



American Academy of
Professional Coders

Approved for CMEs



2010 AAPC National Conference

The Business Side of Medicine

Nashville, Tennessee
June 6–9, 2010

This program has been approved for 15.75 AMA PRA Category 1 Credits



Schedule

Sunday, June 6

Conference Welcome | 2–3 p.m.

Legal Trends and Issues | 3:15–5:15 p.m.

Monday, June 7

Conference Address - AAPC CEO Reed Pew | 8–8:45 a.m.

Keynote Presentation | 8:45–9:45 a.m.

Breakfast with Exhibitors | 9:45–10:45 a.m.

Breakout Session One | 10:45 a.m.–12:15 p.m.

Lunch with Exhibitors | 12:15–1:30 p.m.

Breakout Session Two | 1:30–3 p.m.

Breakout Session Three | 3:15–4:45 p.m.

Reception with Exhibitors | 5–7 p.m.

Tuesday, June 8

Breakfast with Exhibitors | 7:30–8:30 a.m.

General Session | 8:30–9:30 a.m.

Breakout Session Four | 10–11:30 a.m.

Member Appreciation Luncheon | 11:30 a.m.–1:30 p.m.

Breakout Session Five | 1:45–3:15 p.m.

Breakout Session Six | 3:30–5 p.m.

Wednesday, June 9

Breakfast with Exhibitors | 8–9:30 a.m.

General Session | 9:30–10:30 a.m.

Breakout Session Seven | 10:45 a.m.–12:15 p.m.

Lunch with Exhibitors | 12:30–2 p.m.

Breakout Session Eight | 2–3:30 p.m.

Pre-Conference Events

Friday, June 4

CPMA Training (Provided by NAMAS) | 8 a.m.–5 p.m.

Auditing is a vital part of the compliance of medical practices today. A certification in auditing will open a variety of job opportunities in the field of consulting, compliance, and medical auditing. This class will be taught over a two-day period; you may register to sit for the exam at the conference.

Saturday, June 5

CPMA Training—Day 2 | 8 a.m.–5 p.m.

Teach the Teacher Workshop | 8 a.m.–5 p.m.

Classroom-style instruction allows you to structure classes that motivate your students, and allows them to become active participants in the coding process from beginning to end.

CIRCC Exam Preparation Course | 8 a.m.–4:30 p.m.

This intense and comprehensive review of the interventional radiology and cardiovascular specialty is taught by Dr. David Zielske and Dr. David Dunn of ZHealth Publishing, and includes a course workbook.

Examinations—CPC, CPC-H, CPC-P, CIRCC, CPMA or Specialty-Specific | 8 a.m.–1:30 p.m.

ICD-10 Hands-on Workshop (Presented by Contexto) | 9 a.m.–1:30 p.m.

This course gives you a personal introduction to ICD-10 to help you be prepared for the upcoming implementation.

Local Chapter Officer Training | 10 a.m.–1 p.m.

Conference Program

2010 NASHVILLE NATIONAL CONFERENCE AMERICAN ACADEMY OF PROFESSIONAL CODERS GAYLORD OPRYLAND RESORT NASHVILLE, TENNESSEE JUNE 6–9, 2010

The AAPC invites you to attend our 2010 National Conference, developed especially for you and your physician, at the Gaylord Opryland Resort in Nashville, Tennessee, June, 6–9, 2010.

In today's environment of increased regulation and reduction in payments to physicians, it is vital that you have all the tools necessary for success. This includes being able to capture all billable charges, limit audit risk and recover lost revenue. Proper documentation and coding is the key.

The AAPC's four-day National Conference offers a wealth of information on a variety of topics such as ICD-10 implementation, compliance issues, medical record documentation and recovery audits. You will take away an increased understanding of what it takes to avoid the pitfalls of lost revenue.

Highlights

- Eight educational sessions
- 18 CEUs through the AAPC
- 15.75 AMA PRA category 1 credits (see page 28 for details)
- 21.6 Contact Hours by the California Board of Registered Nursing
- Breakfast and lunch served Monday, Tuesday and Wednesday

The AAPC — Your Coding Experts

The AAPC has been training and certifying health care professionals for over 20 years and is the leading credentialing organization in medical coding and billing. Thank you for joining the AAPC at the spectacular Gaylord Opryland Resort for four days of practical instruction on the topics crucial to your practice's success.

Please look over the conference program detailed on the following pages, including session and presenter information. Then return your completed Registration Form (found on page 29) to reserve your seat. If you have any questions or want more information, feel free to contact us at 800-626-2633, option 4, or email melanie.mestas@aapc.com.



Hotel Information

Gaylord Opryland Resort | 2800 Opryland Dr. Nashville, Tenn. | 888-777-6779
www.gaylordhotels.com/gaylord-opryland

Sunday, June 6

Conference Welcome—Country Coding Jamboree | 2–3 p.m.

Terry Leone, CPC, CPC-P, CIRCC, CPC-I

Course Description

Join new National Advisory Board president Terry Leone and the rest of the board as they set the Nashville Conference in motion. They'll start the whoopin' and hollerin' off with a bang and maybe even throw in a little boot scootin' boogey!

Legal Trends and Issues | 3:15–5:15 p.m.

AAPC Legal Advisory Board

Course Description

Members of the AAPC's Legal Advisory Board offer their insights into today's and tomorrow's most pressing legal concerns for medical practices and facilities facing increased financial scrutiny and regulation. Come armed with questions that can be presented in an atmosphere of anonymity.

Monday, June 7

Conference Welcome | 8–8:45 a.m.

STATE OF THE AAPC

Reed Pew, President and CEO, American Academy of Professional Coders

Keynote Presentation | 8:45–9:45 a.m.

Breakfast with Exhibitors | 9:45–10:45 a.m.

Breakout Session One (select one) | 10:45 a.m.–12:15 p.m.

1A — URODYNAMICS PRIMER: INDICATIONS, PROCEDURE AND CODING

Cynthia A Trapp, CPC, CPC-I; Abraham Morse, MD

Course Description

In this session, we will review the clinical situations in which urodynamic evaluations are typically used. Dr. Morse will provide cases and descriptions/illustrations of the various parts of the procedure. We will review the basic structure and application of urodynamics codes, and there will be plenty of time for questions.

Course Objectives

- Examine the need and techniques for urodynamics testing
- Review what makes up these tests to assure proper understanding
- Identify correct coding depending on each situation.

The AAPC is the nation's largest medical coder training and certification association, with over 85,000 members, of which more than 60,000 are certified.

The AAPC offers training, certification, employment resources and continuing education for coders through local chapters, workshops, publications and conferences.

With increased regulation and reduction in payments to physicians, the need for certified coders who can better capture lost revenue and diminish post-payment risk has never been greater.

Monday Session One, Continued

1B — CODING FOR HAND PROCEDURES

Cynthia A Everlith, CPC

Course Description

This course will focus on trauma injuries to the hand. We will present a 180-degree picture using actual case studies — from injury to repair to coding the case. You will be a hand-coding aficionado by the time we are done.

Course Objectives

- Identify codes normally reported for serious hand injuries
- Understand the evaluation, treatment, and documentation of complex hand wounds
- Review case presentations to identify the most accurate and compliant coding

1C — NEUROVASCULAR/INTERVENTIONAL CODING

David Zielske, MD, CPC-H, CIRCC, CCC

Course Description

This session will review CPT coding as it pertains to neurovascular interventional procedures. A basic review of catheter placement guidelines, imaging documentation, and bundling issues with some interventions will be discussed, along with many catheter-based neurointerventional procedures performed in labs around the country. We will include numerous anatomical discussions, review angiographic images, and practice coding several complex neurointerventional cases. The session will invite questions throughout these reviews. Audience participation is encouraged.

Course Objectives

- Understand catheter placement and diagnostic imaging codes pertaining to the neurovascular system
- Review the myriad complex interventional procedures performed in the CNS vascular system and their correct coding
- Understand bundling issues faced when coding complex neurointerventions
- Review the documentation necessary for accurate coding for neurointerventional procedures

1D — RED FLAG RULES

Rose Moore, CPC, CPMA, CPC-I, CEMC

Course Description

As part of the Fair Credit Reporting Act of 2003, the Federal Trade Commission (FTC) and other regulatory agencies have issued joint regulations — commonly referred to as the Red Flag Rules — regarding the detection, prevention, and mitigation of identity theft. Although banks, financial institutions and debit/credit card companies are most affected by the Red Flag Rules, some of the obligations apply to other entities considered creditors, including health care providers. By establishing an account that permits a patient to make multiple payments, a health care provider is considered a creditor maintaining covered accounts, and is subject to certain provisions of the Red Flag Rules. Such health care providers are required to implement a written medical identity theft program.

Course Objectives

- Learn to identify a Red Flag
- Learn how the Red Flag Rules affect your practice
- Learn the difference between HIPAA and Red Flag security rules
- Adopt practical tools such as action plans, policies and procedures
- Learn implementation techniques to assist your office
- Assure compliance with these new federal regulations

Monday Session One, Continued

1E — RACS, MICS, PSCS/ZPICS & MFCUS

Anna M. Grizzle, Esq.

Lynn Keaton-Cockrell, CPC, CPC-H, CPC-I, CEMC

Course Description

This session will focus on approaches and options for health care providers seeking to address Zone Program Integrity Contractor (ZPIC), formerly known as Program Safeguard Contractor (PSC), Recovery Audit Contractor (RAC), and Medicaid Integrity Contractor (MIC). Learn about objectives and differences of these audit initiatives; key target areas; examples of common mistakes that trigger these audits; how to avoid common mistakes; use of NCDs and LCDs to ensure appropriate documentation; and managing the appeals process to minimize financial risks.

Course Objectives

- Examine and overview, seeing objectives and differences of these audit initiatives
- Identify key target areas for each
- See examples of common mistakes that trigger these audits
- Learn recommendations on avoiding common mistakes
- Practice the use of NCDs and LCDs to ensure appropriate documentation
- Manage the appeals process to minimize financial risks

1F — CARE FOR THE PATIENT WITH A CHRONIC CONDITION

Shelton Hager, MD, CPC, CPMA

Course Description

This session will show you how to document, or help your physicians document, the clinical information they manage in a chronic visit. When a physician examines a patient with a chronic condition, he/she may not document all the medical decision components. Dr. Hager will demonstrate what happens in the exam room, and through this session, help attendees learn what often has not been documented.

Course Objectives

- To review the current guidelines for hypertension, hyperlipidemia and diabetes mellitus
- To review common areas that are missed when conducting an office visit
- To help providers appreciate the "Oh, by the way" or "doorknob" questions

1G — TEACHING PHYSICIAN GUIDELINES

Barbara A Love, CPC, CPC-H

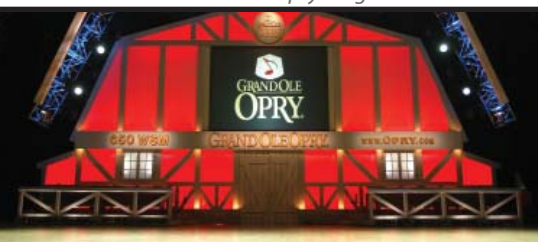
Course Description

This presentation will review the Teaching Physician Guidelines for evaluation and management services, primary care exception areas and surgery. We will also give the background of the guidelines.

Course Objectives

- Review the guidelines to guarantee understanding
- Discuss appropriate attestations when working with residents/fellows in providing E/M service in primary care exception sites and when performing surgery
- Review endoscopy procedures; minor, high risk and complex procedures requirements for single surgeries; and two overlapping surgeries

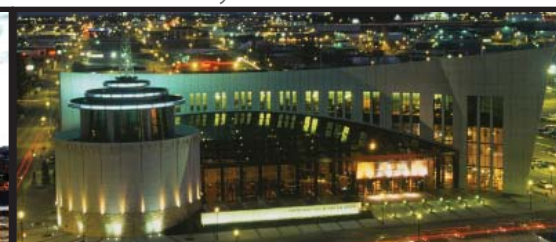
Grand Ole Opry Stage



General Jackson Showboat



Country Music Hall of Fame



Lunch With Exhibitors | 12:15–1:30 p.m.

Breakout Session Two (select one) | 1:30–3 p.m.

2A — CHALLENGES IN REIMBURSEMENT FOR SPINAL CODING

Kimberley Jean Pollock, CPC

Course Description

Are you breaking your back trying to understand laminectomy and fusion codes like these? 1.) 22851 vs 20931 — The doctor dictated placement of a device but does the device really constitute use of 22851 or is the correct code 20931? Explore the controversies, understand the products and learn the correct coding. 2.) Interspace vs. Segment — confused whether to bill the procedure using the number of interspaces or vertebral segments? You aren't alone.

Course Objectives

- Describe the difference between CPT 22851 and 20931
- Identify at least two vendor products for 22851 and 20931
- Apply correct coding principles to laminectomy and fusion codes
- Discuss the coding dilemmas surrounding the posterior lumbar interbody fusion code 22630

2B — MINIMALLY INVASIVE OFFICE PROCEDURES

Brian Dobbins, MD

Kerin Draak, MS, RN, WHNP-BC, CPC, CEMC, COBGC

Course Description

Female patients increasingly are seeking out less invasive methods of treating gynecologic issues. This allows physicians to treat more women in an office or outpatient setting. This lecture will review these procedures, their indications and the coding implications.

Course Objectives

- Review new trends in office and outpatient gynecology
- Review procedures expanding minimally invasive treatment options for women
- Discuss the coding and billing challenges minimally invasive procedures present

2C — BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Susan Ward, CPC, CPC-H, CPC-I, CEMC, CPCD, CPRC

Course Description

Join us as we take a look at several different types of breast reconstruction following mastectomies. Our discussion will include immediate and delayed reconstruction with tissue expanders and latissimus dorsi flap and TRAM flap reconstructions. There will be pictures and detailed explanations to understand the proper coding of these incredible surgeries.

Course Objectives

- Understand the proper use of CPT codes 19340–19380 in addition to the proper ICD-9-CM codes
- See real-life operative reports to best understand the documentation needed for proper coding

Monday Session Two, Continued

2D — ICD-10 IMPLEMENTATION HURDLES

Rhonda Buckholtz, CPC, CPC-I, CPMA, CENTC, CGSC, COBGC, CPEDC

Course Description

We will go over what issues abound in the implementation of ICD-10. Learn what to look for in your practice or facility during the planning and implementation phases such as gap analysis, business plans, documentation issues and communication. This session is a must for anyone involved in implementation.

Course Objectives

- Understand the clinical documentation issues in ICD-10
- Learn how to perform a gap analysis
- Understand how to develop a business plan for ICD-10 implementation
- Learn what to expect during the implementation process

2E — CODING AND BILLING ISSUES FOR ASC FACILITIES

Stephanie G Ellis, CPC

Course Description

This session will provide useful information on everyday issues that arise related to coding and billing issues for Ambulatory Surgery Center (ASC) facilities. Some issues to be covered include Medicare compliance issues, correct modifier usage for ASCs, terminated procedures, procedures not on the Medicare ASC List, documentation issues, correct coding/billing of implants in ASCs, revenue codes and procedures frequently miscoded in ASCs.

Course Objectives

- Learn how to code and bill in a more compliant manner and not leave money on the table when billing ASC procedures
- Learn to avoid documentation issues that cause coding errors/discrepancies in coding for ASCs
- Learn the ins and outs of Medicare rules for billing terminated procedures
- Learn how to correctly use modifiers for ASC billing to cut down on billing errors and help reduce denials
- Learn about fraud and abuse issues for ASCs
- Discuss RAC audits and how to respond to them

2F — HOT BUTTONS - PAYERS

Jonnie Massey, CPC, CPC-P, CPC-I, CPMA

Course Description

This quick-hit session will deliver red flags and coding tips for emerging trends that may trigger an audit. Learn about the miscoded services and procedures that are getting attention. You may be surprised at what may cost you money in audit paybacks.

Course Objectives

- Identify areas where you may find miscoding
- Learn about steps you can take to ensure correct coding and billing
- Take home codes and scenarios to watch out for

“I appreciate the way the lunches/breaks are set up so the attendees ‘have’ to walk by your booth.”

– 2009 National Conference Exhibitor

Monday Session Two, Continued

2G — AUDITING E/M SERVICES

Raemarie Jimenez, CPC, CPC-I, CPMA, CANPC, CRHC

Course Description

Practice makes perfect. In this session, as we audit E/M notes we will discuss the gray areas in selecting the appropriate E/M services. 1995 and 1997 CMS Documentation Guidelines will be discussed, as well as tools you can use to become proficient in auditing E/M services.

Course Objectives

- Audit notes using 1995 and 1997 Documentation Guidelines
- Audit notes using the 1997 Documentation Guidelines
- Review gray areas in selecting E/M codes
- Review tools to obtain proficiency in selecting E/M codes

Breakout Session Three (select one) | 3:15–4:45 p.m.

3A — ABDOMINAL SURGERY FROM THE SURGEON'S VIEWPOINT

Shelly M Cronin, CPC, CANPC, CGIC, CGSC

Jason Wellen, MD

Course Description

Enter the exciting world of the OR and learn about different abdominal surgeries for the kidneys and pancreas. Learn from a surgeon about how these procedures are performed and what one actually looks like through a video and slide presentation. Then, translate this OR experience into ICD-9-CM and CPT coding and documentation guidelines.

Course Objectives

- Learn the anatomy of the kidney and pancreas
- Understand the surgical procedures for these organs
- Learn the common ICD-9-CM and CPT coding along with different guidelines and tips for coding these procedures

3B — PERCUTANEOUS BIOPSIES, DRAINAGES AND ARTHROGRAMS

Terry Leone, CPC, CPC-P, CIRCC, CPC-I

Course Description

We'll review the coding rules for percutaneous biopsies, abscess/fluid drainages, and arthrograms, including image guidance and modifiers. We will examine the differences between joint injections, arthrography and joint pain management.

Course Objectives

- Review the surgical CPT Supervision and Interpretation codes and guidelines
- Review correct modifier usage
- Review billing/coding rules

3C — PEDIATRIC CODING

Lisa L Jensen, CPC, MHBL, FACMPE

Course Description

Learn about common pediatric procedural coding with modifiers, well visits, immunizations and complex care of medically fragile children in both the outpatient hospital and inpatient settings.

Course Objectives

- Learn how to better code for the appropriate reimbursement
- Learn codes for high-risk and medically fragile children
- Understand what documentation is necessary to code accurately

Monday Session Three, Continued

3D — THE PATIENT-CENTERED MEDICAL HOME

Nancy M Enos, CPC, CPC-I, CEMC

Course Description

Learn about the Patient-Centered Medical Home (PCMH), a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime, maximizing health outcomes.

Course Objectives

- Learn the history, components and benefits of the PCMH
- Understand how to manage the transition to the PCMH
- Discuss demonstration projects and reimbursement, including CMS incentives (PQRI and E-prescribing) and NCQA
- Review current CPT reimbursement for patient oversight and guided care

3E — HANDLING POTENTIAL OVERPAYMENT AND "VOLUNTARY" REFUND SITUATIONS

Timothy P Blanchard, JD

Georgette Gustin, CCS-P, CHC, CPC

Course Description

Handling potential overpayment situations has become more challenging than ever with recent changes in false claims law. This session addresses these changes and how to evaluate provider refund obligations.

Course Objectives

- Understand the implications of recent changes in the law affecting overpayment situations
- Appreciate the implications of audit design considerations
- Understand the importance of documenting compliance reviews and appropriate disclosures with voluntary refunds
- Identify and avoid common missteps in handling overpayments

3F — ADVANCED ICD-9-CM CODING

Rhonda Buckholtz, CPC, CPMA, CPC-I, CENTC, CGSC, COBGC, CPEDC

Course Description

Proper ICD-9-CM coding is crucial when it comes to getting claims paid and being in compliance with HIPAA coding standards. Learn from the experts what the top bad habits are in diagnostic code selection and how to attain a higher degree of accuracy and compliance in your coding.

Course Objectives

- Discover how to pinpoint ICD-9-CM coding guidance in the index, tabular section, appendices and tables within the code book
- Learn why coding just enough to meet medical necessity requirements is not enough
- Learn what some of the most common advanced diagnostic coding errors are

Gaylord Opryland Delta Atrium



Gaylord Opryland Garden Conservatory



Gaylord Opryland Delta Atrium



Monday Session Three, Continued

3G — RADIATION ONCOLOGY

Lashelle Walker-Bolton, CPC, CPC-H, CPC-I

Course Description

This presentation will focus on specialty procedures performed within radiation oncology care. We will briefly discuss IMRT, IGRT, HDR, SRS, and SBRT procedures, reviewing the CPT description and coding guidelines for specialty procedures within radiation oncology.

Course Objectives

- Review appropriate modifier usage and discuss standard bundling issues
- Receive the most up-to-date industry standards for radiation oncology
- Understand how the various elements of care fit together

Reception with Exhibitors | 5–7 p.m.

Tuesday, June 8

Breakfast with Exhibitors | 7:30–8:30 a.m.

General Session | 8:30–9:30 a.m.

ICD-10-CM, THE TIME TO BEGIN PREPARATION IS NOW

Deborah Grider, CPC, CPC-H, CPC-P, CPMA, CPC-I, CEMC, COBGC, CPCD, CCS-P

Course Description

ICD-10-CM is the diagnostic coding system that will replace ICD-9-CM. How can we seamlessly move from a system with 17,500 codes to a system with 155,000 codes? We'll give you some ideas. We will discuss preparation of implementation and analysis of ICD-10-CM for physician practices, hospital departments and payers small or large. This session will provide a basic understanding of the new classification's conventions, guidelines, and specifications; develop your familiarity with new terminology; help you understand the latest regulatory issues involved with the conversion to ICD-10-CM; and provide guidance as to steps you can take to get ready.

Breakout Session Four (select one) | 10–11:30 a.m.

4A — BRAIN SURGERY

Kimberley Jean Pollock, CPC

Course Description

Learn neurosurgery coding with the nation's leading neurosurgery coding expert. An overview of neurosurgical procedures — brain, spine and peripheral nerve surgery — and how to choose the right code will be discussed. Brain tumors, aneurysms, endoscopic vs. open skull base surgery, and shunts are just a few of the cranial coding topics included. An overview of spine surgery coding will be presented including codes for discectomy, laminectomy, fusion, instrumentation, and bone grafts.

Course Objectives

- Discuss the coding principles for cranial, spine and peripheral nerve surgeries
- Name three activities included — and three not included — in the global surgical package for neurosurgical procedures

Tuesday Session Four, Continued

4B — PERCUTANEOUS CARDIAC INTERVENTIONS FROM THE PHYSICIAN'S POINT OF VIEW

Donald Slider Crumbo, MD

Course Description

An overview of percutaneous cardiac interventions will include rationales and techniques for services including angioplasty, bare metal and drug eluting stents, rotational and directional atherectomy, and ancillary procedures such as intravascular ultrasound and fractional flow reserve. Percutaneous valve therapies, including valve replacement, will be discussed as well as ASD/patent foramen closure and VSD repair.

Course Objectives

- Recognize and identify the difference between angioplasty, stent placement and atherectomy
- Understand the use of IVUS and FFR in the catheter lab
- Be able to describe the present state and future direction of percutaneous valvular procedures and device implantation

4C — PREVENTIVE/SICK VISITS SAME DAY

Brenda Chidester-Palmer, CPC, CPC-I

Course Description

This session will tackle the issues of performing a sick visit on the same day as a preventive visit. Many physicians perform both services, but do they document both? Join us as we discuss CPT guidelines, CMS/Medicare guidance, third-party payer policy, and documentation issues.

Course Objectives

- Define and determine what a "significant" problem is
- Understand why documentation matters in this scenario and what the reimbursement issues are

4D — FROM CODER TO REVENUE CYCLE SPECIALIST — HOW TO MAKE IT IN TODAY'S ECONOMY

Cindy Feickert, CPC, CPC-I

Course Description

This presentation will educate you about the revenue cycle and the new role of the coder, including how to manage the revenue cycle from coding through denials. Participants will come away from the presentation with new ideas about how coders can affect the revenue cycle, including report samples and goals and objectives for coders.

Course Objectives

- Discuss in detail the medical professional billing cycle, including where coding fits in the revenue cycle
- Describe what the role of the coder is and how they affect the revenue cycle to maximize reimbursement
- Learn practical tools for management and implementation of the coder as a revenue cycle specialist and tools for the practice

4E — COMPLIANCE PRIMER: UNDERSTANDING THE FRAUD AND ABUSE ENFORCEMENT ENVIRONMENT

Julie E Chicoine, Esq, RN, CPC

Course Description

This presentation will provide an overview of basic principles regarding the current health care fraud enforcement environment, including an overview of federal fraud and abuse laws and Office of Inspector General (OIG) compliance program requirements as well as OIG enforcement provisions, such as corporate integrity agreements and similar settlement agreements.

Course Objectives

- Understand key federal laws and regulations governing health care fraud and abuse
- Understand the OIG compliance program elements and how to ensure ongoing compliance and/or implementation
- Learn fraud and abuse areas of risk relevant to physician practices
- Review compliance implications arising from health care reform

Tuesday Session Four, Continued

4F — YOUR ROLE IN THE HEALTH CARE ANTI-FRAUD ARENA

Margaret Louise Chambers, CPC

Course Description

This presentation will cover what a Special Investigation Unit (SIU) does in the payer world, common schemes seen in health care fraud and abuse, and the need for investigators to be certified coders for effective investigations and provider education. There will be case examples.

Course Objectives

- Be able to describe the function of a SIU
- Define the key responsibilities of a coder in the SIU
- Understand the role of the RN/coder

4G — AUDITING EMRS: CHALLENGES FOR USERS AND AUDITORS

Lynn Marie Myers, MD, CPC

Course Description

As more and more physicians implement electronic medical records (EMRs) into their practices, new challenges arise. Hear one group's experiences with these challenges and how they equip their providers with the knowledge and support to overcome the audit hurdles of EMRs.

Course Objectives

- Discuss integrity issues in EMRs, including authorship, auditing, documentation and patient identification accuracy
- Discuss the E/M challenges regarding key components from the dual perspective of user and reviewer
- Discuss inherent flaws in EMRs that create challenges for users and auditors

Member Appreciation Luncheon | 11:30 a.m.–1:30 p.m.

Breakout Session Five (select one) | 1:45–3:15 p.m.

5A — EMERGENCY PHYSICIAN CODING

Samantha Mullins, CPC, CPC-I

Course Description

Details on the how, what and why of ER documentation and code selection will be given, as well as what the physician should document and what coders should look for to capture it.

Course Objectives

- Learn the how, what and why of emergency coding
- Become familiar with vital clues in documentation that will make your coding more accurate
- Understand the documentation guidelines

5B — CODING FOR FOOT AND ANKLE

John Hahn, DPM, NP

Jonnie Massey, CPC, CPC-P, CPC-I, CPMA

Course Description

Explore the anatomy of the foot and ankle with a podiatrist and coder. Learn about common foot and ankle conditions and how to properly code them. Both codes and pictures of procedures will be reviewed as well as diagnosing common foot and ankle ailments.

Course Objectives

- Learn to properly identify anatomy of the foot and ankle for accurate identification and coding
- Understand common foot and ankle conditions
- Understand the difference between covered services and potentially non-covered services

Tuesday Session Five, Continued

5C — HEART VALVE REPAIR & REPLACEMENT

Betty Johnson, CPC, CPC-I, CIC, CPC-H, CCS-P, PCS, RMC, CCP, CPCD

Course Description

This session will cover heart valve repairs and replacement procedures. CPT guidelines for these procedures, along with modifiers, will be discussed. Color surgical photos of various cases and a videotaped procedure will be shown to enhance the learning experience.

Course Objectives

- Learn the valves of the heart, how they work, and common diseases of the valves
- Learn CPT codes and guidelines regarding valve procedures

5D — THE EMPHASIS IS ON QUALITY: PQRI

Teresa Renea Bolden, CPC

Course Description

As Medicare transitions to becoming an active purchaser of health care services, physicians are being petitioned to report on the quality care they commonly provide. During this Physician Quality Reporting Initiative (PQRI) session, we will reveal key components of successful reporting that will help ensure an incentive bonus payment. We will expose the hidden agenda of reporting and how not reporting will impact your practice.

Course Objectives

- Understand the PQRI reporting program and what the requirements are for the 2010 reporting period
- Learn essential steps that will lead to successful reporting

5E — ANESTHESIA CODING

Shelly M Cronin, CPC, CANPC, CGIC, CGSC

Course Description

Join us for a tour of anesthesia coding. You will learn about the procedures performed by anesthesiologists and review documentation and coding guidelines as well as what is considered billable and what is not.

Course Objectives

- Learn the different equipment and techniques used for different procedures
- Learn the required documentation and where to find it on an anesthesia note
- Discuss common mistakes and missed billing opportunities

5F — SETTING UP AND MAINTAINING A WORKING COMPLIANCE PLAN

Edith Sunderland, CPC

Course Description

Learn how to effectively enable your organization to anticipate and manage business risk while more effectively delivering value. You will return to your practice with the tools and information necessary to set up or update your own compliance plan.

Course Objectives

- Know the seven steps of building a compliance plan
- Understand how to put the plan into action and how to keep the plan from gathering dust
- Learn when and what to audit, including when to perform a focused audit vs. random audit
- Understand who to inform of the results of an audit and how to follow through on completion of the audit
- Learn the ins and outs of auditing teaching physicians

Tuesday Session Five, Continued

5G — HCPCS

Jolayne Kay Fisher, CPC, CPC-H, CPC-P

Course Description

Have you ever wondered how and why HCPCS Level II codes are created? So do we! Come hear more about this mysterious process and how it works. We'll cover everything from A through S and a few in between.

Course Objectives

- Learn the process for creating new HCPCS codes
- Understand how HCPCS codes are used in different sites of service and when HCPCS codes are used for payment

Breakout Session Six (select one) | 3:30–5 p.m.

6A — ANTERIOR TOTAL HIP ARTHROPLASTIES

Tara A Downes, CPC

Course Description

Learn about an exciting and innovative new muscle-sparing technique for total hip arthroplasties (THA) that drastically reduces all aspects of patient recovery and post operative complications due to posterior dislocations. Video and intraoperative photographs will be presented.

Course Objectives

- Understand hip arthroplasties and problems associated with them
- Review new technology and discuss associated improved patient outcome
- Learn coding for Anterior THA and revisions

6B — UNDERSTANDING VARICOSE VEIN SURGERY

Andrew A Bonin, MD, CPC

Course Description

This presentation reviews the basic anatomy and pathology of varicose vein problems and the most common vascular procedures performed in treating them. Primary focus is on anatomy and pathology to help in varicose vein surgery code selections.

Course Objectives

- Describe basic venous anatomy of legs, including flow for deep, superficial and communicating systems
- Describe the basic anatomic problem with an incompetent vein and what is meant by a varicose vein
- Describe the primary medical complications of venous insufficiency disease
- Describe the most common procedures to treat venous insufficiency diseases, including radiofrequency and laser ablation, sclerotherapy, and microphlebectomy



Tuesday Session Six, Continued

6C — NPP DOCUMENTATION: WHAT ARE THEY LOOKING FOR?

Caroline Wolbrecht, CPC, CPC-I

Course Description

This presentation will help physicians and coders gain an overall understanding of the three basic ways to report non-physician practitioner (NPP) services – direct, incident-to, and shared/split services. We will also discuss CMS transmittal 1776 guidelines.

Course Objectives

- Define NPPs and learn the difference between NP and PA
- Learn about collaborative reports and who needs one
- Learn what NPPs are allowed to bill for, where they may perform services and how those services are reported
- Review CMS transmittal 1776

6D — ANATOMY OF PRACTICE MANAGEMENT

Michael J Doyle, CPC, CPC-I

Course Description

This presentation will help coders prepare for the next step in their careers in the management of a practice. It will cover the financial, compliance, insurance reviews, human resources, and legal aspects of a practice that are necessary for a successful practice.

Course Objectives

- Prepare coders for the next step in their careers
- Gain a basic understanding of the principles of practice management
- Learn how to manage a successful practice

6E — EMERGENCY DEPARTMENT FOR THE FACILITY

Raemarie Jimenez, CPC, CPMA, CPC-I, CANPC, CRHC

Course Description

This session will review the selection of E/M levels for ED facility services, coding for procedures, and hierarchy for reporting drug administration and proper use of modifiers. We will discuss how to maintain compliance with codes selected and how to capture all appropriate charges.

Course Objectives

- Discuss EM code selection for ED facility services
- Discuss common procedures performed in the ED and select the appropriate procedure codes and modifiers
- Discuss strategies to capture all charges for services rendered in the ED

Tuesday Session Six, Continued

6F —PAYERS, ICD-10 AND YOU

Julia Croly, CPC, CPC-P, CPC-I

Angela C Boynton, CPC, CPC-H, CPC-P, CPC-I

Course Description

Presenting ICD-10 from the payer perspective! No one doubts that ICD-10 will heavily impact all departments within the payer organization. Expect a broad overview of the areas that will be most heavily impacted by the ICD-10 transition. We will discuss the challenges faced by payers in developing implementation plans, and look at how the 5010 transition will impact EDI transactions, claim processing, and how it is instrumental to the success of any organization's ICD-10 game plan. If you work for a payer and are looking for guidance in developing an implementation plan, then this is the class for you!

Course Objectives

- Learn compliance responsibilities
- Be able to demonstrate an understanding of ICD-10 coding structure
- Learn how the new requirements will impact administrative and business operations
- Gain awareness of the logical steps for successful implementation
- Be able to create an effective implementation solution and road map

6G — SURGICAL CHART AUDITING

Shannon O'Tyson Smith, CPC, CPMA, CPC-I, CEMC

Course Description

You know the ins-and-outs of E/M auditing, but are you sure about surgical records? The provider must document the surgical case in maximum detail as well as choose the proper coding and modifier usage.

Course Objectives

- Learn the required documentation components of a surgical encounter
- What documentation is needed when surgical modifiers are used on a case?
- The documentation requirements for surgical assists and co-surgeons
- Learn the risk management audit objectives of a surgical encounter

Wednesday, June 9

Breakfast with Exhibitors | 8–9:30 a.m.

General Session | 9:30–10:30 a.m.

RX FOR SANITY: TRIAGE, LOVE AND LAUGHTER!!

Patricia Raymond, MD, FACP, FACG

Course Description

We advise others to slow down, eat right and exercise, but we don't follow our own prescription! Come join this physician who 'mans' the trenches of hectic schedules, managed care and deficient personal time as she shares her secrets to relax, renew, and rejuvenate. Based on Dr Raymond's book *Don't Jettison Medicine: Recuscitate Your Passion for the Career You Loved*. Inject a dose of laughter and joy into your staff!

Breakout Session Seven (select one) | 10:45 a.m.–12:15 p.m.**7A — OTOLARYNGOLOGY CODING CLIPS***Mary Legrand, RN, MA, CPC, CCS-P***Course Description**

Does your nose know when it smells the right CPT code? Listen to this nationally recognized expert in the field address controversial topics such as balloon sinuplasty procedures, turbinate procedures and endoscopic sinus surgery coding dilemmas and how to ensure accurate reimbursement. Learn how to apply appropriate modifiers to otolaryngology scenarios. Coding for other dilemmas will also be discussed, including endoscopic skull base surgery, neck dissections and major ear procedures.

Course Objectives

- Discuss the global surgical package concept and its impact on otolaryngology surgical services
- Learn how to apply surgical modifiers in a series of complex clinical scenarios
- Demonstrate how to integrate CPT coding rules and Medicare reimbursement rules into daily practice

7B — DIALYSIS CODING*David Dunn, MD, FACS, CPC-H, CIRCC, CCC***Course Description**

We will cover the complex area of dialysis coding, which had significant changes in 2010. We will discuss surgical creation of AV fistulae and grafts as well as procedures utilized to maintain proper functioning. Also, we will discuss peritoneal dialysis coding and central catheters for hemodialysis.

Course Objectives

- Understand the changes in dialysis coding mandated by deletions and additions of codes for 2010
- Understand how to code for creation and maintenance of AV grafts, peritoneal dialysis and central catheters used for hemodialysis.

7C — THE GLOBAL OBSTETRIC PACKAGE*Savonne Montue, MBA, RHIT, COBGC, ACS-OB***Course Description**

This presentation will cover the services included in uncomplicated maternity care as well as coding for complications and other services that are considered excluded from the global package. This course will also address special coding issues such as high-risk pregnancies, how to report services when the patient changes insurance, how to report for the delivery of multiple gestations, and much more.

Course Objectives

- Identify the components of the global obstetric package according to CPT and know how to report for portions of the package
- Know how to properly report additional related and unrelated services provided during the global period
- Understand when to report for additional procedures and diagnostic tests and know how to report and code for special issues

Wednesday Session Seven, Continued

7D — MANAGING TOWARD COMPLIANCE

Bruce Rappoport, MD, CPC, CIMC

Lisa L Jensen, CPC

Course Description

Practices today are faced with the challenges of providing quality health care while meeting ever-increasing regulatory and compliance requirements. Having sound practice management and medical record documentation can greatly assist a practice in limiting its exposure. Learn effective strategies for successful practice management from hiring to patient satisfaction to compliant documentation.

Course Objectives

- Learn how to use policies and procedures to reduce risk to the practice
- Understand how appropriate documentation and coding can both increase reimbursement and decrease risk
- Learn how to take control of those aspects of their revenue cycle to better handle the volatile health care economy
- How to hire for success and support employee/physician processes that result in the best patient care

Wednesday Session Seven, Continued

7E — CORPORATE INTEGRITY AGREEMENTS: OBLIGATIONS AND OBSTACLES

Christopher Adam Parrella, JD, CHC, CPC

Course Description

Gain a thorough understanding of the Corporate Integrity Agreement (CIA). We will explore the dynamics between the CIA and the Compliance Officer, what role the Independent Review Organization plays in overseeing the CIA, how the provider can play an integral role in negotiating the terms of its own CIA and the differences between the CIA and less-burdensome Certification of Compliance Agreement (CCA).

Course Objectives

- Gain an understanding of the CIA, the Independent Review Organization and the role of the Compliance Officer
- Know how to negotiate your own CIA
- Learn the difference between the CCA and the CIA

7F — HOSPITAL CODING: MAKING THE ROUNDS

Kerin Draak, MS, RN, WHNP-BC, CPC, CEMC, COBGC

Course Description

This session will cover documentation requirements for Initial and Subsequent Hospital and Nursing Facility Care, Hospital and Nursing Facility Discharges and Observation and Critical Care services. Learn how to bill for consults in the facility setting following Medicare's new rules.

Course Objectives

- Learn how to appropriately bill 'consult' services to Medicare in the hospital and SNF setting, including documentation requirements
- Learn the most common pitfall areas of documentation in the hospital and SNF setting



Wednesday Session Seven, Continued

7G — CODING ETHICS: WHO, WHAT, WHEN, WHERE AND WHY?

Bradley Hart, CPC

Course Description

Medical coders are not immune to the issue of ethics; in fact, there are elements of coding that make ethical issues a more prominent consideration. Coders must be ready to understand and face ethical issues as they arise.

Course Objectives

- Describe ethical issues unique to the area of medical billing and coding and why these dilemmas occur
- Analyze how economic conditions can influence coding ethics
- Develop practical strategies for avoiding ethical problems or resolving ethical problems when they occur

Lunch with Exhibitors | 12:30–2 p.m.

Breakout Session Eight (select one) | 2–3:30 p.m.

8A — EVALUATION AND MANAGEMENT IN GASTROENTEROLOGY

Patricia Raymond, MD, FACP, FACG

Course Description

We will discuss the differences between consultations, transfer of care and new patient visits. We will go over modifiers during the global package as well as same-day procedures. We will review surgery guidelines for open vs. laparoscopy vs. unlisted surgery codes and NCCI edits.

Course Objectives

- Describe the organs of the digestive tract, their functions and location.
- Explain common GI conditions and recognize patterns of gastrointestinal symptoms
- Devise an action plan for attendees' colorectal cancer screening needs and apply this knowledge to both their own health and to more insightful and specific coding for gastrointestinal symptoms and diseases.

8B — HITECH ACT: HIPAA ON STERIODS

Michael D Miscoe, Esp, CPC, CASCC, CUC

Course Description

The Department of Health and Human Services (HHS) has published new regulations mandating notification to affected individuals in the event a security breach occurs on systems containing protected health information. The breach notification rules were published in response to a mandate in the Health Information Technology for Economic and Clinical Health (HITECH) Act. You will learn to identify the events that trigger the notification provisions as well as what you and your business associates have to do in response to a security breach. You will learn what must be included in the notification, the time-frames for providing notification and the acceptable methods of providing notification. We will review the exceptions to the notification requirements and penalties for non-compliance. An updated model Business Associate Agreement will be provided.

Course Objectives

- Learn how to identify events that trigger the notification provisions
- Understand how you and your business associates should respond in the event of a security breach
- Know how to draft an appropriate breach notification as well as the time frame and acceptable notification standards
- Identify if you qualify for an exception to the notification provisions
- Learn how the civil money penalty provisions apply in instances of non-compliance
- Understand how to update existing Business Associate Agreements for compliance with HITECH

Wednesday Session Eight, Continued

8C — SHOULDER CODING: TAKE TWO!

Mary Legrand, CPC

Course Description

Don't shy away from shoulder coding, but take center stage and dazzle the team with your shoulder coding knowledge. Join Mary LeGrand, nationally recognized expert in orthopaedic coding and major contributor to the AAOS "Now Coding" articles, for an hour and a half focused on shoulder coding. Hot topics include joint injection coding, arthroscopic, and open rotator cuff surgery; coding for Bankart and SLAP lesions; debridement procedures; and converting from arthroscopic to open procedures. The various cases will be presented based on application of appropriate modifiers in shoulder surgery.

Course Objectives

- Discuss the Global Surgical Package concept and its impact on reporting shoulder procedures
- Learn how to apply surgical modifiers in a series of complex clinical scenarios
- Discuss the importance of the Global Service Guide (GSDG) in reporting combination shoulder surgical procedures
- Understand how to integrate CPT coding rules, GSDG and Medicare reimbursement rules into daily coding practice.

8D — DETECTING INCORRECT USE OF MODIFIERS

Katherine Abel, CPC, CPMA, CPC-I, CMRS

Course Description

Identifying incorrect use of modifiers can be key to helping providers stay out of trouble and one of the most frustrating parts of our jobs. In this session, we will review some common mistakes with modifiers 25, 59, 22, 57, 52, 53, 58 and 78, and the solutions to help fix them. We will also share ideas on ways to review data to identify possible errors with modifier usage to help simplify our practice.

Course Objectives

- Learn the proper usage of the most common modifiers
- Identify the correct way to utilize modifiers
- Understand the most common mistakes being made with modifiers and how to fix them
- Review those tough case examples and how modifiers can affect your bottom line

8E — REQUIREMENTS FOR DRUG ADMINISTRATION SERVICES

Milda Kaitz, CPC, CPMA, CPC-I

Course Description

Chemotherapy drug administration codes traditionally reserved for anti-neoplastic agents can be reported for certain other highly complex drug administrations. With the OIG, RAC and other government claims auditors looking for improperly coded claims, it is important to know how to document, appropriately code and bill for drug administration services.

Course Objectives

- Know when chemotherapy versus therapeutic drug administration codes are appropriate
- Learn how to differentiate between IV infusion and IV push
- Understand how to use the additional hour, concurrent and additional sequential drug and hydration codes
- Know when modifiers are appropriate
- Understand the documentation requirements that will hold up in an audit

Wednesday Session Eight, Continued

8F — COMPLIANCE RISK AND BENEFITS OF THE EMR: HOW TO CONFIGURE YOUR SYSTEM FOR GOOD, NOT EVIL

James Taylor, MD, CPC

Course Description

Templates, cloned notes, copy and paste, hard coded modifiers and chart notes that all look alike strike fear in the hearts of coding and compliance leaders across the nation. In this fun and informative session, we will identify common compliance areas inherent to the electronic medical record (EMR) and use Kaiser Permanente, Colorado, as a case study to illustrate that the contentious and concerning issues can be handled in a compliant fashion. Come see how we not only reacted to these issues in a compliant fashion but also proactively configured the EMR to ensure compliant reminders and pop-ups for the providers in a physician-friendly fashion.

Course Objectives

- Identify common EMR compliance issues inherent in all EMR vendors
- Use KPCO experience as case study on how these issues can be deal with in a compliant fashion
- Learn how the EMR can be configured to ensure compliant coding, documentation and charge capture
- Explore how the concept of computer generated E/M codes clashes with the overarching concept of medical necessity and how to mitigate through audit policy and procedures
- Become familiar with proactive strategies to weave compliance into the fabric of your EMR

8G — CAN YOU HEAR ME KNOCKING? BEST PRACTICES FOR RESPONDING TO INVESTIGATIONS

Robert A Pelala, Esq., CPC

Course Description

It is usually not good news when a person representing the state or federal government shows up unannounced and knocks on the door of a health care facility. A plan to respond to investigations is crucial. This session will explore best practices, common pitfalls and needless hazards to be avoided when responding to investigations.

Course Objectives

- Know how to assist with responding to inquiries from government officials
- Understand how to address requests for interviews, requests for documents or access, and search warrants
- Learn best practices to prepare your organization for audits and investigations
- Review OIG compliance guidance for physician practices

Presenters

KATHERINE ABEL, CPC, CPMA, CPC-I, CMRS

Ms. Abel is the director of curriculum for the AAPC. A prior health care consultant, she has over 10 years of practical experience working in health care, including extensive work with billing offices, insurance carriers and provider offices. Abel's experience includes responsibility over coding, compliance and reimbursement, and technology initiatives.

TIMOTHY P. BLANCHARD, JD

Mr. Blanchard practiced for 20 years with a leading international law firm prior to forming his own practice, handling health care regulatory issues (e.g., coverage, billing, reimbursement, fraud and abuse, HIPAA privacy). He chairs the American Health Lawyer Association's annual institute on Medicare and Medicaid payment issues and serves on the AAPC's Legal Advisory Committee.

TERESA R. BOLDEN, CPC

Ms. Bolden has helped physicians, consultants, compliance officers, practice managers and coding and billing specialists understand Medicare rules and regulations. After 25 years of Medicare Part B service, she now serves as a Medicare Compliance Consultant for Peck & Associates. Her advanced knowledge of the Medicare program helps her quickly resolve Medicare billing and documentation issues.

ANDREW A. BONIN, MD, CPC

Dr. Bonin is a medical director for BlueCross and BlueShield of North Carolina and an assistant consulting professor at the Duke University School of Medicine. He has over 30 years of clinical practice experience, is board certified in Family Medicine, and has a Certificate of Added Qualification in Sports Medicine.

ANGELA C. BOYNTON, CPC, CPC-H, CPC-P, CPC-I

Ms. Boynton has served in the HIM field for over 10 years. Currently, she works for Massachusetts-based Fallon Community Health Plan as a retrospective medical claims reviewer. In addition, she is an adjunct faculty member at Massachusetts Bay Community College. Boynton is also part of the AAPC's Health Plan ICD-10 Committee where she develops curriculum that will be used nationally by payers to assist with ICD-10 implementation.

RHONDA BUCKHOLTZ, CPC, CPMA, CPC-I, CENTC, CGSC, COBGC, CPEDC

Ms. Buckholtz is the vice president of business and member relations for the AAPC. A seasoned coder and coding educator, she previously served the AAPC as Director of Local Chapter Relations. She is a PMCC coding instructor and speaks frequently at coding conferences. She is the owner of Coding and Reimbursement Experts and teaches coding at the Venango campus of Clarion University. Previously, Buckholtz managed a five-location multi-specialty practice and was business manager at the otolaryngology practice.

MARGARET CHAMBERS, CPC

Ms. Chambers has been a Senior Special Investigations Unit Investigator at Premera Blue Cross for two years. She is accredited as a Health Care Fraud Investigator from the National Health Care Anti-Fraud Association. Prior to her position at Premera, she was an investigator with Regence BlueShield for 11 years in various review positions. Her clinical background is operation room management, including two years in Saudi Arabia.

JULIE E. CHICOINE, ESQ, RN, CPC

Ms. Chicoine is an attorney at law and registered nurse with several years of health care experience. She has served both as in-house and external legal counsel for hospitals providing guidance on coding, billing and reimbursement issues, as well as compliance with federal and state regulatory laws for a wide range of hospital services. She has particular expertise in CPT®, HCPCS Level II, and ICD-9-CM coding practices for diagnosis, procedures, and services performed by physicians and other providers. Chicoine serves as compliance director for the Ohio State University Medical Center, where her responsibilities include oversight of the Integrity and Compliance program and directing system-wide operations and activities relating to compliance with federal health care program requirements.

BRENDA CHIDESTER-PALMER, CPC, CPC-I

Ms. Chidester-Palmer is the coding compliance manager for Kelsey-Seybold Clinic. She has over 15 years of medical experience, including a diverse background in all areas of coding and auditing. Chidester-Palmer works with many physician specialties. She is a PMCC instructor, an AAPC workshop presenter and a speaker at national conferences.

JULIA CROLY, CPC, CPC-P, CPC-I

Ms. Croly is a director in actuarial and underwriting, with a health care career that spans 30 years. Julia has a BS in biochemistry and a Master's of public administration with a specialty in health care administration. For the past 20 years, Julia has worked in the health insurance arena. She focuses on provider contract support and group utilization reporting at Blue Cross Blue Shield of North Carolina. She has also taught ICD-9-CM and CPT® coding at a local college.

SHELLY CRONIN, CPC, CANPC, CGIC, CGSC

Ms. Cronin is the medical coding/claims coordinator at Washington University Medical School in St. Louis, Missouri, with special focuses in general surgery, anesthesia and gastroenterology coding and provider education for the Abdominal Transplant Division. She is the current meeting coordinator for the AAPCCA Executive Board and president of the St. Louis East AAPC local chapter.

DONALD S. CRUMBO, MD

Dr. Crumbo is a Fellow of the American College of Cardiology and is board certified in cardiovascular medicine by the American Board of Internal Medicine. He has served as president of the Nashville Cardiovascular Society as well as both Chief of Staff and Chairman of the Board of Summit Medical Center. Dr. Crumbo practices cardiology at Centennial Heart at Summit Medical Center.

BRIAN DOBBINS, MD

Dr. Dobbins is Board Certified by the American Board of Obstetrics and Gynecology and is a member of the American Association of Gynecologic Laparoscopy (AAGL), with over 12 years of experience. He received his medical degree from Creighton University in 1994 and completed his residency at Saginaw Hospital in 1998. Dr. Dobbins practices obstetrics and gynecology in Oshkosh, Wisconsin, at the Aurora Clinic and has extensive clinical experience performing minimally invasive gynecological procedures. He has given educational presentations to other physician groups regarding office hysteroscopic procedures and has proctored physicians learning office gynecologic procedures.

TARA DOWNES, CPC, CMC

Ms. Downes has enjoyed a career in health care for over 20 years with a focus in coding, auditing, and management in specialty disciplines including orthopaedics, anesthesia, and pain management, and also in ambulatory surgery centers. She is the business office manager for Arizona Orthopaedic Associates at Gateway, which consists of nine orthopaedic surgeons, three physician's assistants, and three physical therapists. Downes has also provided coding, auditing, and claims processing for several payers. She previously was a member of the Maryvale/Glendale, Ariz. local chapter, where she served as treasurer; she is a member of the Grand Canyon Coders Phoenix Chapter.

MICHAEL J DOYLE, CPC, CPC-I

Mr. Doyle is a health care executive with experience and expertise in practice management, finance, strategic planning, computer systems management, cash flow improvements and HR management. He has held various positions working with sole practitioners to multi-specialty and multi-location groups. He has also owned and managed large practice management companies, providing services to small and large groups of many specialties.

KERIN DRAAK, MS, RN, WHNP-BC, CPC, CEMC, COBGC

Ms. Draak has been a CPC since 2004 and has over 11 years of clinical experience in women's health. Other responsibilities have included provider and coding staff education regarding E/M documentation. She has given several presentations on E/M, including speaking at the Wisconsin Medical Society's Annual Symposium in 2007 and 2008 and at the 2008 AAPC Orlando Conference.

DAVID DUNN, CPC-H, CIRCC, CCC

Dr. Dunn, vice-president of ZHealth, oversees physician coding and manages ZHealth operations. He also participates as a regular instructor for ZHealth educational programs. He recently co-wrote the *Vascular and Endovascular Surgery Coding Reference* in Dr. Z's *Medical Coding* series and is a contributor to the *Interventional Radiology Coding Reference* as well as the *Diagnostic and Interventional Cardiovascular Coding Reference*. He completed his MD at the University of Texas in San Antonio and joined his longtime colleague, Dr. Z, at ZHealth in 2002.

STEPHANIE ELLIS, RN, CPC

Ms. Ellis started Ellis Medical Consulting, Inc. (EMC) in 1992, which specializes in coding chart audits, business office operational assessments, litigation support, reimbursement research, challenging coding questions, outsourced coding, coding/billing training and compliance programs for ASC facilities, physician practices, hospitals, IDTF radiology facilities, and clinics nationwide. She is an accomplished speaker and gives seminars around the country on such topics as ASC coding and billing issues, surgery documentation issues, E & M coding and

documentation, fraud and abuse issues, nurse practitioner/PA billing, Medicare denials, specialty coding, and compliance plans. Ms. Ellis is on the advisory board of *OR Manager* magazine and HCPro's former publication, *Ambulatory Surgery Coding and Reimbursement Insider* newsletter. She also serves on the Editorial Advisory Board of The Coding Institute's *Outpatient & ASC Coding Alert* publication.

NANCY M. ENOS, CPC, CPC-I, CEMC

Ms. Enos is an independent consultant with the MGMA Health Care Consulting Group. Ms. Enos has 30 years of operations experience in the practice management field. She served as Compliance Officer and Director of Physician Services for Ingenix/CareTracker.

CYNTHIA A. EVERLITH, CPC

Ms. Everlith is the administrator for Arizona Hand and Wrist Specialists, with seven hand and upper extremity surgeons, two physician extenders and three locations throughout the metro Phoenix area. She has over 25 years' experience in orthopedics, the last 15 years of which have been with her current practice. She received her BSHA from the University of Phoenix. She is actively involved in legislation, particularly with respect to worker's compensation, and has worked closely with the Industrial Commission of Arizona in rules affecting physicians. In addition, she serves on several advisory boards, has presented programs to the community with her physicians and is on the Orthopedic Surgeons Network of Arizona Office Manager Executive Committee. She sits on the Board of Directors for the American Associates of Orthopaedic Executives (AAOE) and is president of the Arizona AAOE and the AAPC Grand Canyon local chapter.

JOLAYNE K. FISHER, MBA, CPC, CPC-H, CPC-P

As a consultant, Ms. Fisher focuses on developing and executing successful strategies in the areas of coding, coverage, and payment for the commercialization of new products into the marketplace. Her expertise includes conducting product and payer market analyses, clinical trial positioning, provider/society collaboration, health care policy, CMS interface and strategic implementation. She has successfully established numerous government payment mechanisms for MS-DRGs, APCs and RVUs in addition to obtaining CPT, ICD-9-CM and HCPCS Level II codes for emerging technologies in the medical device, pharmaceutical and biotechnology industries. Fisher holds a BS from the College of St. Catherine and a Master's Degree in business administration from the University of St. Thomas.

CINDY FEICKERT, CPC, CPC-I

Ms. Feickert is the specialty coding supervisor for a 240-physician group practice, which includes all surgical and medical specialties. She has 30 years of health care industry experience, including work in the clinical setting and as a coding education claims examiner and contract manager. Her broad range of expertise makes her a comprehensive and practical speaker and instructor.

DEBORAH GRIDER, CPC, CPC-H, CPC-P, CPMA, CPC-I, CEMC, COBGC, CPCD

Ms. Grider has been involved in the health care industry for 30 years and speaks nationally in relation to compliance, coding and reimbursement. She is the vice president of strategic development for the American Academy of Professional Coders (AAPC) and has worked with many physicians nationally on coding, reimbursement, compliance and regulatory issues across many specialties. Ms. Grider has specialized in medical chart audits among many specialties as well as practice management and coding consulting. She is a former president of the American Academy of Professional Coders National Advisory Board and is a past CPT Editorial Panel member representing the AAPC.

ANNA M. GRIZZLE, ESQ.

Ms. Grizzle is a partner with the law firm of Bass, Berry & Sims PLC where she represents health care providers and companies in operational and compliance matters, investigations and litigation. She counsels a wide range of health care providers and companies on health care operations and compliance matters, such as fraud and abuse, quality and risk management issues. Ms. Grizzle frequently works with clients in developing and implementing compliance programs and providing advice on compliance-related matters. She also works with clients in all stages of

government and commercial payer claims audits, including those performed by Recovery Audit Contractors (RACs), Zone Program Integrity Contractors (ZPICs) and Medicaid Integrity Contractors (MICs). Her experience includes drafting policies and procedures and providing training to prepare for audits and representing clients in responding to audits and in the appeals of audit results. On those occasions where the results of the audit are referred to law enforcement, Ms. Grizzle assists clients in conducting an appropriate internal investigation, redressing any improprieties and resolving any issues with enforcement authorities. She is a member of the Health Care Compliance Association and the American Health Lawyers Association.

GEORGETTE GUSTIN, CCS-P, CHC, CPC

Ms. Gustin is responsible for overseeing various types of audits, monitoring and training for physician professional services at Southern California Permanente Medical Group (SCPMG), one of the largest multi-specialty group practices in the nation with over 6,000 physicians. She partners and works closely with the physician coding and documentation liaisons, electronic medical record (EMR) clinical team, revenue cycle, operations, physician education, and various leaderships team within and across the entire Kaiser Permanente organization. She has over 20 years' experience in the health care industry, of which 13 have been in consulting with Big 4 professional services firms. Gustin served as the President of the AAPC National Advisory Board from 2001 to 2003.

SHELTON HAGER, MD, CPC, CPMA

Dr. Hager is a family physician who works in a multispecialty group in Kingsport, Tennessee. In the Spring of 2009, he became a Certified Professional Coder. He is a busy physician that understands the breadth of primary care.

JOHN HAHN, DPM, NP

Dr. Hahn completed his undergraduate studies at Sacramento State University and attended the California College of Podiatric Medicine in San Francisco where he received his DPM degree. He completed his surgical residency at the California Podiatry Hospital. He is Board certified in foot and ankle surgery by the American Board of Podiatric Surgery. Dr. Hahn has several published scientific articles and was a contributor to the textbook *Compendium of Podiatric Biomechanics*. He has taught medical law and ethics, billing and coding for insurance, medical communications, phlebotomy, and medical economics and finance. Dr. Hahn is a professional consultant for Ellman International, Cryosurgical Concepts, Inc., Heel Inc., Integrative Therapeutics Inc., and is a member of the Medical Advisory Board for the Journal of Longevity. Dr. Hahn maintains a private clinical practice in Portland, Oregon combining both podiatry and naturopathic medicine modalities in the treatment of his patients.

BRADLEY HART, CPC

Mr. Hart is the director of the Institute for Reproductive Medicine at Saint Barnabas in Livingston, New Jersey. He has more than 20 years' experience as an administrator and consultant for OB/GYN general and subspecialty practices and multi-specialty clinics. He also presents for the American College of Obstetricians and Gynecologists' coding workshops.

LISA L. JENSEN, MHL, CPC, FACMPE

Ms. Jensen is the clinic administrator of Sunset Pediatrics, LLC, in Portland. She has been a CPC since 1996, has a Master's degree in health care administration and is a Fellow in the American College of Medical Practice Executives. She has 17 years of health care experience in physician clinics, insurance and teaching hospitals.

RAEMARIE JIMENEZ, CPC, CPMA, CPC-I CANPC, CRHC

Ms. Jimenez is the Director of Exam Content for the AAPC. She has 15 years of experience in the medical field. During her career she has conducted audits for outpatient and physician services, facilitated physician education for coding and documentation and managed coding and billing departments for physician and outpatient services. She has assisted with curriculum development and instructed coding and billing courses for a technical college. Jimenez is a past president of the Sunrise, Fla., AAPC local chapter.

BETTY JOHNSON, CPC, CPC-I, CIC, CPC-H, CCS-P, PCS, RMC, CCP, CPCD

Ms. Johnson is the president of Betty Johnson & Associates, a Chicago-area-based health care consulting firm. She has over 20 years of experience in physician coding, billing, and education and holds a BA in Health Care Administration. Her background includes many years of practice management experience in a variety of specialties. Johnson served on the National Advisory Board of the AAPC from 2004 to 2007 and served as an officer from 2005 to 2007. She currently sits on the editorial board for *BC Advantage*.

MILDA KAITZ, CPC, CPC-I

Ms. Kaitz is the manager of provider reimbursement education at Xcenda and has over 15 years of experience managing various specialty practices and billing offices. She provides policy analysis and interpretation, coding expertise and reimbursement guidance for many oncology and therapeutic product that Xcenda supports. She speaks nationally on various coding and reimbursement topics.

LYNN KEATON-COCKRELL, CPC, CPC-H, CPC-I, CEMC

Ms. Keaton-Cockrell is the president of LCA Medical Coding, a medical consulting and education firm. Lynn is a proven professional with over 25 years of experience in the health care industry. She prides herself on accurately identifying her clients' needs through coding audits and practice analysis. Keaton-Cockrell incorporates the data gathered during her analysis to provide her clients with solutions that will enhance efficiency and opportunities in the health care delivery system. The main goal of LCA and its leader is to provide quality information in a manner that is clinically and ethically compliant. Keaton-Cockrell serves as the president of the Professional Coders of Columbia, Tenn. as well as the Cahaba Physician Outreach and Education Committee for Tenn.

MARY LEGRAND, RN, MA, CPC, CCS-PCPC

Ms. LeGrand is a nationally recognized expert in otolaryngology—head and neck coding and revenue cycle analysis. She brings to her consulting assignments over 30 years of health care experience, having held numerous clinical and administrative positions throughout her career. Ms. LeGrand works with otolaryngology practices of all sizes and in all settings (solo, group, academic, hospital employed) to assess and recommend clinical and operational efficiency opportunities. Her 20+ years as an otolaryngology—head and neck nurse and business development strongly position her as an expert in the field. This expertise has put her in the forefront with attorneys representing physicians with coding-related issues.

TERRY LEONE, CPC, CPC-P, CIRCC, CPC-I

Mr. Leone is the president of the AAPC National Advisory Board. He is a specialist in diagnostic radiology and interventional radiology coding. His career spans over 30 years with experience in various aspects of consulting, management, billing and coding. Leone is the principal owner and president of Catamount Associates, LLC, a physician billing company. He is the founder and past president of the Western New York Chapter of professional coders. Leone is also a certified instructor at Bryant & Stratton College in Rochester, NY, teaching the Professional Medical Coding Curriculum (PMCC).

BARBARA A. LOVE, CPC, CPC-H

Ms. Love is senior compliance analyst/educator at the University of Rochester Medical Center in Rochester, NY. She has 30 years of experience in billing/coding in various disciplines. Her specialties include coding in anesthesia, internal medicine, nephrology, urology, emergency medicine, and facility coding.

JONNIE MASSEY, CPC, CPC-P, CPC-I, CPMA

Ms. Massey has been involved in the health care industry since 1985 and is an Accredited Healthcare Fraud Investigator (AHFI) in addition to her AAPC accreditations. She held several offices from 2005 to 2008, including chapter president and advisory board chair with her local AAPC chapter. She is also a PMCC instructor. She served on the AAPC National Advisory Board from 2007 to 2009. She has conducted local and national training sessions on a variety of subjects, including health care, auditing, coding and foreign claims fraud. Jonnie has written numerous articles related to health care for local and national publications, and she is currently the director of payers and audits for AAPC.

MICHAEL D. MISCOE, ESQ, CPC, CASCC, CUC, CHCC

Mr. Miscoe is president of Practice Masters, Inc., and the founding partner of Miscoe Health Law, LLC. He is a past member of the AAPC National Advisory Board and current member of the Legal Advisory Board. He is admitted to the Bar in the state of Calif. as well as to the practice of law before the U.S. District Courts in the Southern District of California and the Western District of Penn.. Mr. Miscoe has nearly 20 years of experience in health care coding and over 12 years as a compliance expert testifying in civil and criminal cases.

SAVONNE MONTUE, MBA, RHIT, ACS-OB, COBGC

Ms. Montue has 10 years of experience in coding, medical practice billing and administration. She has undergraduate degrees in both Health Care Administration and Health Information Technology. She is the manager of coding education for the American Congress of Obstetricians & Gynecologists (ACOG) and oversees all of their activities related to Ob/Gyn CPT and ICD-9-CM coding, including managing and overseeing the content of the ACOG Coding Workshops and webcasts, as well as authoring and editing ACOG's coding publications and articles. She is an

active member on the ACOG Coding Committee and a professor in the Health Information Management Curriculum at Prince George's Community College.

ROSE MOORE, CPC, CPMA, CPC-I, CEMC

Ms. Moore has been a motivating force for hundreds of medical practice professionals on the east coast, where she has conducted numerous seminars and performed internal training for medical practices. Special assignments have included practice documentation, coding, audits, and operations assessments. She has taught reimbursement, Medicare, office management, risk management, proper coding and documentation, filing clean claims and appeals, and a variety of other topics geared to physicians and medical practice professionals. Moore is the Senior Physician Practice Advocate for the Medical Society of Virginia. Her experience makes her a much sought-after problem solver in the health care industry.

ABRAHAM MORSE, MD

Dr. Morse is a member of the Division of Urogynecology at Brigham and Women's Hospital. He is an active clinician and surgeon and has previously held positions as Medical Director of OB/GYN ambulatory services and Medical Director for Surgical Billing and Coding at UMass Memorial Medical Center.

SAMANTHA MULLINS, CPC, CPC-I

Ms. Mullins has a passion for coding within specialties. Her experience includes anesthesia, pediatrics, surgery and emergency medicine. She has held the position of director for coding/compliance, practice management and managed care. Mullins has been BMSC's anesthesia specialty advisory board member since 2005 and is a member of MGMA. She is a PMCC instructor and formerly served as the Birmingham Chapter president-elect and president.

LYNN MYERS, MD, CHC, CPC

Dr. Myers worked as a family physician for 20 years before moving into the corporate sector to become the vice president of coding compliance and education for MedicalEdge Healthcare Group, a multispecialty physician management company. She also heads the electronic medical records division of the company.

CHRISTOPHER A. PARRELLA, JD, CHC, CPC

Mr. Parrella received his JD from the Massachusetts School of Law in 1997. His firm concentrates on criminal, civil, regulatory, licensure and compliance representation of all health care provider and supplier types. He is a frequent national lecturer on health care compliance topics.

ROBERT A. PELAIA, ESQ., CPC

Mr. Pelaia provides a wide range of legal support services for the University of Florida with exclusive legal responsibility for the University of Florida Jacksonville Health Science Center and its related not-for-profit corporate support entities. He is also responsible for oversight of the University of Florida College of Medicine — Jacksonville Office of Compliance and Billing/HIPAA Compliance Plans. Robert is certified as a health care law specialist by the Florida Bar Board of Legal Specialization and Education. He is certified by the AAPC as a professional coder and is a member of both the AAPC Legal Advisory Board and the AAPC Chapter Association Board of Directors.

KIMBERLEY POLLOCK, CPC

Ms. Pollock is a consultant and speaker with KarenZupko & Associates, Inc., a physician practice management and training firm based in Chicago. She is the lead instructor at the American Association of Neurological Surgeons coding courses and is recognized nationally as the expert in spinal procedure coding.

BRUCE RAPPOPORT, MD, CPC, CIMC

Dr. Rappoport is medical director for Best Choice Plus, the provider network of Broward Health, the nation's fifth largest public health care system. He also serves as a medical director for Total Claims Administration, Inc., providing third-party administrative services. Dr. Rappoport has over 25 years of experience in quality improvement, medical management, coding and compliance. He is consulting editor for *Internal Medicine Coding Alert* and a frequent lecturer on practice management and compliance issues facing medical practices.

PATRICIA RAYMOND, MD, FACP, FAGG

Join gastroenterologist Dr. Patricia Raymond on a spectacular journey through the digestive tract! Explore the vast array of enthralling topics from first chew to final splash, including gastroparesis, irritable bowel syndrome, reflux, infusion therapy, hemorrhoid banding and capsule endoscopy. Discover your personal risk of colon cancer and how to avoid it!

SHANNON O'TYSON SMITH, CPC, CPMA, CPC-I, CEMC

Ms. Smith's teaching style promotes an easy-to-learn and informative atmosphere, which utilizes a hands-on learning approach. As a multi-specialty auditor and coder with over 16 years work experience, she has helped coders, medical chart auditors, and practices optimize business processes and maximize reimbursement by identifying lost revenue. She is a DoctorsManagement, LLC, partner and organizational founder of National Alliance of Medical Auditing Specialists (NAMAS), which provides education for medical documentation auditing, compliance and exam preparation for the AAPC's national auditing credential CPMA™ (Certified Professional Medical Auditor).

EDITH SUNDERLAND, CPC

Ms. Sunderland is the Director of Compliance and Coding at University Physicians, Inc. She worked for Medicare for 15 years and has presented over 2,000 workshops/seminars on coding and compliance at the local and national levels. She is a past president of Maryland MGMA, a member of Medicare's Provider Outreach and Education Advisory Group, and a member of the Carrier Advisory Committee with Highmark Medicare. She is also an adjunct faculty member with the Community College of Baltimore County Medical Coding curriculum.

JAMES TAYLOR, CPC

Dr. Taylor is a Board Certified Family Medicine physician and CPC. After a private practice in Ohio, he joined Kaiser Permanente in Denver, Colorado, in 1995. He has served on the Electronic Health Record team for three years as a physician trainer and system administrator. He served as the Physician Director of Coding from 2002 to 2007 and now is the medical director of revenue cycle. He was recently elected to the Board of Directors for Kaiser's physician group, the Colorado Permanente Medical Group.

CYNTHIA A. TRAPP, CPC, CPC-I

Ms. Trapp has been a leader in the health care field for 20 years with experience in finance, billing, coding, and medical practice administration for large and small multi-specialty clinics. She teaches several coding programs and has spoken on topics in coding and practice management both locally and nationally.

LASHELLE WALKER-BOLTON, CPC, CPC-H, CPC-I

Ms. Walker-Bolton is the Revenue Cycle Manager for mpowered, located in Mahwah, New Jersey. She has over 17 years of clinical, billing and coding and management experience within several specialties. She is currently serving as president of the Upper Saddle River, NJ, chapter of the AAPC. She has presented several billing and coding seminars in her area and at the 2009 AAPC National Conference in Las Vegas.

SUSAN WARD, CPC, CPC-H, CPC-I, CEMC, CPCD, CPRC

Ms. Ward has 20 years of coding and billing experience. She works for a reconstructive plastic surgeon in Phoenix. She is an approved PMCC instructor, workshop presenter and past president of her local AAPC chapter. In addition, she was a member of the National Advisory Board from 2007 to 2009.

JASON WELLEN, MD

Dr. Wellen is an Assistant Professor in the section of Transplant Surgery, General Surgery Department with special interest in kidney, pancreas and vascular access surgery. Dr. Wellen received his MD and served his residency at St. Georges University School of Medicine, Bayshore, New York, in 2002 and completed his fellowship in abdominal transplant surgery at Washington University School of Medicine, St. Louis, 2009.

CAROLINE WOLBRECHT, CPC, CPC-I

Ms. Wolbrecht is employed by the University of Texas Health Science Center — Houston as the compliance and education coordinator. She serves the university by educating faculty, residents, advance practice providers, coders and staff regarding institutional health care billing compliance issues. She was the 2009 president of the Houston Medical Center, Texas local chapter.

DAVID ZIELSKE, MD, CPC-H, CIRCC, CCC

Dr. Zielske is an interventional radiologist who was in a large private practice for over 14 years in a community setting at several large hospitals in the Nashville area. He has been involved with CPT coding for interventional radiology procedures since 1993. In 2000, he started ZHealth, a firm that performs physician and hospital coding audits in the subspecialties of IR, cardiology and vascular surgery. Three years later, he started ZHealth Publishing, which is an education company focused on training coders, techs, nurse auditors, billers and physicians on the appropriate documentation and use of codes in these same specialties.

CME Details

ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The University of Utah School of Medicine and American Academy of Professional Coders. The University of Utah School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



AMA CREDIT

The University of Utah School of Medicine designates this educational activity for a maximum of 15.75 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

OEO/AA STATEMENT

The University of Utah does not discriminate on the basis of race, color, national origin, sex, disability, age, veteran's status, or sexual orientation and provides access to all its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Manager, OEO/AA, (801) 581-8365, 201 S President's Circle, RM 135, Salt Lake City, UT 84112.

ADA STATEMENT

The University complies with the Americans with Disabilities Act Amendments Act of 2008 and Section 504 of the Rehabilitation Act by providing qualified individuals with disabilities access to University programs, treatment, services, and activities. A request for accommodation or auxiliary services for: faculty or staff can be made by contacting Manager, OEO/AA, (801) 581-8365, 201 S President's Circle, RM 135, Salt Lake City, UT 84112; students and other participants by contacting Director, CDS, (801) 581-5020, 162 Olpin Union Building, Salt Lake City, UT 84112. Reasonable prior notice for accommodation requests is required.

Registration Form

2010 AAPC NATIONAL CONFERENCE

AAPC Member Registration \$695 Early Bird (until March 15) \$795 Regular
 Registration + 3 Nights Hotel \$900 (double occupancy) \$1295 (single occupancy)

Non-Member Registration \$995 Early Bird (until March 15) \$1095 Regular
 Registration + 3 Nights Hotel \$1100 (double occupancy) \$1595 (single occupancy)

Deadline for Registration + Hotel ends March 15 | Registration includes breakfast and lunch on Monday, Tuesday and Wednesday

NAMAS CPMA™ Prep Course | June 4-5 (Exam June 6) | 16.0 CEUs

\$895 Class & Exam \$795 Class Only \$300 Exam Only

CIRCC® Exam Preparation Course | June 5 (Exam June 6) | 8.0 CEUs

\$595 Class & Exam \$295 Class Only \$400 Exam Only

Teach the Teacher Workshop | June 5 | 8 a.m.-1p.m. | 3.5 CEUs

\$150 (Members Only)

ICD-10 Hands on Presented by Contexo | June 6 | 9 a.m.-12 p.m. | 4.0 CEUs

\$149 Early Bird \$179 Regular

AAPC Certification Exams | June 6 | 8 a.m.-1:30 p.m. | \$300 for core exams (Specialty exams are \$245; CIRCC® exam is \$400)

CPC® CPC-H® CPC-P® CIRCC® CPMA™ Specialty Exam: _____

Post-Conference Event

AAPC ICD-10 Boot camp | June 10-11 | 16.0 CEUs

\$1295 (\$1095 for AAPC Members)

Registrant Information

Name _____

Member ID (AAPC Members) _____

Specialty /Credentials _____

Company Name (if applicable) _____

Billing Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email (required) _____

Payment Information

Charge \$ _____ to my:
 AMEX Visa MasterCard Discover

Credit Card # _____ Expiration _____ / _____

Print Cardholder's Name _____

Signature _____

Company Check/Money Order Enclosed for \$ _____

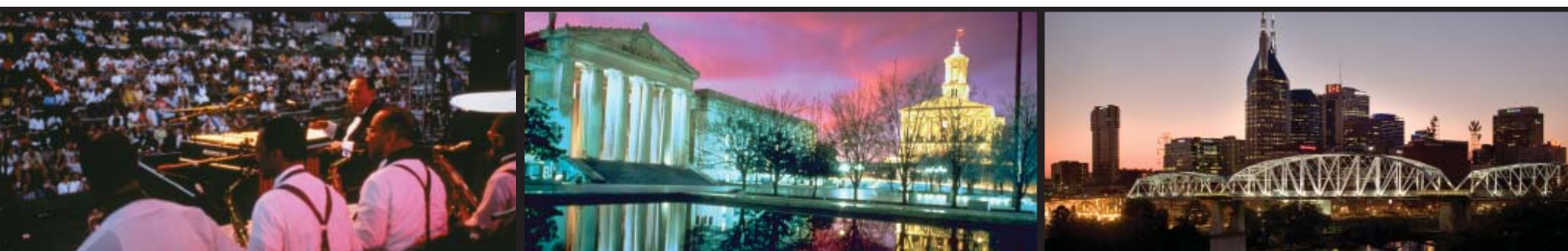
Make company check payable to AAPC and send to:

American Academy of Professional Coders

Attn: Live Educational Events Department

2480 South 3850 West, Suite B, Salt Lake City, UT 84120

Cancellation Policy: If written notice of cancellation is received by May 15, 2010, a refund (less a \$150 cancellation fee) will be given, but only in cases of extreme emergency. No refunds will be given for cancellations requested after May 15, 2010. Refunds will not be given for "no shows."





American Academy of Professional Coders

The American Academy of Professional Coders
2480 South 3850 West, Suite B
Salt Lake City, UT 84120

Email: melanie.mestas@aapc.com

Phone: 800-626-2633 ext. 145

Fax: 801-236-2258

www.aapc.com