Coding Update 2020: Mastering the Coding Maze  
Friday, April 3-Saturday, April 4  
SpringHill Suites at the Convention Center, Nashville, TN

Course Director:  
Donna M. Lahey, RNFA; Scottsdale, AZ

Coding Committee Chairs:  
Scott I. Horn, DO; Virginia Beach, VA  
William Mitchell, MD; Mount Laurel, NJ  
Karin R. Swartz, MD; Milwaukee, WI

Invited Faculty  
Christopher P. Kauffman, MD; Nashville, TN  
Donna M. Lahey, RNFA; Scottsdale, AZ  
Charles A. Mick, MD; Northampton, MA  
William Mitchell, MD; Mount Laurel, NJ

Gregory J. Przybylski, MD; Edison, NJ  
Jeffrey A. Stone, MD, FOCR; Jacksonville, FL  
William J. Sullivan, MD; Nashville, TN  
Karin R. Swartz, MD; Milwaukee, WI

**MANY NEW CHANGES COMING YOUR WAY: WHAT TO WATCH OUT FOR**

Take the pain out of your practice and conquer your coding challenges by attending this timely and highly interactive course led by expert physician faculty who will provide comprehensive coding information you can immediately use to maximize your profits and minimize your losses.

As coding has become increasingly more complex, this course will teach you the necessary caveats to ensure payment on initial submission thereby decreasing time spent on appeals and denials. NEW E&M coding and documentation guidelines will be reviewed as well as new changes occurring in the MIPS program. Time will be spent on how to best utilize and code for advanced practitioners in the clinic and hospital setting, new bundled payment and advanced payment models, the spine collection process, and new changes for spine coding in the outpatient and ASC settings.

The Coding Update course will take you beyond the basics, covering the latest information on CPT coding of surgical, medical and radiologic spine procedures, and working through the insurance process. Coding and reimbursement is the lifeblood of every practice, and attendees will leave this course with the necessary knowledge and critical tips on how to navigate through the prior authorization and denial and appeals processes, identify nuances that affect proper billing and cause rejected/delayed claims, utilize Medicare NCCI edits, and properly document to receive appropriate reimbursement.

Additionally, participants will have the opportunity to:

- Meet one-on-one with physician faculty who lead NASS’ CPT, RUC and reimbursement efforts;
- Examine real life cases and perform operative note dissection in the hands-on coding sessions;
- Participate in an interactive appeal and denial panel discussion with leading experts in the spine coding industry.
Audience
This course is for spine specialists, practice managers, and coders who have or need a basic understanding of ICD-10, CPT coding and the insurance billing process. Office staff and physicians are encouraged to attend the course together.

Credits
NASS designates this live activity for a maximum of 15 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American Medical Association has determined that physicians not licensed in the US to participate in this CME activity are eligible for AMA PRA Category 1 Credits™.

What’s on Your Mind? Interactive breakout sessions with faculty to ensure that no stone is left unturned and all questions are addressed by the end of the course.

Managing Denials and Appeals: During an interactive discussion on the denials and appeals process, join faculty to examine a payer policy on lumbar fusion and learn how to avoid denials, peer reviews and the murky appeals process. Faculty will present both payer and provider perspectives and answer questions, in addition to enabling attendees to present their actual appeal and denial cases for review and discussion.

Breakout Sessions: Faculty will hold two breakout forums. The first forum for advanced coders and physicians will address complex spine procedural coding and physician related practice issues. The second concurrent forum will focus on needs of coding and billing specialists’ needs regarding surgical anatomy and specific billing related issues. Faculty will address questions and issues about complex surgical procedures, spinal anatomy, Advanced Payment Models (APMs), MIPS, practice management, and more.

Objectives
Upon completion of this course, participants should gain strategies to:

- Comprehend the NEW changes coming to Evaluation & Management for 2021 and how these changes will impact your practice;
- Be familiar with the changes to MIPS, MACRA and know what to expect moving forward in 2020;
- Differentiate the types of bundled payment programs and APMs that may come into play in your practice in the future;
- Improve cash flow by reducing denials, resubmissions, and rejected claims;
- Identify problems which cause denied/delayed claims and how to prevent these issues from occurring;
- Correlate correct coding with practice reimbursement to ensure that every procedure receives the highest allowable level of reimbursement;
- Recognize the relationship between proper diagnostic (ICD-10) and procedural coding (CPT) and how to link them to avoid denials;
- Learn the elements required for complete and accurate documentation for E&M coding, and medical and surgical procedural notes;
- Know the accurate use of modifiers, the relationship between modifiers and their impact on reimbursement;
- Effectively and accurately code injection and neurologic testing procedures;
- Utilize payer reimbursement policies and guidelines to avoid claim denials and obtain proper authorization;
- Incorporate the teachings of this course into their practice.
Friday, April 3

7:30-8:00 a.m.   Registration and Continental Breakfast

8:00 a.m.   Introduction
  Donna M. Lahey, RNFA

8:00-8:30 a.m.   What’s On Your Mind?
  Faculty Panel
  Interactive breakout sessions with faculty to ensure that no stone is left unturned and all questions are addressed by the end of the course.

8:30-9:30 a.m.   Tips and Pearls for Codes and Bundling: The Inner Works
  William Mitchell, MD
  - New Codes and CPT Changes
  - Bundling: Meaning and Applications
  - CCI Edits: Bundling and Unbundling
  - Types of Codes: Primary/Add-on/Mod 51 Exempt
  - Are All Codes Equal?
  - Anatomy of and within CPT
  - Code Vignettes

9:30-10:15 a.m.   Modifiers
  Karin R. Swartz, MD

10:15-10:30 a.m.   BREAK

10:30-11:30 a.m.   22000 Series Codes
  Christopher P. Kauffman, MD

11:30 a.m.-12:30 p.m.   63000 Series Codes
  Gregory J. Przybylski, MD

12:30-1:30 p.m.   LUNCH

1:30-2:45 p.m.   Coding Dissection
  William Mitchell, MD
  - Determine Where to Start When Coding an Operative Report: Key Components
  - Examine Operative Notes, Submitted by Your Peers, for Correct Coding and Documentation

2:45-3:45 p.m.   Coding Challenges
  Donna M. Lahey, RNFA
  - HCFA 1500 Navigation
  - The Authorization Process
  - Carrier Specific Policies: Distinguish Between Medicare and Carrier Specific Policies

3:45-4:00 p.m.   BREAK

4:00-5:00 p.m.   Managing Denials and Appeals
  Moderator: Gregory J. Przybylski, MD
  Faculty Panel
  An Interactive Discussion on Surgical Denials and the Appeals Process: With two sides to every coin, join us as we examine a Payer Policy on Lumbar Fusion and learn how to avoid unwanted denials, peer reviews and the murky appeals process. Both Payer and Provider perspectives will be presented and the audience will have time to ask questions to the panel and discuss issues relevant to their practices.

5:00-6:00 p.m.   Reception: Meet one on one with faculty from the course while enjoying drinks and light hors d’oeuvres
Saturday, April 4

7:30-8:00 a.m. Continental Breakfast

8:00-9:00 a.m. Injections Coding
*William J. Sullivan, MD*
- Coding for Injection Procedures
- Nuances
- Authorization Prerequisites
- Denials
- Reimbursement and Documentation for Payment: Carrier Specific Policies

9:00-10:15 p.m. Tips and Pearls for Coding and Payment
*Donna M. Lahey, RNFA*
- Coding Tools for the Everyday Practice
- Site of Service Coding Issues: What Can I Do Where?
- The Importance of Documentation for Reimbursement: Key Spine Issues
- Appeals and Denials/Templates

10:15-10:30 a.m. BREAK

10:30-11:30 a.m. Evaluation & Management
*Christopher P. Kauffman, MD*

11:30 a.m.-12:00 p.m. Evaluation & Management Scenarios
*Christopher P. Kauffman, MD*

12:00-1:00 p.m. LUNCH

1:00-2:00 p.m. Breakout Sessions
*Faculty: Christopher P. Kauffman, MD; Donna M. Lahey, RNFA; William Mitchell, MD; Charles A. Mick, MD; Gregory J. Przybylski, MD; Karin R. Swartz, MD; Jeffrey A. Stone, MD, FACR; William J. Sullivan, MD*
- Session A: Advanced Physicians/Practitioners
- Session B: Anatomy and Injection Review for Billers and Coders

2:00-2:45 p.m. Coding for Radiographic Procedures
*Jeffrey A. Stone, MD, FACR*
- Coding for Radiographic Imaging Studies
- Coding for Tumor Ablation/Biopsies

2:45-3:15 p.m. Coding for Physician Extenders
*Karin R. Swartz, MD*

3:15-3:30 p.m. BREAK

3:30-4:15 p.m. MACRA, MIPS and More: Today’s Ever Changing Healthcare Environment
*Charles A. Mick, MD*
- What Can We Expect with the Administration?
- Government Mandates: MACRA: MIPS and APM’s Replacing EHR/PQRS/Value-based Modifier
- Penalties and Incentives for Government Mandates
- RUC/CPT Process

4:15-5:00 p.m. Alternative Payment Models: How to Survive in Today’s Healthcare Environment
*Christopher P. Kauffman, MD*
- Recent Changes to Bundled Payment Models

5:00 p.m. Course Adjourns