

# Medicare 2021

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## Course Objective and Timeline

**Objective:** To teach the doctor and staff how to properly code and bill diagnoses and procedures to avoid committing fraud and abuse.

### Timeline:

**Hour 1:** Medicare Billing – Details of completing the CMS-1500 form and implications of the information on the back of the form.

Medicare Diagnosis – How to use ICD-10 coding to properly diagnose patient's conditions.

**Hour 2:** Procedure Coding – How to properly use the CPT® and HCPCS codes and modifiers to classify services performed.

Evaluation and Management Coding – How E/M codes are determined.

**Hour 3:** Evaluation and Management Auditing – How to use auditing tools to determine the correct E/M code. Two practice cases are included.

Medicare Reviews – The purpose of reviews and which reviews indicate potential problems.

**Hour 4:** Medicare Reviews – How to respond to requests for records.

The Advance Beneficiary Notification of Noncoverage - How and when to properly use the ABN including new information for 2020