

Medicare Part B: Reimbursement Guidelines

Get answers to your most pressing
Medicare questions

Even if your office does not process Medicare claims, most private carriers use Medicare guidelines as the foundation for payment models.



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Reasons to Attend

- 1 Medicare coverage policies, reimbursement and payment systems have been widely adopted by private insurers.
- 2 Stop second-guessing claims. Get access to the latest documentation guidelines and instruction on the CMS Correct Coding Policy.
- 3 Increase Medicare aptitude and decrease denials. Classroom participation stimulates peer-to-peer interaction and improves problem-solving skills.
- 4 Accurate claim submissions support medical ethics and trust.
- 5 Receive tips for working with CMS and Medicaid regional offices.

Billing errors and denials cost providers millions of dollars each year in lost income and productivity.

This class will cover all the statutory obligations, rights, roles and responsibilities of the Medicare provider. Participants will return to the office with new knowledge and skills aimed at improving Medicare claim accuracy.

Class Highlights:

- Understanding Medicare's Correct Coding Policy for use of comprehensive and mutually-exclusive codes
- RBRVS and your Medicare fee schedule
- How to get a list of all non-covered services
- Advance Beneficiary Notice guidelines
- What "assignment" means under Medicare law
- Medicare as primary or secondary payer
- The dangers of fragmenting, bundling and unbundling
- Preventive vs. problem-oriented services
- Differences between PAR, non-PAR and opting out of Medicare
- Caring for the indigent Medicare patient
- Improve understanding of audit triggers
- Stark laws and the dangers of courtesy discounts and kickbacks
- Your rights during a carrier audit
- How to avoid billing for services that are not medically necessary
- Proper documentation for medical necessity
- Uncovering the Medicare appeals process and review
- Your rights in making sure you receive a fair hearing
- The administrative law judge's role in handling appeals

Who Should Attend

This class is designed for physicians, coding and billing staff, and compliance officers seeking a detailed overview of the Medicare reimbursement system.

Prerequisites

The content covered in this course assumes a basic to intermediate understanding of Medicare Part B billing principles.

What to Bring

A course manual will be provided to each participant. No additional reference books are needed for this class.

Continuing Education



Continuing education credits are awarded for attendance at this program. See PMI's web site for further details.

Practice Management Institute

Practice Management Institute® (PMI) teaches physicians and their staff how to properly navigate complex health care issues and secure every dollar rightfully due. PMI programs focus on solutions for coding, reimbursement, compliance and practice productivity. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for more than 30 years.

PMI awards certification by exam in four administrative areas:



Certified Medical **Coder** (CMC)®



Certified Medical **Insurance Specialist** (CMIS)®



Certified Medical **Office Manager** (CMOM)®



Certified Medical **Compliance Officer** (CMCO)®