**Session I. E/M services – Office and Outpatient**
**Tuesday, January 21, 2020 - 10:00-11:30am (CST)**

**Overview:** Even though very few changes have been made to E/M coding over the years, it’s still important to revisit E/M documentation and coding requirements. The presenter will deliver the information from an auditor’s perspective to enhance the audiences understanding of compliant coding. Tips on avoiding documentation traps will also be covered.

**At the completion of this program:**
1. Quantify the three key components; history, exam and decision making, and identify obscure information that may further support code selection
2. Recognize the nature of the presenting problem’s impact on code selection and how it relates to audit response
3. Gain a heightened awareness of problematic documentation

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**Registration Information:**

- **Registration Fee:**
  - PHN members - $80/per session OR $210/all three sessions
  - Non-PHN members - $95/per session OR $255/all three sessions
- Registrations will be taken until one week prior to each session. Registrations following this date will be assessed a $10 late fee.
- Registration fee is per facility (no per participant fee) and will be billed on your quarterly invoice
- Cancellations will be accepted until 5 days prior to each session. If cancellation is received less than 5 days prior to the session, the applicable registration fee will be assessed.

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**Session II. E/M services – Inpatient and E/R**
**Tuesday, February 18, 2020 - 10:00-11:30am (CST)**

**Overview:** Given Medicare’s focus on high-level E/M codes in the inpatient and E/R settings, it’s important to revisit E/M documentation and coding requirements for these two code categories. The presenter will deliver the information from an auditor’s perspective to enhance the audience’s understanding of compliant coding. Tips on getting the provider to write a more thorough note will also be covered.

**At the completion of this program:**
1. Quantify the three key components; history, exam and decision making
2. Learn what other types of documents can (should) be used for code selection
3. Recognize how the nature of the presenting problem and patient’s status impacts code selection, especially with inpatient subsequent days
4. Gain a heightened awareness of problematic documentation from a compliance perspective

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**Session III. Time-based E/M Services**
**Tuesday, March 10, 2020 - 10:00-11:30am (CST)**

**Overview:** Time-based E/M coding seems like it should be clear-cut and straightforward, however, there are limitations and what can be counted, whose work can be counted, and how it gets counted. There are also some pretty hefty documentation requirements for time-based coding – one misstep could result in repayment. This session will delve into these topics and more.

**At the completion of this program:**
1. Recognize those visits that may qualify for critical care
2. Differentiate between what activities can or cannot be counted in the calculation of time
3. Explore options with prolonged care
4. Become more familiar with best practices in documenting time-based services

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**Target Audience:** Coders and Auditors working with professional (physician) coding and claims

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**Presenter: Linda Duckworth, CHC, CPC; SCBI (Soerries Coding and Billing Institute)**

Linda Duckworth has over 30 years of experience in Healthcare ranging from practice management to auditing, education and compliance. She is a featured speaker for the American Academy of Physical Medicine and Rehab (AAPM&R) at the annual assembly and has developed an online education series for their physician membership. She is well acquainted with the billing regulations of larger academic institutions and smaller Rural Health Care centers. At present, she is an Executive Managing Consultant and Compliance Officer with SCBI where she concentrates her efforts on regulatory issues, audit response, both large and small scale, and litigation support. Linda holds certifications in both compliance and coding and is a former national advisory board member to the AAPC.