



## Webinar Series: “Hot Mess 1, 2 & 3”

**September 19, 2008: 12:00 p.m. – 2:00 p.m., CST (Date changed from September 18<sup>th</sup>)**

### Oncology Revenue Cycle Integrity

**October 7, 2008: 12:00 p.m. – 2:00 p.m., CST**

### Take the CPT Coding Challenge: Outpatient Surgery

**October 22, 2008: 12:00 p.m. – 2:00 p.m., CST (Date changed from August 27<sup>th</sup>)**

### Outpatient Case Mix + Medical Necessity = ICD-9-CM Diagnosis Coding

*Webinars are relatively short (1 to 2 hours), live, interactive presentations using the Internet and telephone conferencing lines. Each registration is entitled to **One** dial-in and **One** Internet connection. If you have a projector connected to the Internet and a speakerphone, your whole team can attend for the price of one! **The price quoted is per connection.***

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### Oncology Revenue Cycle Integrity

September 19, 2008: 12:00 p.m. – 2:00 p.m., CST (New Date)

Evaluate the current revenue cycle landscape for oncology/chemotherapy departments to include the follow facets that challenge compliant claims submission: Acuity levels (E/M), chemotherapy, infusion, injection, appropriate and compliant physician orders, ICD-9-CM diagnosis codes and payable detailed drugs.

#### AGENDA:

- Understand APC reimbursement methodology for chemotherapy/oncology encounters along with appropriate UB claims submission
- Review E/M coding guidelines along with associated APC reimbursement
- Chemotherapy infusion/injection charge capture with appropriate documentation
- Identify with realities of modifier reporting and CCI edits
- Create your facility’s internal auditing techniques based upon your own data
- Participate with hands-on ONCOLOGY examples along with crucial tips
- Strengthen ONCOLOGY documentation with appropriate orders
- Can we stand up to a RAC audit in the future?

**FACULTY:** Andrea Clark, RHIA, CCS, CPCH and Roy Grubaugh, RN

### Take the CPT Coding Challenge: Outpatient Surgery

October 7, 2008: 12:00 p.m. – 2:00 p.m., CST

Outpatient surgery CPT coding is a challenge not only for the HIM staff but auditors alike! Join us for an interactive session with your team leaders and tackle some the frequently miscoded encounters based on national audit results.

#### AGENDA:

- Problematic body system review includes – Integumentary, Respiratory and Urinary
- Understand APC reimbursement methodology for ambulatory surgery encounters
- Pinpoint coding weaknesses and in turn increase CPT coding accuracy for optimal APC reimbursement
- Identify with realities of modifier reporting and CCI edits
- Create your facility’s internal auditing techniques based upon your own data
- Participate with hands-on operative examples along with crucial tips
- Strengthen incomplete operative report documentation
- Can we stand up to a RAC audit in the future?

**FACULTY:** Andrea Clark, RHIA, CCS, CPCH and Melissa Fincham, BS, CPC, CPC-H

**AUDIENCE:** Internal Auditors, HIM directors, managers and supervisors, coding team leaders, inpatient coders, outpatient coders, APC directors/managers, DRG auditors, compliance officers, Patient Finance Service (PFS) to include reimbursement revenue cycle directors/managers, APC task force and committee members, management directors of ambulatory services, medical directors, nursing management/directors, Medicare billers, case-mix managers, CDM professionals, directors/managers of ED and ancillary departments, directors/managers of Oncology/Cancer Centers

### Outpatient Case Mix + Medical Necessity = ICD-9-CM Diagnosis Coding

October 22, 2008: 12:00 p.m. – 2:00 p.m., CST (New Date)

Evaluate the current landscape of outpatient ICD-9-CM diagnosis coding for outpatient surgery, ED and outpatient/ancillary in turn strengthen facility case mix, secure medical necessity and lessening the amount of ancillary denials.

#### AGENDA:

- Review specific Outpatient Coding Guidelines
- Dissect rules with scenarios for following categories: outpatient surgery, ED and outpatient/ancillary
- Discuss the most frequent outpatient ICD-9-CM coding errors
- Answer the “burning” questions –
  - Can “arrows” and pre-printed diagnosis be translated into a ICD-9-CM code?
  - What outpatient documentation is compliant to report ICD-9-CM codes
  - Are we coding too fast? – a look at operational process and improvements
- Can we stand up to a RAC audit in the future?

**FACULTY:** Andrea Clark, RHIA, CCS, CPCH, Melissa Fincham, BS, CPC, CPC-H and Catherine (Cav) Moriarity, BS, RHIT, CCS

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**PROGRAM FEE:** *The cost of the program is PER CONNECTION, NOT PER PERSON.*

- September 19, 2008: 12:00 p.m. – 2:00 p.m., CST (New Date)**  
**Oncology Revenue Cycle Integrity**  
**Program Code: 3-756.08**  
*Per Connection . . . . . \$275*
- October 7, 2008: 12:00 p.m. – 2:00 p.m., CST**  
**Take the CPT Coding Challenge: Outpatient Surgery**  
**Program Code: 3-757.08**  
*Per Connection . . . . . \$275*
- October 22, 2008: 12:00 p.m. – 2:00 p.m., CST (New Date)**  
**Outpatient Case Mix + Medical Necessity = ICD-9-CM Diagnosis Coding**  
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