



# BSA Healthcare Advisory Group Emergency Medicine Webinars for Providers, Coders, and Billing and Compliance Staff

## About this Service

The **BSA Healthcare Advisory Group** offers on-demand, web-based access to recorded versions of its popular coding and reimbursement webinars. Benefits of on-demand, web-based training include:

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- The ability to train new hires or provide ad-hoc refresher courses to current staff members at a fraction of the fees that would be required for on-site training.

## Subscription Service Fee Information

An annual subscription to one of our three existing webinar libraries provides unlimited access to all of the recorded webinars in that library. Fees for each subscription are as follows:

- Subscription #1: Emergency Medicine Provider Documentation Webinar Library - \$2,000 annually
- Subscription #2: Emergency Medicine Revenue Cycle and Reimbursement Training Webinar Library for New Emergency Medicine Providers and Residents - \$2,000 annually
- Subscription #3: Emergency Medicine Coding, Billing, and Practice Management Webinar Library - \$2,500 annually

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## **Subscription #1: Emergency Medicine Provider Documentation Webinar Library**

### **Title: Emergency Medicine Provider Documentation Straight Talk: Critical Concepts Every Provider Should Know**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 50:54**

Given the inherent environment of the average ER, it is easy to overlook the significance of proper completion of the medical record. Poor documentation precludes the ability to code a specific service, and can result in down coding a visit to a lesser code in order to ensure compliance with documentation and coding rules and regulations.

This webinar will give your providers specialty-specific information and tools they can use every day to accurately and completely report emergency medical services.

Topics include:

- Documentation concepts and financial considerations.
- Key chart elements – History, Exam, and Medical Decision Making.
- Medical Necessity.

### **Title: Critical Care for the Emergency Medicine Provider**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 61:23**

The key to collecting maximum reimbursement for Critical Care services is in first recognizing Critical Care-type cases, and then documenting them appropriately. This webinar addresses the nuances that providers must consider when documenting these high-severity cases.

Topics include:

- Critical Care definitions and regulations.
- Trauma and medical example scenarios.
- What doesn't qualify as Critical Care?
- Vital Signs and lab values that often indicate Critical Care-type cases.
- Therapeutic interventions commonly ordered for Critical Care patients.
- Procedures common to Critical Care.
- Medications commonly administered to Critical Care patients.
- Financial considerations.

### **Title: Emergency Medicine Procedures: Documentation Concepts Every Provider Should Know**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 46:00**

Variances between E/M and procedure code utilization ranging from 14% to 38% are commonly seen by auditors, and are indicative of a need for additional training in proper recognition of these reimbursable services. Hosted by Dr. John Stimler, this webinar will teach providers how to properly document procedures that are performed in an emergency department setting.

Topics include:

- The most common ED procedures.
- Areas of the patient record where procedures are most often documented.
- Proper procedure documentation.

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## **Subscription #2: Emergency Medicine Revenue Cycle and Reimbursement Training Webinar Library for New Emergency Medicine Providers and Residents**

**Title: Basic Billing Processes and Terminology**

**Presented by: Jeffrey Bettinger, MD, FACEP**

Medical billing and coding are complex vocations that require extensive knowledge of the healthcare system, accounting, and a vast suite of medical code sets. This webinar uses simple language to familiarize new emergency medicine doctors and residents with emergency medicine billing processes and terminology used by medical billing specialists and their peers.

Topics include

- The encounter tracking process.
- Types of billing arrangements.
- Coding.
- Patient account Generation.
- Credentialing.
- Accounts Receivable Management.
- Payment posting and accuracy.
- Billing reports.
- Bundling.
- Conversion factor.
- Bad debt.

**Title: Emergency Medicine Documentation Done Right – Evaluation and Management Documentation Concepts**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

Given the inherent environment of the average ER, it is easy for new emergency medicine doctors and residents to overlook the significance of proper completion of the medical record. Poor documentation precludes the ability to code a specific service, and can result in downcoding a visit to a lesser code in order to ensure compliance with documentation and coding rules and regulations.

This webinar will provide emergency medicine doctors and residents with specialty-specific information and tools they can use every day to accurately and completely report emergency medical services.

Topics include:

- The financial impact of poor documentation.
- Key chart elements – History, Exam, and Medical Decision Making.
- Medical Necessity.

### **Title: Emergency Medicine Documentation Done Right – Critical Care**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

The key to collecting maximum reimbursement for Critical Care services is in first recognizing Critical Care-type cases, and then documenting them appropriately. This webinar instructs participants on Critical Care requirements and indicators that can suggest Critical Care-type cases, ensuring that new emergency medicine doctors and residents have the tools they need to successfully document these high-risk cases.

Topics include:

- Critical Care definitions and regulations.
- Trauma and medical example scenarios.
- What doesn't qualify as Critical Care?
- Vital Signs and lab values that often indicate Critical Care-type cases.
- Therapeutic interventions commonly ordered for Critical Care patients.
- Procedures common to Critical Care.
- Medications commonly administered to Critical Care patients.
- Financial considerations.

### **Title: Emergency Medicine Documentation Done Right – Procedures**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

Proper documentation of procedures is critical to ensuring maximum reimbursement for these services. Hosted by Dr. John Stimler, this webinar will teach new emergency medicine doctors and residents how to properly document procedures that are performed in an emergency department setting.

Topics include:

- The most common ED procedures.
- Areas of the patient record where procedures are most often documented.
- Proper procedure documentation.

### **Title: Emergency Medicine Documentation Done Right – Diagnoses**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

More than ever, governmental and non-governmental payers are finding ways to avoid or reduce payments for medically necessary services. Often, auditors cite principal diagnostic code choice as the primary reason for downcoding or denying a claim. This webinar will ensure that new emergency medicine doctors and residents understand the critical nature of proper documentation of a working list of differential diagnoses and a principal diagnosis as the forerunners of a properly coded and paid claim.

Topics include:

- The importance of diagnostic code choice.
- Acute vs. chronic conditions.
- Traumatic vs. medical diagnoses.
- Core features of ICD-10.
- Chief complaint and signs and symptoms.
- Choice of principal diagnosis.
- Documentation considerations.

**Title: Emergency Medicine Documentation Done Right – Advanced Reimbursement Concepts  
Presented by: John Stimler, DO, CPC, CHC, FACEP**

This webinar will provide emergency medicine doctors and residents with a high-level overview of advanced reimbursement concepts as they apply to the specialty of emergency medicine.

Topics include:

- Diagnostic code documentation considerations.
- Documentation requirements for Evaluation and Management Codes 99281 – 99285.
- Relative Value Units (RVUs).
- E/M distribution considerations.
- The financial impact of poor documentation.
- Documentation of high-severity cases.
- Medical Decision Making (MDM).
- Medical necessity.

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**Subscription #3: Emergency Medicine Coding, Billing, and Practice Management  
Webinar Library**



**This program has the prior approval of AAPC for 43.5 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.**

**Title: Critical Care – An Update: Are you over or underutilizing Critical Care Codes? - AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:30:26**

The key to collecting adequate reimbursement for Critical Care is in first recognizing Critical Care-type cases, and then documenting and coding them appropriately. This two-hour webinar focuses on updates to our original Critical Care webinar, and addresses the nuances that providers and coders must consider when documenting and coding for high-severity cases.

Topics include:

- Critical Care Definitions and Regulations.
- Trauma and Medical Example Scenarios
- What Doesn't Qualify as Critical Care?
- Documentation Pearls that reinforce a Critical Care-type case.
- Aberrant Vital Signs that may indicate a Critical Care-type case.
- Therapeutic Interventions and medications commonly ordered for Critical Care patients.
- Procedures common to Critical Care cases.
- Aberrant Lab Values that may indicate a Critical Care-type case.

**Title: An Update: Emergency Medicine CPT® Code 99285 – A Comprehensive Review – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:14:38**

This webinar addresses the factors that help define high severity emergency medicine cases that pose an immediate threat to life or physiologic (bodily) function. Dr. Stimler examines admitted and discharged patient presentations that fit within the high severity description. He also focuses on objective criteria in order to help coders understand the significance of various ancillary studies and therapeutic interventions, and the significance they play in determining case severity. A review of Tables A, B, and C to determine MDM level combined with the requirements for history and exam documentation will be covered. Clinical examples for medical and traumatic complaints will also be addressed.

Topics include:

- Level 5 CPT® definitions and examples.
- Level 5 History and Exam documentation requirements.
- MDM and Level 5.
- Clinical considerations and case examples.
- Comparison of Level 5 objective criteria to Level 4 and Critical Care criteria.
- Common misconceptions and “gray areas.”
- Payer audit focus on Level 5.

**Title: An Update: Emergency Medicine CPT Codes 99283 and 99284 – Distinguishing the Difference Between the Two – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:21:32**

Combined, Level Three and Level Four Evaluation and Management (E/M) codes are the most commonly reported codes in emergency medicine. Without objective criteria to help define the difference between the two, proper assignment of these codes is difficult given the subjective nature of coding and its many gray areas. This webinar addresses the subtle and not so subtle differences that distinguish Level Three from Level Four services.

Topics include:

- Level Three and Level Four CPT definitions and documentation requirements.
- Level Three clinical considerations, criteria, and case examples.
- Level Four clinical considerations, criteria, and case examples.
- MDM's influence on Levels Three and Four.
- Common misconceptions and gray areas.

**Title: Use of the Medicare Audit Tool Parts I and II – AAPC Approved for 3.0 Core A CEUs or CEDC credits**

**Presented by: John Stimler, DO, CPC, CHC, FACEP**

**Part I Total Run Time: 1:57:43 - Part II Total Run Time: 1:56:56**

The original "Marshfield Clinic Audit Tool" and the current "Medicare Documentation Worksheet" are commonly used by emergency medicine coding organizations with the realization that these guidelines were originally developed for use by multi-specialty clinics and office-based medical practices, and not for the practice of emergency medicine. The chosen MDM level is used in conjunction with the History

and Exam levels to assist coders in determining the proper Evaluation and Management code for services provided by emergency physicians. Hosted by Dr. John Stimler this webinar teaches coders, compliance personnel, reimbursement directors, and providers how to properly interpret and utilize the Medicare Audit Tool for emergency medicine E/M coding.

Topics include:

- Medicare Audit Tool Tables A, B, and C with a focus on proper choice of emergency medicine E/M codes.
- Objective criteria for many subjective phrases found in the three tables.
- Detailed discussion surrounding the moderate level of the Risk Table as this level incorporates the biggest range of MDM.
- Examples for each of the levels of emergency medicine E/M codes: 99281 to 99285.

**Title: Choice of Principal Diagnosis in Emergency Medicine – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:35:53**

More than ever, governmental and non-governmental payers are finding ways to avoid or reduce payments for medically necessary services. Often, auditors cite principal diagnostic code choice as the primary reason for downcoding or denying a claim. As outpatient coders, emergency medicine coders have flexibility in diagnostic code choice; however, correct selection of a principal diagnosis is vital as it directly impacts the percentage of claims that are ultimately paid. A principal diagnosis that is improperly applied to a patient visit will result in a denied or downcoded claim, and lost revenues.

Topics include:

- Diagnostic code choice - What directs specificity?
- Acute vs. chronic conditions.
- Traumatic vs. medical diagnoses.
- Problematic diagnoses.
- Provider documentation and its impact on diagnostic code choice.
- Definitive diagnoses examples.
- Introductory review of ICD-10 code choice.

**Title: Fracture and Dislocation Care Coding in Emergency Medicine – AAPC Approved for 1.5 Core A CEUs, CEDC CSFAC or COSC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:36:59**

This webinar teaches coders about the nuances of proper fracture and dislocation care coding in emergency medical practice.

Topics include:

- Review of the bones and joints that influence choice of fracture and dislocation codes.
- Proper utilization of the -54 modifier.
- How definitive and restorative care apply to emergency medicine.
- Potential coding and reimbursement conflicts with other specialties.
- The most common splint applications.
- Use of splint codes and compliance issues related to the use of pre-fabricated splints.

**Title: Emergency Medicine Procedures: Recognizing Procedures in the ED Chart, Clinical Examples & Descriptions – AAPC Approved for 1.5 Core A CEUs, CEDC, CEMC or CASCC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:23:05**

Procedures are often overlooked by emergency medicine coders because they are often buried in areas of ED records that are not obvious on cursory review. Variances between E/M and procedure code utilization ranging from 14% to 38% are commonly seen by auditors, and are indicative of a need for additional training in proper recognition of these reimbursable services. Hosted by Dr. John Stimler, this webinar teaches coders, compliance personnel, reimbursement directors, and providers how to recognize and properly code procedures performed in an emergency department setting.

Topics include:

- The most common ED procedures.
- Areas of the patient record where procedures are most often documented.
- Proper procedure documentation.
- Proper procedure code choice.
- Clinical examples and illustrations.

**Title: Observation Documentation and Coding in Emergency Medicine - AAPC Approval Pending**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 51:24**

Although many ED clinicians are providing extended care in the emergency department, the increased services for diagnostic uncertainty or therapeutic intensity are not always coded and billed. While observation codes can be used to bill for various extended care-type services, proper chart documentation is critical, and coders should be trained in proper application of observation codes.

Topics to be covered include:

- Specific observation documentation and coding requirements for Medicare versus other payers.
- Same day versus over-midnight observation codes.

**Title: Ultrasound Documentation and Coding in Emergency Medicine - AAPC Approval Pending**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 40:52**

Because the use of ultrasound has become more commonplace in the emergency department, coders must know the rules that govern proper documentation and coding of ultrasounds. Topics to be covered include:

- Coding and billing of ultrasound interpretations in the ED.
- Documentation requirements. Is a copy of the ultrasound necessary?
- The most common ultrasound codes used for services provided by ED clinicians.
- Diagnostic code choice requirements.



**Title: Emergency Medicine Coding: Your Most Commonly Asked Clinical Questions Answered**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:46:02**

In his 16 years as managing member of BSA Healthcare, Dr. John Stimler has compiled a list of the most common and most controversial emergency medicine clinical questions that he regularly fields from coding educators, compliance and QA personnel, and coders. This webinar addresses those topics and questions.

Topics include:

- Urinary Catheters: What is the difference between a Foley catheter and an in-and-out intermittent catheter?
- What is the significance of urinary retention?
- Unstable vital signs.
- Syncope: What is syncope and does it signify an abrupt change in neurological status?
- Fleets enema vs. digital disimpaction: Do these treatments signify varying degrees of patient severity?
- Slit lamp: Is a slit lamp always used with a fluorescein strip? Is medication administered with either?
- Bladder Scan: What is it used for? What type of patient usually receives a bladder scan and what type of patient severity does it signify?
- Cultures: When are cultures ordered and what type of conditions warrant ordering of cultures?
- Sedation: IM moderate sedation vs. IV moderate sedation.
- Cardiac Workup: What types of patients require a cardiac workup, and what does it consist of? What about "other labs" and a CXR?
- STEMI vs. non-STEMI: Should they be used instead of an acute MI? What are the most important concepts here?
- High-Risk cellulitis: What are the indicators?
- Severe Infections: Should that include pneumonias?
- Close Observation for Airway Control: What does this mean?
- Psych Cases: Level Three, Four, and Five and Critical Care case examples.

**Title: Emergency Medicine Coding: Controversial and Commonly Asked Emergency Medicine Coding Questions and Topics**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 2:11:17**

Code choice matters. As emergency physician reimbursement rates continue to drop and governmental and non-governmental audits increase in frequency, it has become increasingly important for coding organizations to prepare coding policies that address the most controversial emergency medicine coding topics. In his 16 years as managing member of BSA Healthcare, Dr. Stimler has compiled a list of the most controversial and commonly asked emergency medicine coding questions that he regularly fields from coding educators, compliance and QA personnel, and coders.

Topics to be addressed include:

- Admissions: Level Four and Level Five Admission Examples.
- Special studies.
- Oxygen: Is it a medication and why? Can you take it from the nursing notes?
- Multiple nebulizers vs. multiple nebulizer meds.
- EKG: Why does ordering an EKG start the coder at a high moderate level?

- EKG interpretation billing and counting under Table B.
- EMS or Rescue: What is the difference between a medical and traumatic patient arriving via EMS? Does transportation mode help a provider determine a starting point for patient severity?
- Unrelated vs related complaints and examples of each.
- Acuity Caveat: When can a provider invoke it and what is the significance?
- Patient Re-examination: What needs to be documented? Is a simple check box ok?
- Procedures and high acuity cases: Do the procedures have to be done by a doctor to qualify as high risk, high severity cases?
- Splinting and strapping.
- Non-adjacent/Adjacent/Large Area: What is the difference?
- Drug reconciliation.
- Tube evaluation as moderate.
- Three out of three low moderate level to reach high moderate level.
- Term use of “with or without” when describing various conditions.

**Title: Important Concepts in Provider Documentation – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:39:52**

This webinar teaches physicians the importance of proper documentation of History, Exam, and Medical Decision Making along with tips related to medical necessity and summary of the severity of each case. The presentation will also assist coders in more thoroughly evaluating the many nuances of an Emergency Department Treatment Record. The financial, compliance, and medicolegal implications of provider documentation are also addressed.

Topics include:

- Documentation guidelines and requirements.
- History.
- Physical exam.
- Medical Decision Making.
- Choice of principal diagnoses.
- Various procedures.
- Medical necessity.
- Payer audits.
- Attending and mid-level provider rules.

**Title: Creation and Implementation of an Effective Emergency Medicine Coder QA Program – AAPC Approved for 1.5 Core A CEUs, CEDC, CPMA, or CANPC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:36:26**

Whether emergency medicine coding is performed in-house or through an outside agent, almost all coding organizations have a coding quality assurance program that applies internal quality measures meant to ensure appropriate capture of revenue and adherence to compliance rules and regulations. Although the format of these programs varies from organization to organization, an effective program should include both random and focused reviews in order to ensure that code choice is being evaluated in a consistent manner, and that any focused problem areas are being addressed. Dr. John Stimler reviews a point-by-point plan for creating and implementing an effective coder QA program that will

help identify coder and provider outliers, as well as reveal potential coding methodology issues.

Topics include:

- What every coding QA program should include.
- Effective QA program implementation.
- Random and focused audits - Why an effective QA Program should include both.
- Incorporating business intelligence into your coder QA program.
- Balancing reimbursement and compliance.
- Outlier identification and training.
- Industry Coding QA Program Examples.

**Title: Emergency Medicine Coding Reports: The What, The Why, and The How Often Behind the Successful Review and Interpretation of Critical Coding Data – AAPC Approved for 1.5 Core A CEUs, CEDC, CPMA, or CANPC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:30:32**

Whether emergency medicine coding is performed in-house or through an outside agent, almost all coding organizations create monthly coding summary reports. Although the terminology and format of these reports varies widely, interpretation of the data in them is key to successfully reviewing code choice from both reimbursement and compliance perspectives. Regular review and analysis of coding reports will ensure that physician groups and coding vendors are evaluating code choice in a consistent manner. We will discuss the critical reports that every ED group and coding organization should be reviewing, how often they should be reviewed, and the relevant emergency medicine and urgent care benchmarking data that will help identify coder and provider outliers, as well as reveal potential coding methodology issues.

Topics include:

- The critical coding reports that ED Groups and coding organizations should be reviewing.
- Coding report examples.
- Successful interpretation and analysis of coding data.
- Code choice benchmarking data.
- Identification of provider and coder outliers.

**Title: CMS vs. CPT® E/M Coding Requirements and Payer Considerations and Admissions and Transfers Case Level Severity Review – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:43:50**

**CMS vs. CPT E/M Coding Requirements and Considerations**

There are notable differences in the CMS and CPT documentation requirements that influence code choice depending on the payer. Understanding these differences is crucial to proper E/M code choice.

Topics include:

- CPT Documentation Guidelines and History, Exam, and MDM.
- CMS Documentation Guidelines and how they are different.
- CMS vs. CPT Guideline differences and how both impact E/M code choice for emergency medicine.
- CMS vs. CPT procedure code differences.

## **Admissions and Transfers**

Admissions and transfers are common in the practice of emergency medicine. Does admission to the hospital, or transfer to another facility, usually generate a Level Five or Critical Care code choice? While many admitted and transferred cases represent high acuity, high severity patients, there are some that are commonly coded at Level Four.

Topics include:

- Examples of high severity cases that pose an immediate threat to life or bodily function, yet still generate minimal ancillary studies and minimal therapy.
- Patient complaints and objective criteria that often generate Level Five code choice.
- Examples of admitted/transferred cases that are frequently coded at Level Four.

**Title: Payer Audits: Defending Yourself Against the Inevitable – AAPC Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:01:24**

Due to increasing pressure to improve accountability and reduce costs for federally funded medical care, the incidence of governmental audits by both Medicare and state Medicaid programs is on the rise. Careful evaluation of governmental audits is critical to identifying common patterns of audit processes, high risk chart documentation areas, exposed codes, and reimbursement practices that have been questioned by MACs.

Topics include:

- Factors that generate payer audits.
- Types of cases that auditors typically flag for review.
- The most common reasons that auditors give for downcoding cases, and recommendations for responding to each.
- Medical necessity and auditor assumptions.
- Preparing for the inevitable. What to do before you receive an audit notice.
- Managing the Medicare Appeals Process.
- Administrative Law Judge Hearing Update.

**Title: Proper Documentation of Medical Necessity and Medical Decision Making**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:42:14**

As emergency physician reimbursement rates continue to drop and governmental and non-governmental audits increase in frequency, it has become increasingly important for clinicians to better justify any treatments that are provided and work-ups that are ordered via excellent documentation that "tells the story" of a patient encounter.

Of the three key components of provider documentation - History, Exam, and Medical Decision Making (MDM) - MDM is the most critical. The MDM level initiates the E/M code level that can potentially be achieved if the History and the Exam are documented appropriately. This webinar will explain the importance of a segment of MDM: that of justifying the ordering of ancillary studies and therapeutic interventions as "medically necessary."

Topics include:

- Definitions and components of MDM.
- MDM's impact on code choice.
- MDM and Tables A, B, and C.
- Controversial concepts in the DMO Table.
- Medical necessity for treatment orders.
- Medical necessity for ancillary study orders for labs, x-rays and special studies.

**Title: Urgent Care Evaluation and Management Documentation and Coding – AAPC-Approved for 1.5 Core A CEUs or CEDC credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:35:25**

Urgent care is the provision of medical and traumatic care in a facility dedicated to more acute care outside of a hospital emergency department. Patients can be treated on a walk-in basis, without an appointment, and receive immediate care. If necessary, stabilization therapy may be provided for an emergency condition prior to transfer of a patient to a hospital environment.

Some urgent care centers provide services that replicate the great majority of services provided in the ED. Capabilities may include extensive lab, x-ray, and special studies such as CT scans and MRIs. The patients evaluated include a large number of moderate to high severity conditions that are “worked up” and managed in an urgent care setting.

Higher levels of Medical Decision Making intermixed with appropriately documented History and Exam areas of records generally result in higher Evaluation and Management code choice. This is especially true when compared with an office-based practice where limited ancillary studies and management options exist. In an Urgent Care setting, appropriate code choice is vital to ensure maximum reimbursement while maintaining compliance.

Topics include:

- Provider documentation requirements for each E/M code.
- How the medical record can influence the chosen E/M code level.
- How ancillary studies in an urgent care environment allow for management of more acute patients with higher severity conditions.
- Appropriate E/M code choice in an urgent care setting.
- E/M code choice distribution comparisons.

**Title: Top 25 Principal Diagnoses in Emergency Medicine and an ICD-9 vs. ICD-10 Comparative Code Choice Overview – A Two Part Webinar**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Part 1 - Total Run Time: 1:39:57**

**Part 2 – Total Run Time: 1:02:37**

Correct selection of a principal diagnosis is vital as it directly impacts the percentage of claims that are ultimately paid for emergency physician services. A principal diagnosis that is improperly applied to a patient visit will result in a denied or downcoded claim, and lost revenues. As a result, coder knowledge of, and familiarity with, the most common emergency medicine ICD-9 and ICD-10 diagnoses codes are critical. This two-part webinar will provide coders with a better understanding of the top 25 emergency

medicine diagnoses via a review of the clinical considerations and co-morbidities that often suggest use of these codes.

Topics include:

- Common co-morbidities that are associated with each principal diagnosis.
- How co-morbidities, gender, and age impact each differential diagnosis and case risk/severity.
- The most common ancillary studies and therapeutic interventions ordered for each of the 25 diagnoses, and the differentials that are frequently associated with each.
- Factors that influence the final disposition decision for each of these diagnoses.

**Title: ICD-10 Implementation Series, Part One: Overview for Emergency Medicine Providers and Coders – AAPC-Approved for 1.5 Core A CEUs or CEDC, CPCO, CPMA credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:42:35**

On October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures were replaced by ICD-10 code sets. To prepare providers and coders for implementation, Dr. John Stimler of Bettinger, Stimler & Associates, and the BSA Healthcare Advisory Group has recorded a 12-part ICD-10 webinar training series that intermixes his clinical expertise with the critical anatomy, physiology, and disease reviews that your staff will require to transition to ICD-10.

Topics to be addressed in Part 1 of this webinar series include:

- ICD-10 advantages.
- ICD-10 myths.
- ICD-10 format, structure and organization.
- Critical provider documentation considerations.
- Critical coder training considerations.

**Title: ICD-10 Implementation Series, Parts Two - Eleven – AAPC approved for 1.5 CEUs Core A, CEDC, CPMA, or CPCO credits**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 1:31:07**

On October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures were replaced by ICD-10 code sets. To prepare providers and coders for implementation, Dr. John Stimler of Bettinger, Stimler & Associates, and the BSA Healthcare Advisory Group has recorded a 12-part ICD-10 webinar training series that intermixes his clinical expertise with the critical anatomy, physiology, and disease reviews that your staff will require to transition to ICD-10.

Parts 2 through 11 of this webinar series include:

- Part Two: The Integumentary and Endocrine Systems
- Part Three: The Skeletal System
- Part Four: The Muscular System
- Part Five: The Cardiovascular System
- Part Six: The Hematologic and Lymphatic Systems
- Part Seven: The Respiratory System
- Part Eight: The Urinary and Reproductive Systems
- Part Nine: The Nervous System
- Part Ten: The Digestive System

- Part Eleven: The Eye, Ear, and Surrounding Structures

**Title: ICD-10 Implementation Series, Part Twelve: Wrap Up for Emergency Medicine Coders**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Total Run Time: 47:02**

On October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. CMS estimates that preparation for ICD-10 will require 16 hours of training per coder, and that training should begin six months prior to the ICD-10 implementation deadline; however, finding time to create training materials and deliver them in a production environment is very difficult. To that end, Dr. John Stimler of Bettinger, Stimler & Associates, and the BSA Healthcare Advisory Group is offering a 12-part ICD-10 webinar training series that will ensure that your coding and compliance staff is ready to make the move to ICD-10 a smooth and successful one. Dr. Stimler's ICD-10 webinar series will intermix his clinical expertise with the critical anatomy, physiology, and disease reviews that your staff will require to transition to ICD-10.

Topics include:

- ICD-10 Advantages.
- ICD-10 Myths.
- General coding guidelines.
- ICD-10 code sets for common emergency medicine presentations.
- Key points regarding each system covered during series Parts 2 through 11.

**Title: Restoring Fairness to Emergency Medicine Reimbursement**

**Presented by: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 29:45**

The managing members of BSA Healthcare have observed multiple challenges to emergency medicine reimbursement over the past twenty years. While some of these fiscal challenges are experienced by all medical providers, others are unique to the specialty of emergency medicine. Unless ameliorated, these attacks on emergency medicine reimbursement will create an environment where the crucial role of the specialty within the American healthcare system is in peril. Immediate, assertive actions are necessary to preserve the integrity of the emergency services safety net. This webinar will highlight the role of emergency medicine, the challenges facing the remittance of adequate reimbursement, and potential solutions to these challenges.

**Title: Optimize Your Billing Company Performance - The Reports You Need to Watch**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 1:07:45**

This webinar will enable physicians and practice managers to analyze and interpret routine billing reports, and then use this knowledge to enhance collections.

Topics include:

- Aging reports.
- Reports that tie collections back to the month of charges.
- Cash receipts and charges reports.
- Encounter tracking reports.
- Time to collect reports.
- Coding acuity reports.

**Title: Top Five Reasons for Lost Revenue**

**Presented by: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 47:31**

This webinar addresses the most common reasons for lost revenue when billing for emergency physician services, and includes solutions to these problems.

Topics include:

- Missing and incomplete charts.
- Deficient documentation.
- Conservative or inaccurate coding.
- Credentialing problems.
- Managed Care: Downcoding, partial payment, incorrect payment, billing agent software system deficiencies.

**Title: Setting an Emergency Physician Fee Schedule**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 15:36**

Maintaining an adequate provider fee schedule is one method emergency groups can use to improve collections. If accurately constructed, commercial databases can be a precise and defensible resource when setting a fee schedule.

Topics include:

- CPT<sup>®</sup> code charges.
- Fee sharing.
- Fee schedule databases.
- Payments and actual charges.
- Emergency medicine fees.

**Title: Negotiating Billing Contracts**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 27:44**

Negotiating contracts for emergency physician billing is a complex endeavor that involves consideration of several factors including the various services that should be included in the contractual fee. Saving pennies on the billing vendor fee may cost the emergency group significant lost revenue. This webinar will teach emergency physicians and practice managers how to negotiate an optimal contract with a billing vendor, and avoid common negotiation pitfalls.

**Title: Valuation of Emergency Physician Accounts Receivable**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 33:59**

This webinar will teach practice managers, group principals, and investors how to accurately value accounts receivable by using standard billing reports.

Topics include:

- Sale of an emergency physician group.
- Acquisition of an emergency physician group.



- Merger of emergency physician groups.
- Buy/sell agreements among group members.
- Loans or line of credit.
- Initial public offerings.
- Taking a publically traded emergency physician group private.
- Lawsuits.

**Title: Contemplating Performing Your Own Billing**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 28:26**

Learn the pros and cons of setting up your own billing operation. This webinar, designed for practice managers and group principals, will allow the participant to understand the steps, risks, and costs in setting up an internal billing operation.

Topics to be addressed include:

- Billing process components.
- Support processes.
- Costs.
- Hardware and software requirements.
- Legal considerations.

**Title: Managed Care Contracting – Evaluating Strategies, and Negotiating Your Way to Success – 2 Part Webinar**

**Presenter: John Stimler, DO, CPC, CHC, FACEP**

**Part 1 - Total Run Time: 1:10:16**

**Part 2 - Total Run Time: TBD**

Because so many patients are covered by some type of managed care plan, the majority of physicians participate in managed care contracts; however, while virtually all health insurance provided by employers is available to individuals in the private insurance market, emergency care services are subject to EMTALA laws that mandate the provision of care to every patient who presents to an ED, even if a patient's insurer refuses to pay fairly, or negotiate favorable contract rates. Non-financial issues also play a role in managed care contract negotiations. Emergency physicians are often subject to payers who leverage their relationship with a hospital to coerce emergency physicians to accept deeply discounted, below-market rates for emergency physician services, or risk losing their hospital-ED staffing contract.

Solid managed care contracts are the foundation of a reliable revenue stream for many ED Groups. Poorly negotiated contracts can cost providers hundreds of thousands of dollars, making preparation before, during, and throughout the term of a managed care contract key to the success of an ED Group practice.

Topics include:

- Historical Problems with Managed Care Organizations
- MCO Contract Review
- Managed Care Negotiations - Preparation
- Managed Care Negotiations - Strategy
- Contracting Terms that Could Negatively Impact Your Business

- Fee Schedule Considerations
- Tracking and Trending Denials Data
- PHO Background Information and Consideration.

**Title: 2016 Medicare Physician Fee Schedule Final Rule and “Greatest of 3” Final Rule**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 34:11**

The Centers for Medicare and Medicaid Services (CMS) announced the 2016 Medicare Physician Fee Schedule (MPFS) Final Rule on October 30, 2015. The final rule includes proposed annual updates to the relative weights of physician services, and would implement key provisions in the Affordable Care Act of 2010. Additionally, HHS issued a Final Rule on the "Greatest of 3" provisions of the ACA.

In order to help emergency physicians, hospitals, and the vendors who serve both prepare for the short and long-term effects of the 2016 MPFS final rule and the ACA, BSA Healthcare is offering a 45-minute webinar dedicated to the following topics:

- 2016 RVUs for emergency services
- 2016 Medicare Conversion Factor
- Out-of-Network payments for emergency services - including Final Rule on "Greatest of 3"
- Alternative Payment Models for emergency medicine

**Title: 2016 Medicare Physician Fee Schedule Proposed Rule, MACRA, and a Healthcare Reform Law Update**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 37:04**

The Centers for Medicare and Medicaid Services (CMS) announced the proposed 2016 Medicare Physician Fee Schedule (MPFS) on July 8th, 2015. The proposed rule includes annual updates to the relative weights of physician services, as well as new items that would impact emergency medicine via revisions to key provisions in the Affordable Care Act of 2010. Emergency Medicine is projected to see a zero percent change in Medicare reimbursement in 2016.

Hosted by Dr. Jeffrey Bettinger, this webinar will help emergency physicians, hospitals, and the vendors who serve both, prepare for the upcoming changes to emergency medicine reimbursement.

Topics include:

- Emergency Medicine RVUs and fee schedule.
- Conversion Factor updates.
- Value based modifier.
- Work GPCI floor.
- "Greatest of 3" provision in the ACA.
- Status of ACA-related Medicaid expansion and marketplace implementation.

**Title: 2015 Medicare Physician Fee Schedule Proposed Rule, Healthcare Reform Law Update and an Environmental Assessment of the Future of Emergency Medicine Reimbursement**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 36:32**

The Centers for Medicare and Medicaid Services (CMS) announced the proposed 2015 Medicare Physician Fee Schedule (MPFS) on July 3rd, 2014. The proposed rule includes annual updates to the relative weights of physician services, as well as new items that would impact emergency medicine via revisions to key provisions in the Affordable Care Act of 2010. Emergency Medicine is projected to see a 1% increase in Medicare reimbursement in 2015.

Recent projections for a decreasing budget deficit combined with lowered estimates of future healthcare spending may effect emergency medicine reimbursement over the next few years.

Recorded by Dr. Jeffrey Bettinger, this webinar will help emergency physicians, hospitals, and the vendors who serve both, prepare for the upcoming changes to emergency medicine reimbursement.

Topics include:

- Emergency Medicine RVUs and fee schedule.
- SGR payment reduction.
- Value based modifier.
- Work GPCI floor.
- "Greatest of 3" provision in the ACA.
- Update on primary care Medicare payments for Medicaid services.
- Status of ACA related Medicaid expansion and marketplace implementation.
- Effect of federal budget and overall healthcare spending on emergency medicine reimbursement.

**Title: 2014 Revenue Modeling for Newly Insured Patients under the Affordable Care Act Webinar**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 0:40:12**

Recorded by Dr. Jeffrey Bettinger, this webinar will help emergency physicians, hospitals, and the vendors who serve both, prepare for the 30 million newly insured patients who will receive coverage under the Affordable Care Act.

Topics include:

- Revenue modeling for newly insured ED patients – overall.
- Revenue modeling for newly insured ED patients - Medicaid expansion.
- Revenue modeling for newly insured ED patients - Health Insurance Exchanges (Marketplaces).
- Potential revenue degradation for commercially insured ED patients.
- Update on "greatest of 3" guidance by CMS.
- Effects on ED revenue by ACOs and bundled payment schemes.

**Title: Billing Non-contracted Payers - Including a Special Focus on the "Greatest of 3" Language**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 47:55**

Affordable Care Act regulations state that when a payer provides benefits for out-of-network emergency services, that payer should allow payment for those emergency services by using "greatest of 3" payment logic. What does that mean for emergency medicine reimbursement, especially in states with strict balance billing regulations, and how can emergency physician groups and billing vendors ensure that they are maximizing reimbursement from non-contracted payers?

Topics include:

- Affordable care act regulations for patient protection regarding out-of-network emergency services.
- ACA balance billing regulations.
- Individual State balance billing regulations.
- **BSA Healthcare** benchmark data for final collection rates for claims billed to non-contracted payers in states that allow balance billing.
- Managed care negotiation strategies and recommendations.
- Setting an appropriate charge schedule.
- Advocacy efforts that EP groups should consider.

**Title: The Collection Agency Processes: The Black Box of the Revenue Chain**

**Presenter: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 27:53**

The collection agency process begins when self-pay accounts receivable is written off of active accounts receivable and put in a file to be sent to the collection agency. General statistics regarding collection agency placements for emergency physician services are essentially not available. This webinar, designed for the physician executive or practice manager, allows the participant to understand the factors that will improve collection agency performance, and teaches the participant how to choose an appropriate collection agency.

**Title: Collection Agency Analytics: The Hidden Benefits - Improving Cash Collections Through Enhanced Collection Agency Reporting**

**Presenter: Michael Weiner, MHA**

**Total Run Time: 59:36**

The report package that collection agencies typically send to their clients contains very basic information meant to provide clients with peace of mind that the bad debt is being worked properly; however, agencies have the ability to generate significantly more detailed reports that will reveal a vastly expanded story about how these accounts are presently performing, and where the opportunities for enhanced performance reside.

This webinar will empower you with an understanding of the reports that you are presently receiving from your agency, and provide information about additional reports that will unlock the true potential of your organization's bad debt. This potential will not only improve agency recoveries, but your billing system recoveries of first-dollar receivables as well.

Topics include:

- Enhanced reporting.
- Analysis techniques for report evaluation
- Follow-up recommendations.

**Title: The Healthcare Reform Bill: Medicare Payment Provisions**

**Presented by: Jeffrey Bettinger, MD, FACEP**

**Total Run Time: 24:10**

In addition to provisions dealing with the uninsured, the Affordable Care Act (ACA) contains many provisions related to Medicare payments. This webinar will enable physicians and practice managers to determine the impact of projected Medicare payment changes related to the ACA.

Topics include:

- Hospitals.
- Medicare Advantage Plans.
- Physicians.
- Accountable Care Organizations.
- Bundled care pilot studies.
- Independent Medicare Advisory Board.