E&M AND CPT CODING FOR TRAUMA SURGEONS

MARGARET MALEY, BSN, MS
Senior Consultant
KarenZupko and Associates, Inc.

PAUL T. APPLETON, MD
Course Chair

WEDNESDAY, OCTOBER 11

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

OVERVIEW

Margaret Maley from KarenZupko & Associates, Inc. is back to address the biggest coding conundrums facing orthopaedic trauma surgeons. Staged procedures, bone grafts, external fixation and fracture care are just a few of the issues addressed in the workshop. Maley will discuss Evaluation & Management coding and documentation including the correct codes to use in the ER, and the documentation required for a consultation. Level of service documentation and medical necessity, currently hot topics for audits and take backs, will also be discussed. You will not want to miss this opportunity to attend a coding course developed strictly for orthopaedic trauma surgeons and their staff. Using concrete examples and practical tools, this course offers a terrific value investment in terms of time and money. Each attendee will receive a copy of KZA's popular workbook full of specific trauma examples. Attend this course to get the answers to your most confounding coding questions.

ABOUT THE SPEAKER

Margaret Maley brings 35 years of orthopaedic experience to her clients working with KarenZupko and 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.

LEARNING OBJECTIVES

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

- Explain how medical necessity determines the physical exam performed
- Describe the requirements for using the consultation codes
- Define what is included in global fracture care
- Demonstrate the proper use of the modifier 25
- Describe the difference between coding rules in CPT, the AAOS GSDG, and Medicare CCI edits (used by many private payers)
- Explain the difference between modifier 58 and modifier 78

COURSE AGENDA

9:00am – 12:00pm
What is medical necessity?
> How do payers use it to deny claims?
> How do you document it?

Brief overview of Relative Value Units (RVU's)
> How they create a fee schedule
> How they work for employed physicians

E/M DOCUMENTATION
Categories of Service
> What do I use when I go to the ER?
> What if the patient is sent to my office by the ER physician, is it different?
> What if the patient has a new problem?

Documentation of the Key Components
> History, Physical Examination, Medical Decision Making
> Non–Physician Providers: reporting their services

1:00pm – 4:00pm
CPT CURRENT PROCEDURAL TERMINOLOGY
CPT, AAOS GSDG, and Medicare CCI Edits:
> What is the difference and what should we use?

Global Period– Tracking post–operative care
> **Modifier 25:** significant separate service
> Can you report an E&M with a joint injection?
> **Modifier 57:** How and When to use it.

Fracture Care
> Itemized vs Global reporting
> Are you being paid for casting supplies and replacement casts?
> Medicare rule for fractures treated with a single cast
> CPT Changes 2017–Closed treatment of pelvic fractures

Modifier 58: Staged procedures used to report complicated fracture treatment
Modifier 78: Return to the OR to treat a complication
Modifier 59 VS 51: Finally explained so you can understand it.