT & ICD-10 CODING CONUNDRUMS

Wednesday, October 5, 2016

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Attendees of this activity can earn up to
6 AMA PRA Category 1 Credits™

Overview

Margaret Maley from KarenZupko & Associates, Inc. returns to OTA just as Medicare and other payers are “turning up the heat” on diagnosis coding requiring more specific documentation and reporting of ICD-10-CM codes! Maley brings KZA’s popular CPT and ICD-10 Coding Conundrums course. This information intense format has been edited to cover the most confounding areas of CPT and ICD-10-CM coding facing orthopaedic trauma surgeons and their staff. Using concrete examples and practical tools, this blended CPT/ICD-10 course offers a terrific value investment in terms of time and money. The course includes KZA’s popular workbook full of CPT and ICD-10 coding advice specific to trauma surgeons, “flashcards” essential for having specific diagnosis documentation that can be down loaded to your phone or hand held device.

About the Speaker

Margaret Maley brings 35 years of orthopaedic experience to her clients working with KarenZupko & Associates as a consultant and speaker for 20 years. With a B.S.N. from The University of Illinois and Master’s degree from Rush University, Ms. Maley began her career in Chicago as a clinical nurse specialist managing several FDA studies. Moving to Houston in 1986, she transitioned to the business side of orthopaedics. “Front-line” experience managing orthopaedic practices gives her unique insight into the challenges facing orthopaedic surgeons and their staff on a daily basis. She is acutely aware of the importance of correct coding and accurate documentation for proper reimbursement and to minimize the risk of audit. She is recognized by her peers as a skilled communicator and for being able to sort out difficult orthopaedic coding and reimbursement issues. Ms. Maley’s fast paced humorous presentations make her a favorite of surgeons, non-physician providers, administrators and staff.



Areas of Coding and Reimbursement Expertise

- ◆ Adult Reconstruction
- ◆ Sports
- ◆ Trauma
- ◆ Arthroscopy
- ◆ Pediatric Orthopaedics
- ◆ Tumor
- ◆ Medical Necessity
- ◆ Evaluation & Management

Margaret is an instructor for the national coding and reimbursement workshops sponsored by the American Academy of Orthopaedic Surgeons with extensive experience working with private practices, employed physicians, academic orthopaedic departments, state orthopaedic societies, and as a featured speaker for: AAOS Annual Meeting, Orthopaedic Trauma Association, Musculoskeletal Tumor Society, The American Association of Hip and Knee Surgeons, Pediatric Orthopaedic Society of North America, The Western Orthopaedic Association, Gait and Clinical Movement Analysis Society.

Learning Objectives

Upon successful completion of this course, participants will be able to:

- ◆ Define what is included in global fracture care
- ◆ Describe the difference between coding rules in CPT, the AAOS GSDG, and Medicare CCI edits (used by many private payers)
- ◆ Explain the importance of appealing claims incorrectly denied
- ◆ Demonstrate the proper use of the modifier 25
- ◆ Use the “slim guide” to identify the category (first 3 characters) of ANY ICD-10 code to describe a traumatic injury
- ◆ Comprehend the correct use of the 7th character for active treatment of a fracture
- ◆ Describe the importance of reporting co-morbid conditions with the most specific diagnosis code

CPT & ICD-10 CODING CONUNDRUMS, continued

Course Agenda

8:00 am Registration

9:00 am - 12:00 pm

ICD-10-CM

What is Medical Necessity?

- How do Payers Use it to Deny Claims?
- How Do You Document It?

Injury Coding made less Painful

Fantastic Fracture Documentation

- Specifics Required to Report Your Services
- Understanding the 7th Character
- Defining Delayed Union, Non-union and Malunion

Assigning a Diagnosis Code to Co-morbid Conditions

- When and What Ones?

External Cause Codes: When Do They Help your Cause?

Patient Noncompliance: Documenting and Reporting It

What is the Difference between Aftercare and Follow-up?

1:00 pm - 4:00 pm

Current Procedural Terminology

Brief Overview of Relative Value Units (RVU's)

- How they Create a Fee Schedule
- How they Work for Employed Physicians

CPT, AAOS GSDG, and Medicare CCI Edits

- What is the Difference and What Should We Use?

Fracture Care

- Itemized vs Global Reporting
- Are you being Paid for Casting Supplies and Replacement Casts?
- Can you Report the E&M Separately?
- Medicare Rule for Fractures Treated with a Single Cast

Modifier 58: Staged Procedures Used to Report Complicated Fracture Treatment

Modifier 59: How Do You Know When to Use It?

- Is There a Difference between Medicare and Private Payers?
- What about those X Modifiers?

Appeal Strategies: How and When Should We Appeal a Denied Claim?

Modifier 25 Significant Separate Service

- Can you Report an E&M with a Joint Injection?

