



db **DECISIONHEALTH™**
CELEBRATING 25 YEARS



Summer 2011
catalog

Physician Practices

online education for today's health professionals



About DecisionHealth®

For more than 20 years, DecisionHealth has served as the industry's leading source for news, analysis and instructional guidance with cutting-edge information sources, such as *Part B News*, *Home Health Line*, *Diagnosis Coding Pro for Home Health*, *OASIS-C & Outcomes Solutions*, *Medical Practice Compliance Alert*, *Inside the Joint Commission* and *Medical Practice Coding Pro*. Our unique blend of award-winning on-staff journalists and unmatched access to health care executives, providers, health care organization managers and their revenue-cycle staff enables us to provide solutions, tools and guidance that are relied on by nearly 100,000 home health care and physician practice professionals.

News and guidance for health care providers across the continuum of care...

DecisionHealth serves the business and regulatory needs of health care practitioners, providers and their administrative staff nationwide.

We offer more than 50 independent newsletters, books, online reference websites and software applications that help decision-makers solve issues affecting the business operations of:

- Physician offices, including solo, group, specialty and faculty practices.
- Home health agencies, hospices and private duty providers.
- Hospitals, including inpatient, outpatient, quality assurance, facility management, MIS and compliance departments.
- Durable medical equipment suppliers.
- Clinical laboratories in physician offices, hospitals and independent settings.
- Ambulatory surgery centers.

Our information services cover challenges as wide ranging as Medicare coding and reimbursement, Joint Commission accreditation, clinical and operational benchmarks, and compliance with health care fraud and abuse and HIPAA laws.

About the Board of Medical Specialty Coding & Compliance (BMSC)

The Board of Medical Specialty Coding & Compliance (BMSC) is the premier provider of specialty certification, education and training for coders, clinicians and compliance professionals practicing in home health and physician office settings.

BMSC is dedicated to ensuring that health care professionals have the skills they need by providing multiple levels of education, certification and training. Many of the DecisionHealth online and onsite training courses are designed to help coding professionals pass competency-based certification exams.

BMSC Home Care Coding Specialist-Diagnosis (HCS-D), Home Care Clinical Specialist-OASIS (HCS-O), Specialty Coding Professional (SCP), Advanced Coding Specialist (ACS) and Certified Compliance Professional-Physician (CCP-P) CEU's are available for most of DecisionHealth's home health and physician specialty online training courses.

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Our Mission: Competency Building for the Professional Marketplace

Dear Health Care Professional,

Meeting the education needs of health care professionals continues to be our top priority. We understand that coding and billing competency is top of mind in the ever-changing economic and political climate where it's essential you earn and keep every dollar to which you are legally entitled. I'm honored to bring you the online **DecisionHealth Career Training Center** – your anytime, anywhere solution to ease your training burden.

Building on a history as the leading provider of highly rated live and audio training, the new online DecisionHealth Career Training Center offers course catalogues for home health and physician office professionals. Each course targets the competencies critical to accurate documentation, coding and/or billing through a mix of instructional information (including supplemental source references) and interactive exercises that prompt the learner to apply their key learning points. Throughout all DecisionHealth courses, the learner will find true-to-life patient scenarios and practice the skills required to solve day-to-day reimbursement challenges.

As the leader in reimbursement news, analysis and guidance, as well as the sponsor of home health and specialty professional certification offered through the Board of Medical Specialty Coding & Compliance, DecisionHealth is uniquely positioned to target competency deficiencies that plague health care providers and cause unintended reimbursement errors. In addition, all courses were created in collaboration with subject-matter experts, and reviewed by certified professionals.

For relevance, physician courses are offered either as part of specialty-specific curriculums or as stand-alone courses for targeted training. And, most DecisionHealth courses carry pre-approved CEUs for easy compliance with maintenance of annual certification mandates.

With an emphasis on competency development, all DecisionHealth courses are available to students for a period of 90 days and require completion of a final assessment. Learners must earn a passing grade of 85% or higher on the final course assessment. This assures employers that their investment in training has its intended results of improved coding and billing productivity, improved documentation accuracy and, where appropriate, increased billing opportunity.

We hope you find the course(s) that suits your needs. Be sure to check our website, www.decisionhealth.com/careertrainingcenter, often for new courses. We look forward to serving your education needs.

Thank you,
DecisionHealth®

www.decisionhealth.com/careertrainingcenter

P.S. Are you looking to educate your entire team? Group discounts are available. To inquire about customized career training paths for your team, onsite training or special training options, call toll-free 1-855-CALL-DH1 (1-855-225-5341).



INTRODUCTION

Recommended Curriculums

Physician Practices

E/M Coding for Clinical Professionals Library

of courses: 7

Total hours of learning: 7

CEUs: BMSC – 7 ACS, SCP or CCP-P CEUs, AAPC – 7 CEUs

The following courses are in this library:

- Rational Physician Coding for E/M Services (Introductory course)
- Rational Physician Coding for E/M Services (CO-NM-OK-TX-VA)
- Rational Physician Coding for Established Office Patients
- Rational Physician Coding for New Office Patients
- Rational Physician Coding for Admission H&Ps and Observation Care Services
- Rational Physician Coding for E/M Consult Services
- Rational Physician Coding for Hospital Progress Notes

E/M Coding for Academic Facility Clinical Professionals Library

of courses: 7

Total hours of learning: 7

CEUs: BMSC – 7 ACS, SCP or CCP-P CEUs, AAPC – 7 CEUs

The following courses are in this library:

- Rational Physician Coding for Faculty E/M Services (Introductory course)
- Rational Physician Coding for Resident E/M Services (Introductory course)
- Rational Physician Coding for Established Office Visits
- Rational Physician Coding for New Office Patients
- Rational Physician Coding for Admission H&Ps and Observation Care
- Rational Physician Coding for E/M Consult Services
- Rational Physician Coding for Hospital Progress Notes

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Recommended Curriculums

Physician Practices

Comprehensive Hysterectomy Procedure Coding & Billing

of courses/modules: 3

Total # of learning hours: 9.75

- **Accurate Reporting of Vaginal Hysterectomies**
 - Number of Lessons: 7
 - Average time to complete course: 3 hours
- **Accurate Reporting of Laparoscopic Hysterectomies**
 - Number of Lessons: 5
 - Average time to complete course: 3 hours
- **Accurate Reporting of Abdominal Hysterectomies**
 - Number of Lessons: 6
 - Average time to complete course: 3 hours 45 min

Ob/Gyn Physician Office Specialty Coding & Billing

of courses: 6

Total # of learning hours: 21.25

- **Validate ICD-9 Code Selection on Your OB Claims**
 - Number of Lessons: 7
 - Average time to complete course: 4 hours 45 min
- **Avoid Missteps in Global OB Billing**
 - Number of Lessons: 6
 - Average time to complete course: 4 hours 5 min
- **Accurate Reporting of Vaginal Hysterectomies**
 - Number of Lessons: 7
 - Average time to complete course: 3 hours
- **Accurate Reporting of Laparoscopic Hysterectomies**
 - Number of Lessons: 5
 - Average time to complete course: 3 hours
- **Accurate Reporting of Abdominal Hysterectomies**
 - Number of Lessons: 6
 - Average time to complete course: 3 hours 45 min
- **Clarifying Coding Conundrums on Molar and Ectopic Pregnancies**
 - Number of Lessons: 6
 - Average time to complete course: 2 hours

Professional Certification Eligibility:

Specialty Coding Professional – Ob/Gyn (SCP-OB)

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Online Course Summaries

Physician Practices

Diagnosis Coding

Diagnosis Coding for Physician Practices: The Basics (OL1010)

For physician practices, selecting the correct diagnosis code plays a critical role in supporting the decision to perform a procedure. In this course, coders will learn the fundamentals of ICD-9 coding and gain an understanding of the conventions and guidelines that help to drive appropriate code selection.

Competency Level: Beginning

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs

Diagnosis Coding for Physician Practices: The Basics Course Outline (includes 6 lessons and course assessment):

1. ICD-9-CM Introduction and Overview
2. Understanding the ICD-9-CM Coding Conventions, Part 1
3. Understanding the ICD-9-CM Coding Conventions, Part 2
4. ICD-9-CM General Coding Guidelines, Part 1
5. ICD-9-CM General Coding Guidelines, Part 2
6. Course Summary
7. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- To help beginning coders understand the ICD-9 Coding Guidelines and Coding Conventions.

Recommended Resources:

- Medical Practice Coding Pro
- Part B News
- Break Through the Modifier Maze

Evaluation and Management Coding

E/M Coding for Clinical Professionals Course Library (OL1006)

Coders, Billers, Claims Adjudicators, Practice Managers and Medical Office Staff will all benefit from the extensive coding course library by Peter R. Jensen, MD, CPC, expert physician reimbursement consultant. This course library contains seven courses designed to help you understand E/M coding issues, ensure compliance, save time and optimize reimbursement. Assessments are administered at the end of each course.

Competency Level: Beginner to Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 7 ACS, SCP, CCP-P CEUs, AAPC – 7 CEUs

E/M Coding for Clinical Professionals Course Library Course Listing (includes 7 courses plus course assessments):

1. Rational Physician Coding for E/M Services (introductory course)
2. Rational Physician Coding for E/M Services (CO-NM-OK-TX-VA)
3. Rational Physician Coding for Established Office Visits
4. Rational Physician Coding for New Office Patients
5. Rational Physician Coding for Admission H&Ps and Observation Care
6. Rational Physician Coding for E/M Consult Services
7. Rational Physician Coding for Hospital Progress Notes
8. Course Assessment

Course Summaries:

Name of Course: Rational Physician Coding for E/M Services

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P, CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

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Online Course Summaries

Physician Practices

This program serves as an introduction to the concept of “Rational Physician Coding.” Learn how to perform and document the elements of history and/or exam in a purpose-driven manner to maintain compliance.

Name of Course: Rational Physician Coding for E/M Services (CO-NM-OK-TX-VA)

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Learn how to follow the rules to add up your cognitive labor correctly and how to perform and document the history and exam in a purpose-driven manner to ensure compliance, save time and optimize reimbursement.

Name of Course: Rational Physician Coding for Established Office Visits

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

What’s the difference between a level 3 and a level 4 office visit? Can you refer to a previous note? When is a comprehensive history not really a comprehensive history and why is this okay? Get the answers to these questions and more.

Name of Course: Rational Physician Coding for New Office Patients

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Learn to avoid over-documentation while selecting the “correct” level of care for these encounters.

Name of Course: Rational Physician Coding for Admission H&Ps and Observation Care

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

This online learning module uses realistic clinical examples to answer questions on how to properly document history, examination and observation care.

Name of Course: Rational Physician Coding for E/M Consult Services

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Learn the tricks of the trade when it comes to performing and documenting consults in both the inpatient and outpatient setting.

Name of Course: Rational Physician Coding for Hospital Progress Notes

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

This online learning module uses realistic clinical examples to teach you how to correctly code hospital progress notes.

[E/M Coding for Academic Facility Clinical Professionals Course Library \(OL1007\)](#)

Physicians, Residents, Practice Managers and Medical Office Staff will all benefit from the extensive coding course library by Peter R. Jensen, MD, CPC, expert physician reimbursement consultant. This course library contains seven courses designed to help you understand E/M coding issues, ensure compliance, save time and optimize reimbursement. Assessments are administered at the end of each course.

Competency Level: Beginner to Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 7 ACS, SCP, CCP-P CEUs, AAPC – 7 CEUs

E/M Coding for Academic Facility Clinical Professionals Course Library Course Listing (includes 7 courses plus course assessments):

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Online Course Summaries

1. Rational Physician Coding for Faculty E/M Services (Introductory course)
2. Rational Physician Coding for Resident E/M Services (introductory course)
3. Rational Physician Coding for Established Office Visits
4. Rational Physician Coding for New Office Patients
5. Rational Physician Coding for Admission H&Ps and Observation Care Services
6. Rational Physician Coding for E/M Consult Services
7. Rational Physician Coding for Hospital Progress Notes

Course Summaries:

Name of Course: Rational Physician Coding for Faculty E/M Services (Introductory course)

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

For attending physicians who practice in the academic setting, learn how to “tether” your documentation to the house-staff notes to save time and ensure E/M compliance.

Name of Course: Rational Physician Coding for Resident E/M Services (Introductory course)

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Residents learn how to perform the E/M documentation in a purpose-driven manner to ensure that the history and exam are congruent with the level of care selected.

Name of Course: Rational Physician Coding for Established Office Visits

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

What’s the difference between a level 3 and a level 4 office visit? Can you refer to a previous note? When is a comprehensive history not really a comprehensive history and why is this okay? Get the answers to these questions and more.

Name of Course: Rational Physician Coding for New Office Patients

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Learn to avoid over-documentation while selecting the “correct” level of care for these encounters.

Name of Course: Rational Physician Coding for Admission H&Ps and Observation Care

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

This online learning module uses realistic clinical examples to answer questions on how to properly document history, examination and observation care.

Name of Course: Rational Physician Coding for E/M Consult Services

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

Learn the tricks of the trade when it comes to performing and documenting consults in both the inpatient and outpatient setting.

Name of Course: Rational Physician Coding for Hospital Progress Notes

Pre-approved for Continuing Education Credits: BMSC – 1 ACS, SCP, CCP-P CEU, 2 CMEs, AAPC – 1 CEU

Time to complete course: 1 hour

This online learning module uses realistic clinical examples to teach you how to correctly code hospital progress notes.

Evaluation and Management Principles (OLEM1)

This course teaches participants the basic principles of evaluation and management coding, including key concepts, definitions and fundamentals of medical documentation. This course is designed to familiarize users with the fundamental principles of evaluation and management (E/M) documentation and coding. Participants will learn the definitions of the key and contributory components of the E/M service as well as other important concepts, such as encounter time and new vs. established patients.

The mechanics of E/M code selection will be reviewed in detail and users will gain confidence in code assignment through the completion of multiple choice exercise and actual case studies (physician reports).

Competency Level: Beginner

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 7 ACS, SCP, CCP-P CEUs

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Online Course Summaries

Evaluation and Management Principles Course Outline (includes 7 lessons and course assessment):

1. Introduction
 - E/M levels
 - Key components
 - Documentation guidelines
2. History
 - Chief complaint
 - History of present illness
 - Review of systems
 - Past, family and social history
 - Levels of history
3. Examination
 - Levels of examination
 - Documentation guidelines
 - 1995 vs. 1997 rules
4. Medical Decision-making
 - Levels of medical decision-making
 - Levels of risk
5. Selecting the E/M Level
 - Key component requirements
 - Section guidelines
6. Counseling and Coordination of Care
 - Encounter time
 - Counseling
 - Coordination of care
 - Documentation requirements
7. The E/M Charge Capture Process
 - Superbills
 - Place of service
 - Hospital services
8. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- The participant will be able to assign the appropriate levels of the key components for an evaluation and management service and use those levels to select the appropriate code.

Recommended Courses:

- Physician Office Services

Recommended Resources:

- E/M Bell Curve Data Book
- Physician Practice Auditing Workbook, Volume IV and CD-ROM
- E/M Documentation Quick Reference Card Set
- Medical Practice Coding Pro
- Part B News

Physician Office Services (OLEM2)

This course is designed to prepare coders to assign evaluation and management (E/M) codes for services provided in the physician office, including new patient visits, established patient visits and office consultations. Participants will learn key concepts associated with office E/M services, including new patient versus established patient, encounter time, counseling, etc. They will also learn to identify key medical record documentation that is required to support the various categories and levels of office E/M services. Criteria for distinguishing between consultations and office visits will be discussed in detail.

The mechanics of E/M code selection will be reviewed in detail and users will gain confidence in code assignment through the completion of multiple choice exercise and actual case studies (physician reports).

Competency Level: Beginner

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs

Physician Office Services Course Outline (includes 5 lessons and course assessment):

1. Introduction
 - Types of office visit services
 - Medical necessity
 - Modifiers 25 and 57
2. Office Visits
 - New vs. established patients
 - Location of services
 - Multiple visits on the same day
3. Consultations
 - Medicare vs. other payers
 - Transfer of care
 - Treatment initiation
4. Other E/M Office Services
 - Non-face-to-face (telephone, online) services
 - Smoking cessation counseling
5. E/M Billing Issues
 - Coding based on time
 - Counseling and coordination of care
 - Prolonged services
 - “Incident to” services
 - Non-physician practitioner services
6. Course Assessment

Total time to complete course: 1.5 hours

Course Objective:

- The participant will be able to assign CPT® codes for evaluation and management services provided in the office setting.

Recommended Courses:

- Evaluation and Management Principles

Recommended Resources:

- E/M Bell Curve Data Book
- Physician Practice Auditing Workbook, Volume IV and CD-ROM
- E/M Documentation Quick Reference Card Set

- Understand when to report casting in fracture care cases – codes 99070, A4580, A4590 and the Q codes.
- Avoid coding errors for closed and open fractures, as well as for percutaneous fracture treatment.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Recommended Resources:

- Orthopedic Operative Note Coder
- Orthopedic Coding & Billing Quick Cards
- FAQ Guide to Orthopedic Coding
- Orthopedic Coder's Pink Sheet
- Medical Practice Coding Pro

General Surgery

Eliminate Confusion When Coding Fractures (OLCO11)

This course is designed to give you an understanding of when services rendered can be reported separately from the global fracture care code; when an E/M service can be billed separately from the fracture procedure; and which casting supplies are reimbursable. Upon completion of this course, you will be able to code simple to complex fracture cases quickly and accurately so they can be billed appropriately for services rendered.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 1 CEU

Eliminate Confusion When Coding Fractures Course Outline (includes 6 lessons and course assessment):

1. Defining Fracture Types: Classification, Presentation and Treatment
2. Identifying and Reporting Open Fracture Treatment
3. Identifying and Reporting Percutaneous Fracture Treatment
4. Identifying and Reporting Closed Fracture Treatment
5. Reporting Casting Supplies for Medicare and Private Payers
6. Course Summary
7. Course Assessment

Total time to complete course: 2.5 hours

Course Objectives:

- Determine the presentation, classification and treatment of the fracture from physician documentation to ensure coding productivity and accuracy when abstracting from the procedure note.
- Identify when an E/M service is included in the global fracture care code – and when it is not – so you collect all due reimbursement.
- Decide whether services rendered for fracture care treatment should be billed via the global fracture care code or through itemized billing.

Invasive Cardiology

Diagnostic Cardiac Catheterization (OLIVC1)

The course begins with an overview of cardiac anatomy, followed by an in-depth discussion of coding guidelines for diagnostic heart cath. Each type of heart cath procedure is then discussed, including right heart catheterization, left heart catheterization, combined left-right heart catheterization, coronary artery catheterization without heart cath and heart catheterization for congenital heart disease. State-of-the-art images are used to provide the student with visual aids to ensure comprehension. Ancillary diagnostic services are also discussed, including coronary intravascular ultrasound, coronary flow reserve measurement and endocardial biopsy.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 4 ASC, SCP, CCP-P CEUs

Diagnostic Cardiac Catheterization Course Outline (includes 5 lessons and course assessment):

1. Introduction
 - Heart structure and conduction system
 - Components of cardiac catheterization
2. Heart Catheterization
 - Techniques and codes for diagnostic cardiac catheterization
 - Right heart catheterization and Swan-Ganz catheterization
 - Left heart catheterization
 - Combined right & left heart catheterization
 - Cardiac catheterization for congenital heart disease

3. Injection Procedures
 - Use of codes 93539-93545
 - Guidelines for coding injection procedures
4. Imaging Supervision & Interpretation
 - Use of codes 93555-93556
 - Cardiac catheterization practice cases (9 case reports)
5. Related Services
 - Temporary pacemakers
 - Use of closure devices
 - Intravascular ultrasound
 - Coronary flow reserve measurement
 - Endomyocardial biopsy
6. Course Assessment

Total time to complete course: 2 hours

Course Objective:

- The participant will be able to assign CPT® codes for all components of diagnostic cardiac catheterization (catheterization, injection and imaging).

Recommended Courses:

- Percutaneous Coronary Interventions
- Peripheral Angiography
- Peripheral Interventions
- Peripheral Procedures with Heart Catheterization

Recommended Resources:

- Cardiology Coding and Billing Quick Cards
- Medical Practice Coding Pro
- Coding Answers

Percutaneous Coronary Interventions (OLIVC2)

The course provides students with in-depth information on the most frequently performed types of percutaneous coronary interventions and other percutaneous cardiac procedures. The course begins with a summary of coding guidelines for percutaneous coronary interventions and these guidelines will be reiterated in the subsequent lesson. Individual therapeutic techniques are then discussed, including coronary artery angioplasty, stenting, atherectomy, thrombectomy, thrombolysis and intravascular brachytherapy. Other percutaneous cardiac procedures are also discussed, including intra-aortic balloon pumps and transcatheter closure of septal defects. State-of-the-art images are used to ensure comprehension.

All of the lessons in this course contain advanced graphics, examples and multiple choice exercises. Actual case studies are utilized to instruct and reinforce the user's learning experience.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs

Percutaneous Coronary Interventions Course Outline (includes 5 lessons and course assessment):

1. Overview
 - Types of percutaneous interventions
 - Coding for diagnostic heart catheterization together with an intervention
2. Coding Guidelines
 - Procedure hierarchy (stent placement, atherectomy, angioplasty)
 - “Single vessel” and “additional vessel” codes
 - Coronary artery modifiers
 - Interventions in and through bypass grafts
3. Coronary Angioplasty, Stenting and Atherectomy
 - Coding for coronary angioplasty
 - Coding for placement of bare metal and drug-eluting stents
 - Coding for coronary atherectomy
4. Other Percutaneous Coronary Procedures
 - Coronary thrombectomy and thrombolysis
 - Embolic protection devices
 - Intravascular brachytherapy
5. Other Percutaneous Heart Procedures
 - Intra-aortic balloon pumps
 - Trans-septal ventricular assist device
 - Transcatheter closure of septal defects
6. Course Assessment

Total time to complete course: 2 hours

Course Objective:

- The participant will be able to assign CPT® codes for percutaneous coronary interventions (stent placement, angioplasty, etc.) and other percutaneous procedures performed by cardiologists.

Recommended Courses:

- Diagnostic Cardiac Catheterization
- Peripheral Angiography
- Peripheral Interventions
- Peripheral Procedures with Heart Catheterization

Recommended Resources:

- Cardiology Coding and Billing Quick Cards
- Medical Practice Coding Pro
- Coding Answers

Peripheral Angiography (OLIVC3)

This course is a comprehensive training program that provides students with in-depth information on the types of peripheral angiograms most frequently performed by cardiologists. The key areas contained within each lesson address the most frequently performed types of angiograms with easy-to-understand graphics and instructions.

Online Course Summaries

All of the lessons include examples, multiple choice exercises and actual case studies that are utilized to instruct and reinforce the user's learning experience.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 3 ACS, SCP, CCP-P CEUs

Peripheral Angiography Course Outline (includes 7 lessons and course assessment):

1. Overview
 - Angiograms
2. Definitions and Codes
 - Component coding
 - Vessel order and vascular families
 - Selective and nonselective catheterization
3. Aortic Arch, Head and Neck
 - Vascular anatomy of the aortic arch
 - Coding for catheter placement in the head and neck
 - S&I codes for head and neck arteriograms
4. Catheterization Coding Guidelines
 - Catheterization of multiple vessels in same vascular family
 - Catheterization of multiple vascular families
 - CCI edits and modifier use
5. Arms and Thorax
 - Vascular anatomy of the upper extremities and thorax
 - Coding for upper extremity arteriograms
 - Coding for arteriograms of the thoracic aorta and its branches
6. Abdominal Aorta
 - Vascular anatomy of the abdominal aorta
 - Coding for abdominal aortograms, renal arteriograms and visceral arteriograms
7. Legs and Pelvis
 - Vascular anatomy of the pelvis and legs
 - Coding for lower extremity arteriograms and pelvic arteriograms
8. Course Assessment

Total time to complete course: 3 hours

Course Objective:

- The participant will be able to assign CPT® codes for peripheral angiograms performed by cardiologists.

Recommended Courses:

- Diagnostic Cardiac Catheterization
- Percutaneous Coronary Interventions
- Peripheral Interventions
- Peripheral Procedures with Heart Catheterization

Recommended Resources:

- Cardiology Coding and Billing Quick Cards
- Medical Practice Coding Pro
- Coding Answers

Peripheral Interventions (OLIVC4)

This course introduces the coder to the most common peripheral transcatheter interventions performed by cardiologists, including angioplasty, stents, atherectomy, embolization, transcatheter infusion and thrombectomy. This course is a comprehensive training program that provides users with in-depth information on the most frequently performed types of peripheral vascular procedures.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 5 ACS, SCP, CCP-P CEUs

Peripheral Interventions Course Outline (includes 6 lessons and course assessment):

1. Overview
 - Coding for catheter placements with transcatheter interventions
 - Coding for diagnostic arteriograms with transcatheter interventions
2. Angioplasty
 - Procedure technique
 - Surgical and S&I codes for peripheral arterial angioplasty
 - Coding guidelines
3. Stent Placement
 - Procedure technique
 - Coding for peripheral stent placement
 - Angioplasty with stent placement
 - Carotid stents and vertebral stents
4. Atherectomy
 - Procedure technique
 - Coding for peripheral atherectomy
5. Embolization and Infusion
 - Procedure technique
 - Coding guidelines for non-neuro, non-head and neck embolization
 - Coding guidelines for thrombolytic and non-thrombolytic transcatheter infusions
6. Thrombectomy
 - Procedure technique
 - Primary and secondary arterial thrombectomy
7. Course Assessment

Total time to complete course: 2 hours

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Course Objective:

- The participant will be able to assign CPT® codes for peripheral transcatheter interventions performed by cardiologists, including peripheral stent placement, angioplasty, etc.

Recommended Courses:

- Diagnostic Cardiac Catheterization
- Percutaneous Coronary Interventions
- Peripheral Angiography
- Peripheral Procedures with Heart Catheterization

Recommended Resources:

- Cardiology Coding and Billing Quick Cards
- Medical Practice Coding Pro
- Coding Answers

Peripheral Procedures with Heart Catheterization (OLIVC5)

This course prepares users to assign procedure codes for peripheral angiograms and transcatheter interventions performed during the same encounter as heart catheterization. Code assignment for these cases is especially complex due to medical necessity issues, bundling edits and special Medicare coding requirements. Medical necessity and coverage issues related to peripheral procedures are discussed in depth. Common indications for peripheral angiograms performed with heart cath are also discussed, including renovascular hypertension. Guidelines for coding aortography and other non-selective exams are reviewed in detail, as are the Level II HCPCS codes for non-selective angiograms. Selective angiograms are covered in-depth, including renal, lower extremity, subclavian, carotid and vertebral angiograms. Finally, the guidelines for coding peripheral interventions (for example, angioplasty) with heart cath are briefly discussed.

Competency Level: Intermediate

Prerequisite: None

Lessons: 3

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs

Peripheral Procedures with Heart Catheterization Course Outline (includes 3 lessons and course assessment):

1. Overview
 - Indications for performing peripheral vascular procedures at the time of cardiac catheterization
 - Medical necessity and coverage issues
2. Nonselective Angiography
 - Selective and nonselective catheterization
 - Aortography and nonselective renal angiograms
 - Nonselective lower extremity arteriograms
 - Imaging related to use of closure device

3. Selective Angiography and Interventions
 - Selective renal arteriograms
 - Selective lower extremity arteriograms
 - Subclavian, vertebral and carotid arteriograms
 - Transcatheter interventions
4. Course Assessment

Total time to complete course: 1.5 hours

Course Objective:

- The participant will be able to assign CPT® codes for peripheral angiograms and interventions performed in conjunction with cardiac catheterization.

Recommended Courses:

- Diagnostic Cardiac Catheterization
- Percutaneous Coronary Interventions
- Peripheral Angiography
- Peripheral Interventions

Recommended Resources:

- Cardiology Coding and Billing Quick Cards
- Medical Practice Coding Pro
- Coding Answers

Ob/Gyn

Accurate Reporting of Abdominal Hysterectomies (OLCO13)

Abdominal hysterectomies are the most difficult (and error-prone) hysterectomy procedures to code. This course is designed to clarify the code description intent and necessary procedural documentation that justifies medical necessity among the 14 different abdominal hysterectomy codes. When this course is completed, a student will be able to apply precise decision-making in his/her code selection based on the procedure's link to cancer (and other diagnoses) and additional procedures performed in conjunction with the abdominal hysterectomy.

Competency Level: All

Prerequisites: None

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs, AAPC – 0.5 CEUs

Accurate Reporting of Abdominal Hysterectomies Coding Course Outline (includes 6 lessons and course assessment):

1. What is a Hysterectomy
2. Abdominal Hysterectomy Coding for Malignancy
3. Reporting an Exenteration with an Abdominal Hysterectomy
4. Reporting Other Abdominal Hysterectomy Procedures

Online Course Summaries

5. Reporting Postoperative Services for Abdominal Hysterectomies
6. Course Summary
7. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- Make appropriate abdominal hysterectomy code selections based on underlying diagnosis, site of malignancy (if applicable) and the other procedures performed during the surgery.
- Ensure coding productivity when abstracting from the abdominal hysterectomy surgical note.
- Identify the services that are included in all, some (but not all), and those never included in abdominal hysterectomy codes to collect all due reimbursement.
- Correctly link supporting malignancy diagnoses codes (ICD-9) to abdominal hysterectomy procedures to avoid medical necessity denials.
- Clarify code selection among the three pelvic exenteration codes commonly used with abdominal hysterectomies.
- Describe proper use of abdominal hysterectomy add-on code 59525.
- Define the abdominal hysterectomy global billing period, inclusions and exclusions to reduce denials and capture additional billing opportunities.

Recommended Courses:

- Accurate Reporting of Vaginal Hysterectomies
- Accurate Reporting of Laparoscopic Hysterectomies

Recommended Resources:

- Ob/Gyn Operative Note Coder
- Study Guide for Ob/Gyn Coding Certification
- Medical Practice Coding Pro

Accurate Reporting of Laparoscopic Hysterectomies (OLC07)

Laparoscopic hysterectomy surgery can quickly escalate in complexity, meaning more and more decision-making on the part of the coder in dissecting operative notes and assigning the correct code(s). This course is designed to clarify the code description intent and necessary procedural documentation that justifies medical necessity among the 13 different laparoscopic hysterectomy codes. When this course is completed, a student will be able to apply precise decision-making in his/her code selection based on size of uterus and additional procedures performed in conjunction with the laparoscopic hysterectomy (e.g., fibroid removal).

Competency Level: All

Prerequisites: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC - 0.5 CEUs

Laparoscopic Hysterectomies Course Outline (includes 5 lessons and course assessment):

1. Defining a Laparoscopic Hysterectomy: Key Terms, Codes & Code Intent
2. Reporting Laparoscopic Vaginal Hysterectomy Procedures
3. Reporting Total Laparoscopic Hysterectomy Procedures
4. Earning Payment for Post-Operative Services: Routine vs. Non-Routine
5. Course Summary
6. Course Assessment

Total time to complete course: 5 hours

Course Objectives:

- Identify the services that are included in all, included in some (but not all), and those never included in laparoscopic hysterectomy codes to ensure coding productivity and all due reimbursement.
- Reduce code selection errors by defining the differences among the 13 laparoscopic hysterectomy codes in terms of weight of tissue removed, what is excised and how tissue is removed.
- Clarify code selection based on uterine weights < or > 250 grams, and in cases where weight is not recorded/necessary.
- Define the laparoscopic hysterectomy global billing period, inclusions and exclusions to reduce denials and capture additional billing opportunities.

Recommended Courses:

- Accurate Reporting of Abdominal Hysterectomies
- Accurate Reporting of Vaginal Hysterectomies

Recommended Resources:

- Ob/Gyn Operative Note Coder
- Study Guide for Ob/Gyn Coding Certification
- Medical Practice Coding Pro

Accurate Reporting of Vaginal Hysterectomies (OLC08)

Vaginal hysterectomies are one of the highest volume services performed in an Ob/Gyn practice. This course is designed to clarify the code description intent and necessary procedural documentation that justifies medical necessity among the 13 different vaginal hysterectomy codes. When this course is completed, a student will be able to apply precise decision-making in his/her code selection based on size of uterus and additional procedures performed in conjunction with the vaginal hysterectomy (e.g., fibroid removal).

Competency Level: All

Prerequisites: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 0.5 CEUs

Accurate Reporting of Vaginal Hysterectomies Coding Course Outline

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(includes 7 lessons and course assessment):

1. Defining a Vaginal Hysterectomy: Key Terms, Codes & Code Intent
2. Diagnosis Coding to Support Medical Necessity for Vaginal Hysterectomies
3. Reporting Vaginal Hysterectomy Procedures, Uterine Weight < 250 Grams
4. Reporting Vaginal Hysterectomy Procedures, Uterine Weight > 250 Grams
5. Reporting Vaginal Hysterectomy Procedures, Uterine Weight Undefined
6. Earning Payment for Post-Operative Services: Routine vs. Non-Routine
7. Course Summary
8. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- Identify the services that are included in vaginal hysterectomy procedures (e.g., morcellation, coring, bivalving) to ensure coding productivity when abstracting from a surgical note.
- Identify the services that are included in some (but not all), and those never included in vaginal hysterectomy codes to collect all due reimbursement.
- Correctly link supporting diagnoses codes (ICD-9-CM) to vaginal hysterectomy procedures to avoid medical necessity denials.
- Clarify code selection based on uterine weights < or > 250 grams and unspecified uterine weight.
- Clarify code selection when the surgeon changes course from a laparoscopic to an abdominal approach.
- Define the vaginal hysterectomy global billing period, inclusions and exclusions to reduce denials and capture additional billing opportunities.

Recommended Courses:

- Accurate Reporting of Abdominal Hysterectomies
- Accurate Reporting of Laparoscopic Hysterectomies

Recommended Resources:

- Ob/Gyn Operative Note Coder
- Study Guide for Ob/Gyn Coding Certification
- Medical Practice Coding Pro

Avoid Missteps in Global OB Billing (OLCO9)

This course offers the training needed to master the complexities of billing prenatal, delivery and post-natal care within the global OB package. When this course is completed, a student will be able to determine whether or not the services outlined in an obstetrician's documentation are inclusive of OB CPT® codes with an attached global period billing restriction, know when services can be billed separately (thus earning the practice additional reimbursement), and ensure medical necessity coding is up to par to prevent denial when billing CPT® codes 59400, 59510, 59610 and 59618.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 1 CEU

Avoid Missteps in Global OB Billing Course Outline (includes 6 lessons and course assessment):

1. Defining the Global Obstetrics CPT® Package
2. Reporting Antepartum Obstetrics Services
 - Antepartum services not included in the global OB package
 - Diagnosis coding during the antepartum period
 - Non-routine services due to medical complications
 - Surgical procedures not included in the global OB package
 - Other antepartum services not included in the global OB package
3. Reporting Intrapartum Services
4. Reporting Postpartum Services
 - Postpartum services included in the global OB package
 - Postpartum services excluded from the global OB package
5. Reporting Partial OB Services
 - Antepartum-only codes
 - Delivery-only codes
 - Delivery and postpartum-only codes
 - Postpartum care only
 - Delivery of multiples
6. Course Summary
7. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- Understand which services are included in the global OB package.
- Understand when E/M services can be billed outside of the global OB package.
- Identify routine and separately billable procedures in your physician's documentation.
- Learn when and how to bill services when your physician only provides part of the global OB package.

- Establish medical necessity for each procedure performed within and outside of the global OB package.
- Determine when complications during pregnancy or delivery are separately reportable.
- Learn how to use the antepartum only, postpartum only and delivery plus postpartum only codes correctly.
- Learn how to report services when one obstetrician covers for another.
- Gain an understanding of the global obstetric package to spot billing opportunities and prevent unnecessary coding.

Recommended Courses:

- Understanding the CPT® & Medicare Global Packages

Validate ICD-9 Code Selection on Your OB Claims (OLCO10)

Every procedure done in the Ob/Gyn practice must be medically justified to be paid – an ICD-9 code provides that proof. Failure to list the correct diagnosis code will cause a denial. This course will explain how to diagnose a patient accurately in order to establish the medical necessity for the obstetric procedure performed. Ensure full reimbursement by establishing medical necessity, and avoid improper diagnosis coding, particularly of V codes and those in the 630-679 categories.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 1 CEU

Validate ICD-9 Code Selection on Your OB Claims Course Outline (includes 6 lessons and course assessment):

1. Diagnosis Coding Conventions for Obstetrics
2. Diagnosis Assignment for Normal Pregnancy and High-Risk Patients
3. Medical Necessity Coding for Tests to Assess Pregnancy and Codes to Report Postpartum Care
4. Diagnosis Selection for Problems in Pregnancy
5. Diagnosis Selection for Problems in Labor, Delivery and Postpartum
6. Course Summary
7. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- Avoid ICD-9 code denials with mastery of ICD-9-CM specificity and sequencing for obstetric signs, symptoms and conditions.
- Appropriately link V codes and codes from the Complications of Pregnancy, Childbirth & Puerperium chapters of ICD-9 to justify obstetric-related CPT® encounters and procedures.
- Demonstrate decision-making logic for when to use a V code vs. a code from the 630-679 range, plus how to sequence codes from both ICD-9-CM sections when reporting

suspected and confirmed problems.

- Understand how to code when a patient is seen for a condition incidental to the current pregnancy.
- Defining high-risk pregnancies and complications that can arise during pregnancy, labor or post-delivery and how code selection changes as a result.

Clarifying Coding Conundrums for Molar and Ectopic Pregnancies (OL1009)

Molar and ectopic pregnancies can pose significant health risks to women in the early stages of pregnancy. Proper diagnosis of the presenting problem and providing effective treatment to the patient is the goal of every Ob/Gyn practitioner. Reimbursement for these procedures, based on the surgical approach, can vary from \$300-\$1,000 per procedure. Although these are not common procedures, accurate coding of these procedures is critical to ensure appropriate reimbursement for services rendered.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 3 ACS, SCP, CCP-P CEUs

Clarifying Coding Conundrums for Molar and Ectopic Pregnancies Course Outline (includes 6 lessons and course assessment):

1. Course Introduction
2. Diagnosis and Procedural Coding for Molar Pregnancies
3. Diagnosis and Procedural Coding for Ectopic Pregnancies
4. How to Code Complications with Molar and Ectopic Pregnancies
5. Medical Treatment for Ectopic Pregnancies
6. Course Summary
7. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

At the end of this course you will be able to:

- Report the correct diagnosis code for a molar pregnancy, hydatidiform mole or blighted ovum.
- Report the correct diagnosis code for an ectopic pregnancy.
- Report the correct CPT® procedure code while linking to the appropriate diagnosis code.
- Report an ectopic pregnancy treated with medication rather than surgery.
- Report complications as appropriate.

Recommended Courses:

- Accurate Reporting of Abdominal Hysterectomies
- Accurate Reporting of Laparoscopic Hysterectomies
- Accurate Reporting of Vaginal Hysterectomies
- Avoid Missteps in Global OB Billing

Recommended Resources:

- Ob/Gyn Operative Note Coder
- Medical Practice Coding Pro
- Coding Answers

Orthopedic

Prevent Denials in Your Injection Coding (OLCO12)

To reduce your practice risk of audit and overpayment demands, this course teaches the critical items needed to accurately code for injections, answers common questions that challenge physicians and coders when reporting injection services, and ensures compliance with injection code intent and coverage for Medicare and private payers.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 5 ACS, SCP, CCP-P CEUs, AAPC 1.5 CEUs

Prevent Denials in Your Injection Coding Course Outline (includes 8 lessons and course assessment):

1. Introduction to Injections
2. Tendon Injections
3. Trigger Point Injections
4. Intra-articular or Bursa Injections
5. Ganglion, Carpal Tunnel or Morton's Neuroma Injections
6. Spinal Injections
7. Miscellaneous Injections
8. Course Summary
9. Course Assessment

Total time to complete course: 2.75 hours

Course Objectives:

- Learn which procedure codes are available for the six types of injections.
- Understand how the exact location and depth of the injection affect code selection decision-making.
- Learn the documentation essentials for when an injection and separate E/M code can be reported for the office visit.
- Determine when an injectable medication can be reported separately from the global package code.
- Identify the six key elements in physician documentation necessary to code injection procedures accurately.
- Determine when radiologic guidance can be reported separately.

- Understand why local infiltration drugs cannot be reported separately.
- Learn how to report multiple injections at different sites of the body on the same day of service.
- Learn how to report serial injections.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Eliminate Confusion When Coding Fractures (OLCO11)

This course is designed to give you an understanding of when services rendered can be reported separately from the global fracture care code; when an E/M service can be billed separately from the fracture procedure; and which casting supplies are reimbursable. Upon completion of this course, you will be able to code simple to complex fracture cases quickly and accurately so they can be billed appropriately for services rendered.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 1 CEU

Eliminate Confusion When Coding Fractures Course Outline (includes 6 lessons and course assessment):

1. Defining Fracture Types: Classification, Presentation and Treatment
2. Identifying and Reporting Open Fracture Treatment
3. Identifying and Reporting Percutaneous Fracture Treatment
4. Identifying and Reporting Closed Fracture Treatment
5. Reporting Casting Supplies For Medicare and Private Payers
6. Course Summary
7. Course Assessment

Total time to complete course: 2.5 hours

Course Objectives:

- Determine the presentation, classification and treatment of the fracture from physician documentation to ensure coding productivity and accuracy when abstracting from the procedure note.
- Identify when an E/M service is included in the global fracture care code – and when it is not – so you collect all due reimbursement.
- Decide whether services rendered for fracture care treatment should be billed via the global fracture care code or through itemized billing.
- Understand when to report casting in fracture care cases – codes 99070, A4580, A4590 and the Q codes.

Online Course Summaries

- Avoid coding errors for closed and open fractures, as well as for percutaneous fracture treatment.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Recommended Resources:

- Orthopedic Operative Note Coder
- Orthopedic Coding & Billing Quick Cards
- FAQ Guide to Orthopedic Coding
- Orthopedic Coder's Pink Sheet
- Medical Practice Coding Pro

COMING SOON – Demystify Your Arthroscopy Coding (OL1008)

Reporting arthroscopies can run the gamut of complexity. Elbow, wrist and ankle arthroscopic procedures can be easy for most specialty coders to understand. However, understanding and reporting shoulder, hip and knee arthroscopies continue to befuddle the most experienced orthopedic coders and billers. As arthroscopies – both diagnostic and surgical – can be high-dollar procedures, reimbursement specialists in every orthopedic practice should know how to report these procedures in order to avoid missed revenue opportunities.

Competency Level: Intermediate

Prerequisites: None

Pre-approved for Continuing Education Units: BMSC – 2 ACS, SCP, CCP-P CEUs

Demystify Your Arthroscopy Coding Course Outline (includes lessons and a Course Assessment)

1. Introduction to Arthroscopy Coding
2. Reporting Shoulder Arthroscopy Procedures
3. Reporting Elbow Arthroscopy Procedures
4. Reporting Hip Arthroscopies
5. Reporting Knee Arthroscopies
6. Reporting Ankle Arthroscopies
7. Course Summary
8. Course Assessment

Total time to complete course: 2.5 hours

Course Objectives:

Upon completion of this course, you will be able to:

- Decode the physician's documentation in order to identify procedures that may be separately billable.
- Decide when the use of an unlisted arthroscopy code is appropriate.
- Decipher when a debridement performed during an arthroscopy was limited vs. extensive.
- Deduce correct procedure code assignment for simple-to-complex arthroscopic and endoscopic procedures.

Recommended Courses:

- Eliminate Confusion When Coding Fractures
- Understanding the CPT® and Medicare Global Surgical Packages
- Unlocking Payment for Distinct Procedures: Modifier 59
- Prevent Denials in Your Injection Coding

Recommended Resources:

- Advanced Coding Education Guide for Orthopedics
- Orthopedic Operative Note Coder
- Orthopedic Coding & Billing Quick Cards
- FAQ Guide to Orthopedic Coding
- Orthopedic Coder's Pink Sheet
- Medical Practice Coding Pro
- Part B News

Pain Management

Patient Visits (OLPM2)

This course provides users with in-depth information on the most frequently encountered types of visits performed by pain management specialists. The course begins with a discussion of office/outpatient services, including consultations, and new vs. established office/outpatient visits. Inpatient services are then discussed, including initial and subsequent hospital care as well as inpatient consultations.

All lessons contain examples and multiple choice exercises that are utilized to instruct and reinforce the user's learning experience.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs

Patient Visits Course Outline (includes 5 lessons and course assessment):

1. Introduction
 - Medical necessity
 - E/M services with procedures
 - Encounters for device maintenance
 - Global surgery
2. Outpatient Consultations and Visits
 - Definition of a consultation
 - Transfer of care
 - New vs. established patients
3. Inpatient and Observation Services
 - Inpatient consultations
 - Initial hospital care
 - Subsequent hospital care
 - Discharge day management

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- Observation care
- 4. Other E/M Services
 - Telephone and online services
 - Smoking cessation counseling
 - Independent medical examinations
- 5. E/M Billing Issues
 - Counseling and coordination of care
 - Prolonged services
 - Code 99211
 - “Incident to” services
 - Nonphysician practitioner services
- 6. Course Assessment

Total time to complete course: 1.5 hours

Course Objective:

- The participant will be able to assign CPT® procedure codes for evaluation and management services performed by pain management specialists.

Recommended Courses:

- Diagnosis Coding for Pain Management
- Spinal Procedures I
- Spinal Procedures II
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Procedures
- Other Chronic Pain Injections

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers

Diagnosis Coding for Pain Management (OLPM1)

The course begins with a discussion of the portions of the ICD-9-CM Official Guidelines for Coding and Reporting related to pain, including the use of codes in category 338, and reporting of codes for symptoms versus definitive diagnosis. The course also covers diagnosis coding for spinal disorders and for other disorders commonly treated by pain management specialists, including myofascial pain syndrome, complex regional pain syndrome, headache, etc.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 5 ACS, SCP, CCP-P CEUs, AHIMA – 5 credits

Diagnosis Coding for Pain Management Course Outline (includes 4 lessons and course assessment):

1. Overview
 - Introduction to ICD-9-CM Official Guidelines for Coding and Reporting
 - Transition to ICD-10-CM
2. Reporting Pain
 - ICD-9-CM Official Guidelines concerning pain
 - Site-specific pain codes, pain symptom codes and category 338 codes
 - Encounters for pain management
 - Sequencing for pain codes and dual coding for pain
3. Spinal Disorders
 - Spinal arthritis, myelopathy, spinal stenosis, spondylolisthesis
 - Degenerative disk disease, disk displacement
 - Postlaminectomy syndrome
 - Vertebral compression fractures
 - Encounter for adjustment of pump or neurostimulator
4. Other Conditions
 - Complex regional pain syndrome
 - Headaches
 - Post-herpetic neuralgia
 - Trigger points
 - Enthesopathies
5. Course Assessment

Total time to complete course: 1.5 hours

Course Objective:

- The participant will be able to assign ICD-9 diagnosis codes for pain management services.

Recommended Courses:

- Patient Visits
- Spinal Procedures I
- Spinal Procedures II
- Other Chronic Pain Injections
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Procedures

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers

Spinal Procedures I (OLPM3)

The course begins by discussing relevant spinal anatomy. Coding principles for diagnostic spinal imaging exams are then reviewed, including myelograms, epidurograms and diskograms. Finally, the course covers coding for epidural injections in detail, including single and continuous epidurals, transforaminal epidural injections and epidural blood patch.

Online Course Summaries

All of the lessons contain advanced graphics, examples, multiple choice exercises and case studies taken from actual physician reports.

Competency Level: Intermediate

Prerequisite: None

Lessons: 3

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs, AHIMA – 4 credits

Spinal Procedures I Course Outline (includes 3 lessons and course assessment):

1. Overview
 - Anatomy of the spine
 - Key terms and definitions
 - Common spinal disorders
2. Diagnostic Imaging
 - Myelography
 - CT myelography
 - Epidurography
 - Diskography
 - Functional anesthetic diskography
3. Epidural Injections
 - Techniques for epidural injection
 - Imaging guidance for epidural injection
 - Interlaminar epidurals
 - Caudal epidurals
 - Epidural catheter infusions
 - Transforaminal epidural injection
 - Spinal headache and epidural blood patch
4. Course Assessment

Total time to complete course: 2 hours

Course Objective:

- The participant will be able to assign CPT® procedure codes for diagnostic imaging studies of the spine, including myelograms, epidurograms and diskograms, as well as for epidural injections and catheter infusions.

Recommended Courses:

- Patient Visits
- Diagnosis Coding for Pain Management
- Spinal Procedures II
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Procedures
- Other Chronic Pain Injections

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers
- Coding Answers

Spinal Procedures II (OLPM4)

This course provides in-depth coverage of procedure coding guidelines for facet injections, medial branch blocks, facet neurolysis, epidurolysis, percutaneous discectomy, IDET, vertebroplasty and kyphoplasty.

All of the lessons in this course contain advanced graphics, examples, multiple choice exercises and case studies taken from actual physician reports.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 3 ACS, SCP, CCP-P CEUs, AHIMA – 3 credits

Spinal Procedures II Course Outline (includes 4 lessons and course assessment):

1. Facet Joint Injections
 - Facet joint block
 - Medial branch nerve block
 - Third occipital nerve block
2. Facet Neurolysis and Epidurolysis
 - Facet neurolysis
 - Pulsed radiofrequency
 - Botulinum toxin injections
 - Percutaneous epidurolysis
 - Endoscopic epidurolysis
3. Disk Procedures
 - Percutaneous discectomy
 - Diagnostic disk aspiration
 - Electrothermal annuloplasty (IDET)
 - Non-electrothermal annuloplasty
4. Vertebroplasty and Kyphoplasty
 - Percutaneous vertebroplasty
 - Kyphoplasty
 - Imaging guidance for vertebroplasty and kyphoplasty
5. Course Assessment

Total time to complete course: 2 hours

Course Objective:

- The participant will be able to assign CPT® procedure codes for facet joint injections, facet neurolysis, percutaneous disk procedures, percutaneous vertebroplasty and kyphoplasty.

Recommended Courses:

- Patient Visits
- Diagnosis Coding for Pain Management
- Spinal Procedures I
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Procedures
- Other Chronic Pain Injections
- Prevent Denials in Your Injection Coding

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Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers
- Coding Answers

Other Chronic Pain Injections (OLPM5)

This course provides in-depth coverage of procedure coding guidelines for peripheral pain injections, including trigger point injections, joint injections, nerve blocks, catheter infusions, neurolysis and chemodenervation.

All of the lessons in this course contain advanced graphics, examples, multiple choice exercises and case studies taken from actual physician reports.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 3 ACS, SCP, CCP-P CEUs, AHIMA – 3 credits

Other Chronic Pain Injections Course Outline (includes 6 lessons and course assessment):

1. Overview
 - Divisions of the nervous system
 - Techniques for pain management procedures in the peripheral nervous system
 - Imaging guidance for peripheral pain management procedures
2. Trigger Point and Joint Injections
 - Trigger points
 - Trigger point injections, dry needling and prolotherapy
 - Tendon and tendon sheath injections
 - Injections of ligaments and aponeuroses
 - Carpal tunnel injection
 - Injection and aspiration of joints and bursae
 - Sacroiliac joint injection
3. Nerve Blocks
 - Cranial nerve blocks (trigeminal, facial, vagus, accessory)
 - Other somatic nerve blocks (occipital, phrenic, cervical plexus, brachial plexus, axillary, intercostal, ilioinguinal, pudendal, paracervical, sciatic, femoral, digital)
 - Sympathetic nerve blocks (sphenopalatine, carotid sinus, stellate ganglion, superior hypogastric plexus, paravertebral, celiac plexus)
4. Catheter Infusions
 - Techniques for catheter infusion
 - Imaging guidance and electrical stimulation
 - Brachial plexus infusion
 - Sciatic nerve infusion
 - Femoral nerve infusion

- Lumbar plexus infusion
5. Neurolysis
 - Trigeminal neurolysis
 - Somatic neurolysis (intercostal, pudendal, digital, other)
 - Sympathetic neurolysis (celiac plexus, superior hypogastric plexus)
 6. Chemodenervation
 - Botulinum toxin
 - Guidance for chemodenervation (imaging, EMG, nerve stimulation)
 - Facial nerve chemodenervation
 - Chemodenervation of neck, limbs and trunk
 - Chemodenervation of eccrine glands
 7. Course Assessment

Total time to complete course: 4 hours

Recommended Courses:

- Patient Visits
- Diagnosis Coding for Pain Management
- Spinal Procedures I
- Spinal Procedures II
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Procedures

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers

Implanted Pumps and Neurostimulators (OLPM6)

This course is a comprehensive training that will provide you with in-depth information on procedure coding for insertion, maintenance and removal of implanted pumps and neurostimulators. Documentation and compliance issues related to these procedures are also discussed.

All of the lessons contain advanced graphics, examples and multiple choice exercises.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2.5 ACS, SCP, CCP-P CEUs, AHIMA – 5 credits

Implanted Pumps and Neurostimulators Course Outline (includes 3 lessons and course assessment):

1. Overview
 - Key definitions
 - Patient screening/trial implants
 - Global surgery
 - Device codes
 - Hospital device edits

Online Course Summaries

- Physician and ASC billing for devices
- Drugs for pump refills
- 2. Spinal Drug Delivery Systems
 - Trial of spinal drug delivery (single injection versus temporary catheter versus implanted catheter)
 - Management during the trial period, removal of trial catheter
 - Insertion of permanent pump or reservoir
 - Pump refills
 - Pump interrogation and programming/reprogramming
 - Replacement, repositioning and removal of implanted pump or catheter
 - ICD-9-CM diagnosis codes for pump-related encounters
- 3. Neurostimulators
 - Temporary electrical nerve stimulators (TENS)
 - Components of a permanent neurostimulator system (partially versus completely implanted, rechargeable versus on-rechargeable battery, percutaneous leads versus surgically implanted)
 - Electrodes, leads, arrays, plates and paddles
 - Medicare coverage of neurostimulators
 - Neurostimulator trial (percutaneous lead implantation, screener), removal of temporary lead(s)
 - Insertion of permanent spinal cord stimulator
 - Generator change, revision/replacement/removal of components
 - Peripheral neurostimulators: Components, trial period, implantation of permanent device, revision/replacement/removal
 - Interrogation and programming of spinal and peripheral neurostimulators (simple versus complex device)
 - Documentation of neurostimulator services
- 4. Course Assessment

Total time to complete course: 2.5 hours

Course Objective:

- The participant will be able to assign CPT® procedure codes for peripheral nerve blocks and neurolysis, catheter infusions of peripheral nerves and chemodenervation.

Related Courses:

- Patient Visits
- Other Chronic Pain Procedures
- Spinal Procedures I
- Spinal Procedures II
- Other Chronic Pain Injections
- Diagnosis Coding for Pain Management

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers

Other Chronic Pain Procedures (OLPM7)

This course is a comprehensive training that provides users with in-depth information on procedure coding for other chronic pain services. This course begins with a discussion of procedure coding for moderate sedation, followed by coverage of acupuncture, osteopathic treatment, and drugs and supplies.

All of the lessons contain advanced graphics, examples and multiple choice exercises.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 4 ACS, SCP, CCP-P CEUs, AHIMA – 4 credits

Other Chronic Pain Procedures Course Outline (includes 5 lessons and course assessment):

1. Drugs
 - Use of HCPCS drug codes by hospitals, physicians and ASCs
 - General guidelines for drug billing
 - Drug quantities (micrograms, milligrams, units, “up to” versus “per”)
 - Single use vials versus bulk containers
 - Drug wastage: Medicare policy, modifier JW
 - Billing for local anesthetic agents (“caine” drugs)
 - Submitting NDC codes and invoices
 - Pump refills, modifier KD and refill kits
 - Compounded drugs
2. Supplies and Devices
 - Medicare payment for routine supplies (physicians, hospitals, ASCs)
 - Medicare payment for implanted devices (physicians, hospitals, ASCs)
 - Use of C codes for implanted devices
 - Device codes for spinal drug delivery systems
 - Device codes for neurostimulators
3. Moderate Sedation
 - Definitions of key terms (anxiolysis, moderate sedation, deep sedation, MAC)
 - Procedures that include moderate sedation
 - Independent trained observer
 - Sedation time
 - Same physician versus second physician
 - Medicare coverage of moderate sedation

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4. Nerve Conduction Studies and EMGs
 - Nerve conduction study technique, key definitions
 - Motor NCS, F-wave studies, H-reflex studies
 - Use of Appendix J
 - Professional component billing
 - Electromyogram (EMG) technique, key definitions
 - Complete versus limited extremity EMGs
 - EMG of paraspinal muscles
 - Documentation issues
 - Maximum units
5. Acupuncture and OMT
 - Traditional acupuncture (qi, meridians, moxibustion)
 - Modern acupuncture and electroacupuncture
 - Coding guidelines for acupuncture, use of add-on codes
 - Insurance coverage of acupuncture
 - Osteopathic medicine and osteopathic manipulative treatment (OMT)
 - Somatic dysfunction and ICD-9-CM diagnosis codes
 - Body regions for OMT
 - Coding guidelines for OMT
 - E/M services with OMT
6. Course Assessment

Total time to complete course: 2 hours

Recommended Courses:

- Patient Visits
- Diagnosis Coding for Pain Management
- Spinal Procedures I
- Spinal Procedures II
- Implanted Pumps and Neurostimulators
- Other Chronic Pain Injections

Recommended Resources:

- Anesthesia and Pain Coder's Pink Sheet
- Anesthesia and Pain Answers

Primary Care

Eliminate Confusion When Coding Fractures (OLCO11)

This course is designed to give you an understanding of when services rendered can be reported separately from the global fracture care code; when an E/M service can be billed separately from the fracture procedure; and which casting supplies are reimbursable. Upon completion of this course, you will be able to code simple to complex fracture cases quickly and accurately so they can be billed appropriately for services rendered.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 1 CEU

Eliminate Confusion When Coding Fractures Course Outline (includes 6 lessons and course assessment):

1. Defining Fracture Types: Classification, Presentation and Treatment
2. Identifying and Reporting Open Fracture Treatment
3. Identifying and Reporting Percutaneous Fracture Treatment
4. Identifying and Reporting Closed Fracture Treatment
5. Reporting Casting Supplies for Medicare and Private Payers
6. Course Summary
7. Course Assessment

Total time to complete course: 2.5 hours

Course Objectives:

- Determine the presentation, classification and treatment of the fracture from physician documentation to ensure coding productivity and accuracy when abstracting from the procedure note.
- Identify when an E/M service is included in the global fracture care code – and when it is not – so you collect all due reimbursement.
- Decide whether services rendered for fracture care treatment should be billed via the global fracture care code or through itemized billing.
- Understand when to report casting in fracture care cases – codes 99070, A4580, A4590 and the Q codes.
- Avoid coding errors for closed and open fractures, as well as for percutaneous fracture treatment.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Recommended Resources:

- Orthopedic Operative Note Coder
- Orthopedic Coding & Billing Quick Cards
- FAQ Guide to Orthopedic Coding
- Primary Care Coding & Billing Quick Cards
- Orthopedic Coder's Pink Sheet
- Medical Practice Coding Pro

Procedural Coding Fundamentals

Unlocking Payment for Distinct Procedures: Modifier 59 (OLPC2)

Modifier 59 carries the highest risk of scrutiny and appending it to your CPT® codes inappropriately will get you into trouble with your insurer and potentially the Office of the Inspector General. Learn how and when to append modifier 59 to your procedure codes, so you can code and bill with confidence and accuracy. When this course is completed, a student will be able to apply precise decision-making in justifying appending a modifier 59 to procedure claims.

Competency Level: Intermediate

Prerequisites: None

Pre-approved for Continuing Education Credits: BMSC – 2 ACS, SCP, CCP-P CEUs, AAPC – 0.5 CEUs

Unlocking Payment for Distinct Procedures: Modifier 59 Course Outline (includes 7 lessons and course assessment):

1. Defining Modifier 59 Intent
2. Determining Proper Use of Modifier 59
3. E/M Services and Modifier 59 Restrictions
4. Reporting Diagnostic Tests and Procedures
5. Modifier 59 Decision-Making When Dealing with Diagnostic Tests and Procedures
6. Compliance Risks Associated with Modifier 59
7. Course Summary
8. Course Assessment

Total time to complete course: 2 hours

Course Objectives:

- Make appropriate decisions for when to use modifier 59 when you have two of the same CPT® procedures, performed on the same day, by the same physician.
- Make appropriate decisions for when to use modifier 59 when you have two different diagnostic/procedural services.
- Identify alternatives to modifier 59 and the decision-making needed to justify modifier selection when faced with multiple options.
- Clarify what constitutes a different site/organ in the context of modifier 59 rules.
- Mitigate compliance risks when using modifier 59.

Recommended Courses:

- Understanding the CPT® & Medicare Global Packages

Recommended Resources:

- Break Through the Modifier Maze
- Medical Practice Coding Pro

Understanding the CPT® & Medicare Global Packages (OLPC1)

This course is designed to identify similarities and differences between the CPT® surgical package and Medicare global period; how, when and which modifiers to use with preoperative and postoperative procedures; and when a global package code encompasses services rendered and when another code may be appropriate.

Competency Level: Basic

Prerequisites: None

Pre-approved for Continuing Education Credits: BMSC – 5 ACS, SCP, CCP-P CEUs, AAPC – 0.5 CEUs

Understanding the CPT® & Medicare Global Packages Course Outline (includes 14 lessons and course assessment):

1. What is the CPT® Global Surgical Package?
2. Preoperative Services for the CPT® Global Package
3. Intraoperative Services for the CPT® Global Package
4. Postoperative Services for the CPT® Global Package
5. Reporting Partial Services for the CPT® Global Package
6. Summary of the CPT® Global Package
7. What is the Medicare Global Surgical Package?
8. Preoperative Services for the Medicare Global Package
9. Intraoperative Services for the Medicare Global Package
10. NCCI and Bundled Services
11. Postoperative Services for the Medicare Global Package
12. Postoperative Services with Modifiers for the Medicare Global Package
13. Reporting Partial Services for the Medicare Global Package
14. Course Summary
15. Course Assessment

Total time to complete course: 6.25 hours

Course Objectives:

- Improve coding productivity by improving the coder's ability to identify services performed before, during and after an office encounter or physician-performed procedure that are considered inherent in the global CPT® code and therefore not separately billable.
- Learn to properly interpret global period payment indications and the role CCI plays in CPT®/Medicare global packages.
- Ensure ability to appropriately identify opportunity for and accurate application of, modifiers to receive full payment for all services for which separate billing is appropriate within CPT®/Medicare global billing rules.
- Prevent denials by not billing separately for included services and complying with global period terms that differ between CPT® and Medicare.

- Perform proper billing when different physicians perform different parts of the care during a global billing period.
- Identify inappropriate denials based on misapplication of global package rules to win appeals.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59

Recommended Resources:

- Current 90-Day Global Calendar
- Fundamentals of Medicare for the Physician Office
- Cardiology Coding and Billing Quick Cards
- Orthopedic Coding and Billing Quick Cards

Prevent Denials in Your Injection Coding (OLCO12)

To reduce your practice risk of audit and overpayment demands, this course teaches the critical items needed to accurately code for injections, answers common questions that challenge physicians and coders when reporting injection services and ensures compliance with injection code intent and coverage for Medicare and private payers.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 5 ACS, SCP, CCP-P CEUs, AAPC – 1.5 CEUs

Prevent Denials in Your Injection Coding Course Outline (includes 8 lessons and course assessment):

1. Introduction to Injections
2. Tendon Injections
3. Trigger Point Injections
4. Intra-articular or Bursa Injections
5. Ganglion, Carpal Tunnel or Morton's Neuroma Injections
6. Spinal Injections
7. Miscellaneous Injections
8. Course Summary
9. Course Assessment

Total time to complete course: 2.75 hours

Course Objectives:

- Learn which procedure codes are available for the six types of injections.
- Understand how the exact location and depth of the injection affect code selection decision-making.
- Learn the documentation essentials for when an injection and separate E/M code can be reported for the office visit.
- Determine when an injectable medication can be reported separately from the global package code.

- Identify the six key elements in physician documentation necessary to code injection procedures accurately.
- Determine when radiologic guidance can be reported separately.
- Understand why local infiltration drugs cannot be reported separately.
- Learn how to report multiple injections at different sites of the body on the same day of service.
- Learn how to report serial injections.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Modifier 25: Get Paid for E/M on Same Day as Procedures and Avoid Traps (OL1011)

Modifier 25 (separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) is one of the most familiar modifiers to physician coders. But just as modifier 25 can be an ally in getting claims paid correctly, it can also cause a lot of problems when used incorrectly – especially if misuse triggers an audit of your records.

This course is designed to provide the decision-making skills necessary to help you understand when to use modifier 25 legitimately and how to justify its use in answering challenges by auditors or appealing denials.

Competency Level: Intermediate

Prerequisite: None

Pre-approved for Continuing Education Credits: BMSC – 3 ACS, SCP, CCP-P CEUs

Modifier 25: Get Paid for E/M on Same Day as Procedures and Avoid Traps Course Outline (includes 5 lessons and course assessment):

1. Course Introduction
2. Rules for Modifier 25
3. Types of Eligible Services for Modifier 25
4. Scenarios Where Modifier 25 May or May Not Be Required
5. Course Summary
6. Course Assessment

Total time to complete course: 1 hour

Course Objectives:

- Understand the importance of modifier 25 in physician claims.
- Know when you should append this modifier and when you shouldn't.

Online Course Summaries

- Know the pitfalls of improper use/compliance dangers when appending modifier 25 on claims.

Recommended Courses:

- Unlocking Payment for Distinct Procedures: Modifier 59
- Understanding the CPT® & Medicare Global Packages

Recommended Resources:

- Break Through the Modifier Maze
- Medical Practice Coding Pro

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