

Upon completion of the program, participants will:

- Incorporate 2010 codes to individual facility's chargemasters
- Describe reporting scenarios for reporting new CPT Codes
- Understand reporting requirements
- Identify impact of new reimbursement levels for APC payments
- Update facility's CDM department by department
- Be prepared for the HCPCS code revisions, changes and additions beginning on January 1, 2010
- Understand the impact of status indicator changes for 2010
- Understand billing packaged items and services requirements for 2010 codes
- Understand changes to billing device-dependent APCs
- Understand the 2010 coding changes for drugs, radiopharmaceuticals and contrast and the impact on your reimbursement
- Be prepared to improve new product implementation processes
- Understand importance of correctly billing Add-on IPPS payments for new technology devices
- Be prepared to provide departmental-specific guidance in the proper reporting and utilization of the new codes
- Understand CMS instructions regarding accurate units of service
- Know importance of CMS coverage of items and services
- Determine which supplies/devices CMS defines as non routine and separately billable
- Identify the supplies/devices that CMS considers routine and overhead costs that should not generate patient charges
- Understand full definition of the DMEPOS Benefit
- Determine difference between implantable DME and non implantable DME
- Understand if, when and by whom DMEPOS may be billed and paid for inpatient rendered items and services
- Be knowledgeable of CMS instructions to bill all non routine supplies/devices and importance of reporting these costs
- Explain the importance of accurate revenue code assignment
- Understand the Cost Report revisions effective May 2009 for reporting accurate supply/device costs
- Be knowledgeable of the impact of accurate and complete reporting of supply/device costs and future payments
- Understand Federal Statute as to why providers are instructed to bill non injectable and some injectable drugs as non covered charges to the Beneficiary and not Medicare
- Be knowledgeable of payment for new drugs not yet assigned a specific drug HCPCS code, and understand risk of billing non formulary drug charges
- Determine importance of accurate and complete maintenance of facility Item Master
- Understand critical links between item master and chargemaster – determination of ancillary overhead costs, accurate cost reporting and cost accounting

Dallas**Thursday, November 12, 2009****The Westin Dallas Fort Worth Airport**

4545 West John Carpenter Freeway
Irving, TX 75063
972.929.4500
www.westindallasfortworthairport.com

San Antonio**Friday, November 13, 2009****San Antonio Marriott Northwest**

3233 NW Loop 410
San Antonio, Texas 78213
210.377.3900
www.marriotthotels.com/satnw

Who Should Attend

This seminar is targeted to individuals responsible for APCs, Billing, Revenue Cycle Management and Chargemaster Maintenance. The following individuals are encouraged to attend:

Coders/Managers/Directors; Chargemaster/APC Coordinators; Revenue Cycle Managers; Perioperative Services Directors; Health Information/Medical Records Managers; Director of Patient Financial Services; Billing Office/Business Office Managers; Pharmacy Directors; Supply Chain and Purchasing Managers; Ancillary Departments; OR and Materials Management; Nurse Auditors; Compliance Auditors

CEU

CEU Attending this Seminar entitles the attendee to six (6) continuing education credits for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA) and other credentialing organizations. (CE: 6 total credits).

The Continuing Education Series

Produced and Sponsored by:
HCS HealthCare Consulting Solutions

**Chargemaster Coding Updates and Implementation for 2010
Coding & Billing Updates Effective January 1, 2010**

November 12, 2009 – Dallas

November 13, 2009 – San Antonio

MIRIAM A. WEIS, RN, BSN, CPHQ, CPUR, LRM **GLEND A. SCHULER, RHIT, CPC, CPC-H**

Miriam A. Weis, RN, BSN, CPHQ, CPUR, LRM, is a senior health care consultant with HealthCare Consulting Solutions, and has over 25 years of consulting experience in revenue cycle, charge capture and compliance risk assessments, Quality, Risk and Utilization Management, chargemaster updates for compliance and consolidation, revenue enhancement, work redesign, JCAHO and NCQA survey preparedness and follow-up.

Ms. Weis has worked with the Civil Fraud Section of the U.S. Department of Justice. Ms. Weis is a frequent speaker for Hospital Associations, HFMA, state material management associations, and hospitals on Medicare billing compliance for hospitals, skilled nursing facilities, home health agencies and supplies.

Ms. Schuler has extensive background in coding and hospital CPT-4 coding, and has over 25 years of experience with the healthcare industry in all areas of medical records as well as utilization review and patient business services. She has working knowledge of third party reimbursement, electronic submission of claims, and billing and collection issues.

As a healthcare consultant, her areas of expertise include ICD-9-CM/DRG coding, hospital CPT coding, Ambulatory Payment Classifications as well as chargemaster coding and reimbursement. She has developed and conducted coding and reimbursement seminars and has been a featured speaker nationwide on the topic of Medicare ambulatory payment classification (APC) groups and their impact on hospital operations. Glenda is an active member of the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders.

Chargemaster Coding Updates and Implementation for 2010

Coding & Billing Updates Effective January 1, 2010

Registration & Continental Breakfast 7:30 AM

Seminar Begins 8:30 AM

Speaker: Miriam Weis

PART 1: Supplies, Pharmacy, and Pass-Through Billing Requirements

- I. **Implementing OPPS Changes for 2010**
 - Changes to status indicator definitions
 - Major HCPCS code changes
 - Updates and Revisions to appropriate billing of biological wound products
 - When should the biological HCPCS code be billed for payment and when should the biological be billed as an implantable device without a HCPCS code
 - Importance of billing packaged items and services with assigned HCPCS codes and correct units of service
 - When and how to report modifiers FB and FC for no cost or higher cost replacement devices
 - What are these devices
 - Correct billing no cost devices
 - Correct billing of procedures without required devices
 - Changes to billing and reimbursement of radioisotopes
 - Why bill contrast media with assigned HCPCS codes
- II. **Effective Billing Practices**
 - Appropriate research of supply/device HCPCS code assignments
 - Creation of both custom fabricated and prefabricated orthotic Part B billing practices
 - Establish HCPCS code charges for surgical dressings and understand when to separately bill to Medicare
 - Capture all implant reimbursement – avoid specific consignment and special order items falling “through the cracks” and incorrect revenue code assignment
 - Avoid rejected claims due to invalid HCPCS codes
 - Understand risks of non formulary charges for drugs and solutions
 - Know when to assign C9399 and C9898 appropriately
 - Know when to assign other non specific drug HCPCS codes
 - Understand appropriate billing of compounded drugs and solutions
- III. **Cost Report Revisions for reporting Supplies/ Device Costs**
 - Comply with correct revenue code assignments to ensure accurate capture of costs by new cost centers
 - Know which supply/device costs should be reported to each of the two Cost Report Cost Centers effective May 2009
 - Understand payment impact of correct Cost Reporting
- IV. **Inpatient Add-on Payments**
 - New technology devices
 - Correct billing to ensure receipt of all reimbursement in addition to DRG payments
 - Report correct codes for new technologies

- V. **Principles of Successful Charge Capture**
 - Design of complete and accurate Item Master
 - Decision of which supplies/devices are separately billable to Medicare by hospital providers
 - Item master inclusion of purchase orders, special orders and consignment items
 - Linking the Item Master to the chargemaster appropriately
 - Operationalize new charge process
 - Implementation of accurate CDM descriptions and revenue code assignment
 - Pitfalls of bundled or exploded charges

Lunch 11:45 AM

Afternoon Session: 12:30 PM

Speaker: Glenda Schuler

PART 2: Diagnostic and Therapeutic Procedures

- VI. **Introduction To 2010 Coding for Procedures**
- VII. **New Updates Impacting Chargemaster**
 - Laboratory-Another Exciting Year
 - Chemistry, Immunology, Pathology and Microbiology Revisions
 - Radiology
 - New, revised and deleted codes review
 - Surgical Procedures
 - Review of Surgical Section Revisions relative to the Chargemaster
 - New Category III Codes
 - Discussion and review of the new Cat III Codes for 2010
 - Observation Challenges in 2010
 - New HCPCS Codes
 - Impact on reimbursement for hospitals
- VIII. **Infusions and Injections – Anything new?**
 - Injections/Immunizations
 - Chemotherapy/therapeutic administration
- IX. **Wound Therapy and Hyperbaric Oxygen Therapy**
 - Impact on improper reporting of services by providers
- X. **Transitioning of more Surgical CPT codes from Inpatient Only**
 - Payment for use of modifier –CA
 - Review of inpatient only list and CDM requirements
- XI. **Rehabilitation Services**
 - Review of new CPT/HCPCS coding requirements for 2010
- XII. **Pulmonary Rehab/Intensive Cardiac Rehabilitation**
 - New codes, new opportunities
- XIII. **Evaluation and Management Codes**
 - Review of E/Ms for Emergency Departments
 - What’s new with Critical Care?
 - Brief discussion of E/M criteria submitted by CMS
 - Distinction between Type A and Type B emergency departments
- XIV. **Physician Supervision – Next Biggest Challenge**
 - How to meet CMS’ requirements
 - On-campus versus off-campus requirements
 - Documentation – where?
- XV. **Anything we forgot?**

Program Ends: 3:30 PM

PLEASE CHECK BOX INDICATING SEMINAR YOU WISH TO ATTEND

Thurs., November 12 Fri., November 13
 Dallas San Antonio

Registration: 7:30 a.m. • Seminar: 8:30 to 3:30 p.m.

Name _____

Title _____

Facility _____

Address _____

City, ST Zip _____

e-mail _____

Phone (_____) _____ Fax (_____) _____

Additional registrants from the same institution:

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

Tuition: \$355 per person:

Paid registration received by November 4, 2009 - \$335

Paid registration received by November 4, 2009 with two or more from same institution - \$320 per person

(Includes seminar, manual, continental breakfast, breaks and lunch.)

YOU CAN REGISTER THREE WAYS!

Mail registration form and tuition to:

HCS Seminars • 7750 N. MacArthur Blvd. • Suite 120-121
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Cancellation Policy: One hundred percent (100%) of paid tuition refunded if cancelled 10 days before seminar. Fifty percent (50%) of paid tuition refunded if cancelled 5 days before seminar. No refund of paid tuition if cancelled within 4 days before seminar.

For additional registration forms make photocopies or contact below:

Information

800.659.6035 • e-mail - seminar@hcsglobal.net
www.hcsglobal.net/seminars/

Registration and discounts are not final until tuition is received.
To receive any discount, all paid registration must be received by Wednesday, November 4, 2009