



ORTHOPAEDIC
— TRAUMA —
ASSOCIATION

COURSE AGENDA



2018 E&M and Surgical Coding Conundrums for Orthopaedic Trauma Surgeons

**Wednesday
October 17
2018**

Margaret Maley, BSN, MS
Senior Consultant
KarenZupko and Associates, Inc.

Paul T. Appleton, MD
Course Chair

Gaylord Palms in Kissimmee
(Orlando area), Florida

CME
credits will
be awarded
for your
participation
at this activity.

2018 E&M and Surgical Coding Conundrums for Orthopaedic Trauma Surgeons

OVERVIEW

Margaret Maley from KarenZupko & Associates, Inc. returns with laser focus on the big coding and documentation issues facing orthopaedic trauma surgeons. Are you getting push back from payers when fracture care is done by your PA, staged fracture care is initiated, unusual service modifier 22 is used, or external fixators are removed? Maley will review these issues along with Evaluation & Management coding and documentation problems seen across the country.

Code and document with confidence in the ER or when following a patient after they have been evaluated by another provider. 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.



LEARNING OBJECTIVES

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

- ✓ Explain how medical necessity relate to the physical exam I perform
- ✓ Describe the requirements for using the consultation codes
- ✓ 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 difference between modifier 58 and modifier 78
- ✓ Demonstrate the proper use of the modifier 25



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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.

	OTA Member On/Before 10/1/18	OTA Member After 10/1/18	Non-Member On/Before 10/1/18	Non-Member After 10/1/18
Course Fee:	\$250	\$350	\$350	\$450

2018 E&M AND SURGICAL CODING CONUNDRUMS



COURSE AGENDA

Wednesday, October 17, 2018

9:00 AM – 12 PM

What is medical necessity?

How do payers use it to deny claims?

How do you document it?

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?

Key Components for Level of E/M Service

History, Physical Examination, Medical Decision Making

E&M modifiers 24, 57 and the

NEW attention around modifier 25- understand the requirements.

12:00 PM – 1:00 PM **LUNCH BREAK**
(Box lunches will be provided)

1:00 PM – 4:00 PM

CPT CURRENT PROCEDURAL TERMINOLOGY

Brief overview of Relative Value Units (RVU's):

How they create a fee schedule

How they work for employed physicians

Global Surgical Package- tracking postoperative care

1:00 PM – 4:00 PM, *continued*

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?

Medicare rule for fractures treated with a single cast

Advanced Practice Providers-incident-to, direct, split/shared-how to document it.

Fracture Care reported by the PA or NP- Can they report it and how is the follow-up reported?

Modifier 58: Staged procedures used to report complicated fracture treatment

Debridement, delayed closure, external fixation

Modifier 78: Return to the OR to treat a complication

Modifier 59 VS 51: Finally explained so you can understand it.

Modifier 22: Unusual Service

Example 2
A patient with multi-joint arthritis presents for repeat corticosteroid injections of the left hip and right wrist for recurring pain. Ultrasound guidance is used for the hip.

Diagnosis A	M25.552 Pain in left hip	
Diagnosis B	M25.531 Pain in right wrist	
20611	Inj/asp large joint (hip) with U/S guidance	A – M25.552
20605-51	Inj/asp intermediate joint (wrist) without U/S guidance	B – M25.531
JXXXX	Medication	A and B

