



PRACTICE
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

When:

**Tuesday,
April 6, 2010**

CPT/E&M/ICD-9-CM Coding

9 a.m. to 4 p.m.
(Prgm# 15250-0406)

Where:

Medical Society of Metropolitan Portland
Training Room
4380 SW Macadam Ave.
Portland, OR 97239

CEUs:

6 PMI CEUs (CMC, CMIS, CMOM)
AAPC- 5.5

Fee:

\$249 per person
Includes instructional materials
See below for Registration Discounts*

Register:

Online: www.pmiMD.com

Fax (503) 222-3164

Phone (503) 944-1138

Mail: Amanda Borges, Medical
Society of Metropolitan Portland
4380 SW Macadam Ave. Ste. 215
Portland, OR 97239

ICD-9-CM Coding Workshop

Hands-on coding and instruction to improve diagnostic coding competency. New, revised and deleted code updates for 2010 effective 10/1/09.

Receive a comprehensive look at proper ICD-9 coding guidelines, including rules as set forth by Medicare. Perfect class for anyone new to physician services coding or for those in need of a refresher. ***Bring current ICD-9-CM Coding book to class.**

Course Agenda

- Tools needed to aid with coding diagnosis
- Explanation of ICD-9-CM Vols. I & II chapters and format
- Working with the ICD-9 appendices
- Coding for an unsubstantiated diagnosis
- Using chapter 16 to code difficult "rule out" situations
- Valuable tips regarding Medicare's Correct Coding Guidelines
- Hands-on exercises to help you master challenging coding issues
- Coding for adverse effects, HIV/AIDS, neoplasms, and diabetes
- Coding injuries appropriately
- Usage of supplementary classification codes: V&E
- Signs, symptoms and ill-defined conditions
- New update on ICD-10 handout that explains the new coding systems and early preparation guidelines

Registration Form Keep a copy for your records.

Check the boxes above for the program(s) you wish to attend. List additional registrants on duplicate forms. Confirmation will be emailed once your registration has been posted in our system.

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#*: _____

Check form of payment: Visa MasterCard American Express Check (payable to Practice Management Institute)

Credit Card #: _____ Exp. Date: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* **Registration Discounts:** 2nd through 4th registrants enrolling together all receive 10% off. Groups of 5 or more all receive 15% off. PMI certified professionals with active ID# receive 10% off their registration fee.

Cancellation Policy: A credit voucher will be issued if cancellation is received at least 48 hours prior to program. For refunds, a \$20 processing fee will be deducted for cancellations received in writing at least 1 week prior to the program start date; 50% refund if less than 1 week. Refunds cannot be processed for no shows.

100% Satisfaction Guaranteed
for details visit www.pmiMD.com.

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