



Medical Office Staff Training Coding, Documentation and Reimbursement Workshop



PRESENTER: Lisa J. Roan
CPC, CPC-1 and AAPC Certified
ICD-10 Instructor

- 20 years experience in medical reimbursement and coding

- Certified Professional Coder (CPC), Certified Professional Biller, (CPB), Certified Risk Adjustment Coder,

Professional Medical Coding Instructor (CPC-I) and Bachelors of Science in Health Care Administration

- Appointed Subject Matter Expert for National Health Career Association

- Instructor at Mt. San Jacinto College in Menifee

- Coding and Reimbursement consultant for the IEFMC (Inland Empire Foundation for Medical Care)

TUES. OCT. 3, 2017

1:00pm - 5:00pm

Choice Medical Group

13010 Hesperia Rd., Ste. 100

Victorville, CA 92392

WEDS. OCT. 11, 2017

1:00pm - 5:00pm

Inland Empire Health Plan

10801 Sixth St.

Rancho Cucamonga, CA 91730



This program has the prior approval of AAPC for 4 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

Special introduction by **Mitzi Young, SBCMS Physician Advocate: "Benefits of Membership in SBCMS and CMA"**



FEE:

\$75
member or
member staff

\$145
non member

Lunch
will be
served!

For all medical staff and coders:

***Relying on EHR to code: does it help or hurt?**

- ICD-10-CM: defining medical necessity to meet requirements
- CPT: key components and annual wellness visit

***Reimbursement: Are you over- or under-coding?**

- Explanation of benefits / remittance advice - connecting the dots
- Hierarchical Condition Category (HCC) coding - payment methodology and risk

***Are you confident about your documentation?**

- Do your notes support selecting codes based on medical record content?
- Different methodology - fee for service vs. risk adjusted contracts

To register, please scan, fax or mail the completed information below to jsolorio@sbcms.org; 909-335-4800-fax; 1859 W. Redlands Blvd., Redlands, CA. 92373. Or register online at <http://www.sbcms.org/events>.

Name: _____ Physician Office or Group: _____

Office Address: _____ City, State, Zip: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Enclosed is my payment of \$ _____ Check payable to SBCMS _____ Visa / Mastercard / Amex / Discover _____

Card Number: _____ Authorized Cardholder Name: _____

Exp. Date: _____ CCV Code: _____ Charge Amount: _____ **Oct. 3:** _____ **Oct. 11:** _____ Vegetarian Lunch?: _____

Billing Address: _____ City, State, Zip: _____

San Bernardino County Medical Society

1859 W. Redlands Blvd. -- Redlands, CA 92373 -- 909-273-6000 -- www.sbcms.org