

9th Annual

Physician Coding, Billing & Compliance Summit

EXPERT SOLUTIONS TO KEEP YOUR PRACTICE'S REVENUE CYCLE ON TRACK

November 17–19, 2008 | Westin Peachtree Plaza | Atlanta, GA

A photograph of the Atlanta skyline, showing several skyscrapers under a clear sky.

Atlanta

JUMPSTART YOUR PRACTICE'S 2009 FINANCIAL AND OPERATIONAL SUCCESS
REGISTER EARLY AND SAVE \$100!

Join a faculty of the top experts in medical practice management and get solutions for supercharging your practice's revenue cycle immediately.

Sharpen your focus on key areas of risk, improve your ability to assess staff's coding and billing know-how and get ready to tackle the critical issues facing physician practices today and in the new year. You'll walk away able to:

- Stop the financial leaks that cost your practice money
- Chart audit E/M services like a pro and boost reimbursement
- Reengineer your practice for fast growth
- Fight denials – and win
- Alert staff to the 2009 updates to CPT®– and be the first to know how to implement them
- Audit the early implementation of FY2009 ICD-9 codes with pointers on the most significant codes among the nearly 400 changes
- And much more!

A photograph of a woman with dark hair, wearing a dark grey blazer over a blue collared shirt, standing with her arms crossed and smiling.

www.decisionhealth.com/PhysicianSummit2008

Customize your conference experience by choosing to stay in one of three tracks: Practice Management, Coding & Billing or Compliance, or attend sessions in different tracks, following the issues that are most pertinent to you within the intersecting topics. There are 26 sessions to choose from, each packed with the most cutting-edge solutions to your toughest practice management, reimbursement and compliance problems.

Each session – presented by one of the nation’s top experts in that field – deals with a critical issue physician practices must conquer, from key regulatory and coding changes to compliance trouble spots, practice management policies and processes, and more.

And the timing couldn’t be more perfect. The event comes smack in the middle of procedure and diagnostic code changes, fee schedule tinkering by Congress and release of the OIG Workplan. You’re guaranteed first word, and sure to learn something new. This is the place – in one event – to get all the coding, compliance and billing tools and strategies you need to prepare for the new year and the changes it will bring.

Your Expert Faculty



Barbara Pierce,
CCS-P, ACS-EM
*Owner, Barb Pierce Coding and Consulting, LLC
West Des Moines, Iowa*



Stephanie Fiedler
Senior consultant with Loeb & Troper, New York, N.Y.



Margie Scalley Vaught,
CPC, CPC-H, CCS-P, MCS-P,
ACS-EM, ACS-OR
*Coding Content Specialist,
DecisionHealth, Chahelis,
Wash.*



Margaret Atkinson,
BS, CPC, RMC
*Business Office Manager,
Centennial Surgery Center,
Voorhees, N.J.*



David Gans
*Vice President, Practice
Management Resources at
MGMA, Englewood, Colo.*



Robert Bacon, MHA
*Director & Billing Compliance
Officer, University of
Pennsylvania Health System,
Philadelphia, Pa.*



**U.S. Congressman
Tom Price, MD**
*Georgia’s 6th Congressional
District, Washington, D.C.*



Robert Liles, JD
*The Law Firm of Liles Parker
PLLC, Washington, D.C.*



Larry Gold, MBA, M.Ph.
*Consultant, DecisionHealth
Professional Services,
Atlanta, Ga.*



Sean Weiss,
CPC, CPC-P, CCP-P, ACS-EM
*Vice President, DecisionHealth
Professional Services,
Atlanta, Ga.*



Betsy Nicoletti
*Author and Consultant,
Medical Practice Consulting,
Springfield, Vt.*



James Wieland, Esq.
*Principal, Health Law
Group at Ober/Kaler,
Baltimore, Md.*



Jacqueline Baratian, Esq.
*Counsel at Alston & Bird in
Washington, D.C.*



Scott Manaker, MD
*Associate Professor of Medicine,
Vice Chair for Regulatory Affairs
for the Department of Medicine,
University of Pennsylvania
Medical Center, Philadelphia, Pa.*



Bill Mathias, Esq.
*Principal, Health Law
Group at Ober/Kaler,
Baltimore, Md.*



Doral Davis-Jacobsen,
BHS, MBA, CMPE
*Manager, Physician Services
Consulting Unit,
Dixon Hughes PLLC
Asheville, N.C.*



Jennie Campbell,
Chief Operating Officer
*Summit Medical Group,
Knoxville, Tenn.*



Show Me The Money

Pre-Conference Workshops

Monday, November 17, 2008

This year's event provides hands-on managers with two different mini-courses on pulling more money out of claims. Each roll-up-your-sleeves, 4-hour workshop provides you with the principles needed to understand the issues and a process for applying proven, winning tactics.

Workshops (Breaks provided)

Workshop 1: Advanced Chart Auditing for All Specialties

Barbara Pierce, Owner, Barb Pierce Coding and Consulting, LLC, West Des Moines, Iowa

Review actual office notes, line-by-line, and participate in discussions to uncover the appropriate types and levels of service for various scenarios. With chart audit guru Barb Pierce at your side, you'll receive a thorough understanding of E/M documentation guidelines before diving into intensive interactive auditing.

Discover the tools you need to perform your own chart audits, deciphering what was done compared with what was documented, determining what qualifies as timing vs. context...whether you can double dip between ROS and HPI...and more. This hands-on workshop is designed to prepare you to conduct your own internal audits – and confidently code the correct level of E/M service without leaving money on the table or risking overpayment demands.

TAKE-HOME TOOLS: Audit tools you can use right away in your practice.



Workshop 2: Private Payer Contracts: Strategies to Win in Negotiations

Margaret Atkinson, BS, CPC, RMC, Business Office Manager, Centennial Surgery Center, Voorhees, N.J.

Level the playing field in private payer contract negotiations! This intensive, half-day workshop is designed to help you get the best deal possible with your HMO, PPO and other private payers.

You'll review contracts in detail to hone-in on your practice's income drivers...uncover no-win clauses...get proven negotiation strategies to ensure all services are covered...and limit potential harm from so-called "stealth PPOs." Find out how to limit a plan's ability to recoup old payments, and ways to avoid common contracting mistakes. (Hint: updated fee schedules.)

BONUS: You'll score contracting tips for Medicare Advantage and find out how to get paid under new consumer-driven plans.

TAKE-HOME TOOL: Managed care contracting checklist.



Agenda at-a-Glance

Pre-Conference Workshops

Monday, November 17, 2008

12:30 pm Registration

1:00 pm – 5:00 pm Concurrent Tracks

Workshop 1: Advanced Chart Auditing for All Specialties

Workshop 2: Private Payer Contracts: Strategies to Win in Negotiations

Summit Sessions

Tuesday, November 18, 2008

7:00 am Registration

7:00 am – 8:00 am Continental Breakfast

8:00 am – 9:00 am Election Post-Mortem: Prospects for Physician Practices

9:20 am – 10:40 am RACs & the 2009 OIG Work Plan: Lessons on Medicare's New Bounty Hunters

10:40 am – Noon Denial Trends and Financial Leaks in Physician Practices

Noon Networking Lunch

1:30 pm – 2:45 pm Management, Compliance, Reimbursement Tracks

3:00 pm – 4:15 pm Management, Compliance, Reimbursement Tracks

4:30 pm – 5:30 pm Management, Compliance, Reimbursement Tracks

Wednesday, November 19, 2008

7:00 am – 8:00 am Continental Breakfast

8:00 am – 9:30 am Regulatory Update: The FY2009 Fee Schedule Changes

9:45 am – 10:45 am Management, Compliance, Reimbursement Tracks

11:00 am – 12:15 pm Management, Compliance, Reimbursement Tracks

12:15 pm Networking Lunch

1:30 pm – 2:45 pm Management, Compliance, Reimbursement Tracks

3:00 pm – 4:00 pm Management, Compliance, Reimbursement Tracks

4:30 pm – 5:30 pm Real World Findings from Provider Audits

Summit Sessions

Tuesday, November 18, 2008



8:00 am – 9:00 am

Election Post-Mortem: Prospects for Physician Practices

U.S. Congressman Tom Price, MD, Georgia's 6th Congressional District, Washington, D.C.

Following the most intense U.S. presidential election season in decades, get an inside view of how the White House is likely to pursue health care reform, its prospects for success and the likely impact on physician practices. U.S. Rep. Tom Price, an orthopedic surgeon and a member of the House Education and Labor Subcommittee on Health, Employment, Labor and Pensions, will discuss (pending Congress' schedule) the prospects of universal health insurance, the Physician Fee Schedule, the high cost of health care administration, interoperable health information technology and much more.

9:20 am – 10:40 am

RACs & the 2009 OIG Work Plan: Lessons on Medicare's New Bounty Hunters

Jacqueline Baratian, Esq., Former senior counsel at HHS OIG and now counsel at Alston & Bird in Washington, D.C.

Recovery Audit Contractors (RACs) are on the hunt to collect money you've already been paid, reaping a percentage from CMS of every dollar they make you cough up. And it's working: Medicare likes the program so much, it will expand the program to all 50 states – and private payers are getting into the act as well. Know your rights, and learn what steps to take right now to prepare and respond to an audit. Get proven guidance on how to respond to contractor demand letters, insights into how RACs operate and the rules that govern them, steps to take to limit your exposure and tips on how to create a strong defense for your practice's bottom line.

TAKE-HOME TOOL: Audit checklist and preparedness guide.

10:40 am – 12:00 pm

Denial Trends and Financial Leaks in Physician Practices

Stephanie Fiedler, Senior consultant, Loeb & Troper, New York, N.Y.

Don't be one of the thousands of physician practices standing by while your payments stay flat or fall. There are proven ways to reverse the trend and boost

your revenues in challenging payment climates. Take home detailed steps on how to improve in-house collections of co-payments and deductibles, improve claims accuracy and boost net profits. Focus on 8 tactics payers use to delay or deny payment and learn where claim denials and payment errors can originate at almost every step in the care and payment process. This session is packed with strategies and pointers to help you master the revenue cycle and uncover your practice's weak spots.

TAKE-HOME TOOLS: Spreadsheets to isolate denial source, and a decision tree to appeal Medicare denials.

12:00 pm – 1:30 pm

Networking Lunch

Few conferences provide a sit-down lunch these days, but we do. Why? Because you shouldn't miss any opportunity to pick the brains of colleagues like you who work in a practice like yours!


Bonus: Pick up your needed 2009 code books, fee guides, compliance references, even specialty-specific education tools in the DecisionHealth Bookstore. Exclusive discounts will be offered to conference attendees!

BREAK-OUT TRACKS

1:30 pm – 2:45 pm

How to Build a Model Practice for Success


David Gans, Vice President, Practice Management Resources, MGMA, Englewood, Colo.

 The best physician practices have retained the core essence of the traditional practice structure, but behind the scenes they are setting the trends that will define modern medicine. Discover how to innovate your practice, from creative expansion into lucrative cash payment ancillary services to efficient staff and practice structures. Use modern technology to revolutionize your scheduling and collections policies. Then get detailed benchmarks to help you clearly identify the appropriate staffing levels, services and practice structure you need to succeed in the future.

TAKE-HOME TOOLS: MGMA tools to help you arrive at the right staffing level.


Conquer the E/M Coding Under-Coding Challenge

Barbara Pierce, CCS-P, ACS-EM, Owner, Barb Pierce Coding and Consulting, LLC, West Des Moines, Iowa

 Are you bringing in all of the reimbursement you're entitled to when you bill E/M services? Medicare itself says you're leaving tens of millions on the table – much of it from under-coding common E/M services. With reimbursements shrinking, this is a real killer. Get proven ways to ensure your E/M documentation is up to par and that your E/M billing patterns stand up to those of your peers. Find out how to create templates and spreadsheets to make E/M documentation more efficient in your practice. And explore the top E/M challenges – from charging for E/M on same-day procedures to “nurse visits” 99211 and billing for initial inpatient visits and observation care services – to help you decide what is right for each situation. **TAKE-HOME TOOL:** Sample audit result form that can be adapted for your practice.

Why E-Health, Privacy and Security Now Goes Well Beyond HIPAA

James Wieland, Esq., Principal, Health Law Group at Ober/Kaler, Baltimore, Md.


 You may feel your practice is well-versed on HIPAA. But that's only the beginning. As practices – and even public databases, such as the NPI Registry and NPPES downloadable files – move into electronic health records, the incidence of cyber theft, identify theft and the diversion of legitimate payments is expected to explode. Get a comprehensive overview of the current compliance regulations for protecting patients' electronic information, including updates on legislative changes to HIPAA. And discover smart ways to protect your practice, your patients and yourself from privacy and security breaches.

TAKE-HOME TOOL: Compliance checklist.

3:00 pm – 4:15 pm

Collections: Know the Rules and Get the Dollars You Deserve

Betsy Nicoletti, Author and Consultant, Medical Practice Consulting, Springfield, Vt.

 Medicare and private payers are cutting you to the bone. Find out how to build a collections program that shines – and brings measurable reductions to your A/R days, increases to your bottom line and gets you every dollar you deserve. The easiest money a practice will ever make



Track 1: Practice Management



Track 2: Coding & Billing




Track 3: Compliance

is collecting for services already performed. Effective and efficient collections require consistent systems and processes, smart use of technology and relentless monitoring. Learn what to do from pre-registration to statements. **TAKE-HOME TOOLS:** Sample scripts and monitoring tools.


Freestanding ASCs: How to Survive & Thrive in 800 New Codes, 220 Pay Groups

*Margaret Atkinson, BS, CPC, RMC, Business Office
Manager, Centennial Surgery Center, Voorhees, N.J.*

 Freestanding ambulatory surgery centers are just getting used to the biggest ASC payment change in 17 years, now that Medicare put in place the new APC system. Discover how to ensure the conversion to the OPPS APC system – the biggest ASC payment and coding change in 17 years – won't depress your ASC's financial health. Identify new revenue opportunities and ways to change your case mix to capture the changes that work for you, including details on which new procedures you can code for in your ASC (hint: new technology codes). Take home key coding tips – the 50 modifier, LT/RT modifiers, two nifty new modifiers – and ammunition for what to do when your code doesn't match the doctor's code. **TAKE-HOME TOOLS:** ASC billing scenarios.

Provider-Vendor Relationships: How to Stay on the Right Side of the Red Line

*Robert Liles, JD, The Law Firm of Liles Parker
PLLC, Washington, D.C.*


 Your goal of maximizing revenue should include solid partnerships and referral relationships. But can you confidently answer these

questions: Are free samples OK – and under what circumstances? What is an appropriate gift? Are consulting agreements advisable or even acceptable? How about off-label marketing practices? Beware: The risks are huge for those who are not aware of the nuance, detail and changes in the law. Get the answers to each of these questions and many, many more to help keep your practice profitable, growing and safe. **TAKE-HOME TOOLS:** Sample policies.

4:30 pm – 5:30 pm


Tactics, Letters and Official Sources to Fight Denials & Win

*Margaret Atkinson, BS, CPC, RMC, Business Office
Manager, Centennial Surgery Center, Voorhees, N.J.*

 Payers won't do you any favors when it comes to fighting for the payments you deserve. So take matters into your own hands by knowing the rules and using the power of source documentation – tactics that you can employ with payers to ensure your arguments against denials are heard and denials are reversed. Learn where claim denials and payment errors can originate at almost every step in the care and payment process, and how to reverse them. **TAKE-HOME TOOLS:** Sample appeal letters and contact templates you can customize.

Incident-to vs. Shared Visits: Get it Right Every Time & Grow Your Revenue


*Stephanie Fiedler, Senior consultant,
Loeb & Troper, New York, N.Y.*

 Non-physician practitioners (NPPs) can boost productivity and patient satisfaction, but they bring heavy baggage with state, federal and private payer billing and coding rules. From scope-of-practice

to incident-to and shared service rules, regulatory pitfalls lurk around every corner. Avoid these traps by arming yourself with the know-how to make NPPs a key part of your practice success story. Get the low-down on who can do what procedures, limits on E/M coding levels, amount of supervision required and more. Stephanie has witnessed serious errors in NPP coding and billing, and she'll show you how to untangle the snarls of non-physician practitioner coding. **TAKE-HOME TOOL:** Cheat sheet to determine incident-to vs. shared visits.

Minimizing Compliance Risks in Joint Ventures and Other Arrangements

*Bill Mathias, Esq., Principal, Health Law
Group at Ober/Kaler, Baltimore, Md.*

 The Stark regulation and Anti-Kickback Statute give independent physicians leeway in providing ancillary providers – imaging centers, DME and others – some non-cash benefits. But you better know the regulations down to the letter of the law or your practice could face massive fines, 'whistleblower' lawsuits or even worse. Get specifics on what's needed to bolster referrals, what constitutes "Fair Market Value," what is excessive under Stark and other ways to keep your practice and staff safe and compliant. Get clear guidance on what common practices are OK and under what circumstances. **TAKE-HOME TOOLS:** Checklists for Stark and Anti-Kickback compliance.

Wednesday, November 19, 2008

8:00 am – 9:30 am

Regulatory Update: The FY2009 Fee Schedule Changes

*Betsy Nicoletti, Author and Consultant, Medical
Practice Consulting, Springfield, Vt.*

Get the first word on the latest Medicare rule changes and the hot spots in the new Physician Fee Schedule final rule. Deploy the strategies needed to comply, including how to deal with new codes that may impact your billing. You'll get insights that will make you an expert on what's new for 2009 so you can start educating your staff for a smooth transition. **TAKE-HOME TOOL:** Part B News special analysis of the fee schedule changes.


BREAKOUT TRACKS

9:45 am – 10:45 am

How You Can Implement Real Time Claims Adjudication


Doral Davis-Jacobsen, BHS, MBA, CMPE

*Manager Physician Services Consulting Unit,
Dixon Hughes PLLC, Asheville, N.C.*

 Tired of seeing your physicians perform services and watching your payments get swept away with claims denials and an inefficient appeals process? Let Real Time Claims Adjudication help you find out before you render the service. Expert consultant Doral Davis-Jacobsen will walk you through how you can set up Real Time Claims Adjudication at your practice, showing you the benefits, the challenges and real life outcomes.

The Ins, Outs and Musts of Teaching Physician Rules


*Scott Manaker, MD, Associate Professor of Medicine,
Vice Chair for Regulatory Affairs for the Department of
Medicine, University of Pennsylvania Medical Center,
Philadelphia, Pa.*

 Compliance with the maze of teaching physician rules is an everyday struggle for billers, coders, physicians and compliance officers,

especially as they face new and sometimes mystifying billing scenarios. Discover the key components of E/M codes for resident documentation, including what exactly medical students can and can't document. Plus, sift through the nuances of implementing electronic medical records at a teaching institution. **TAKE-HOME TOOL:** Valuable forms and templates to make your academic practice run more efficiently.

Compliance Plans: Rock-Solid & Iron-Clad...But Does It Work?

*Sean Weiss, CCP-P, CPC, CPC-P, Vice President,
DecisionHealth Professional Services, Atlanta, Ga.*

 Congratulations – you have a compliance plan that's the best in the business. But what are you doing with it, especially with OIG crackdowns on ancillary services, RACs on the loose and clueless personnel running about? The best defense is a proactive approach that includes regular audits, benchmark measurements and updates. Explore how the savviest providers create and maintain an effective


compliance program and determine where and when improvements are necessary.

TAKE-HOME TOOL: Your own copy of Audit Assist, the tool used by DecisionHealth Professional Services consultants for client audits – a \$300 value!

11:00 am – 12:15 pm

PQRI: The Future of Quality Reporting and P4P


Jennie Campbell, Chief Operating Officer, Summit Medical Group, Knoxville, Tenn.

 Quality reporting has arrived and is growing, with more than 115 measures to choose from this year alone. That means more opportunities than ever to earn your 1.5% bonus payment. Don't be left out of this revenue building opportunity – use PQRI to help close the gap in practice finances. Learn what changes are ahead in 2009 and what pay for performance looks like when private payers get into the act. Get the lowdown on how the new measures are working and how your practice – even NPPs – can take advantage.

TAKE-HOME TOOL: An updated set of PQRI measures/codes, including 2009 measures.

Where Coders Miss \$\$ in the Surgical Op Report


Margie Scalley Vaught, CPC, CPC-H, CCS-P, MCS-P, ACS-EM, ACS-OR, Coding Content Specialist, DecisionHealth, Chehalis, Wash.

 There's a pot of gold sitting in those op reports – only if your coder knows how to read them. Example: Incidental appendectomies aren't payable by most insurers – unless it's done for cause at the time of another procedure. A coder who can pick this out of an op report can code for additional, billable charges. There are dozens of such examples! Get the real story on major surgery coding rules, including which modifiers will secure your payment. Find out how to sift through a report to ensure you've coded all options – and what to do when the doctor fails to adequately document procedures.

TAKE-HOME TOOL: Sample format of an operative note.

Insider's View to Surviving an External Carrier or OIG Audit

Robert Bacon, MHA, Director & Billing Compliance Officer, University of Pennsylvania Health System, Philadelphia, Pa.

 What will you do if you get hit with the dreaded carrier audit letter or – even worse – hear the OIG knocking at your door? It's not uncommon for Bob Bacon to have multiple open audits – federal and state – sitting on his desk. Bob knows how to do it right, and he'll walk you through the drill so you don't get stung in this heightened era of MACs (comparing hospital and physician codes) and RACs (who are out to recoup their money). Find out what proactive measures you need to take right now, when to do a shadow audit, the type of correction plan to put in place and which staff

members should know about your audit.

TAKE-HOME TOOL: Checklist for updating operational policies-related external audit notices.

12:15 pm – 1:15 pm


Networking Lunch

Come prepared to build your very own professional network of colleagues at practices big and small.

1:30 pm – 2:45 pm

Revenue Cycle Dashboards: Keep Your Practice Running Smoothly


David Gans, Vice President, Practice Management Resources, MGMA, Englewood, Colo.

 Running your practice means keeping your eyes on multiple measurements simultaneously – and it's easy to fall behind without the right kind of dashboards and benchmarks. But no two practices are identical, so it's also critical that the data be right for your practice. Learn how to use your practice's core metrics as a management tool, identify and fix operational weaknesses, pinpoint and solve financial problems and boost profitability based on your key revenue cycle measures.

TAKE-HOME TOOL: A “provider dashboard report” and 5 other key reports and find out how to compile and use these data to energize your practice.

ICD-9 and CPT Code Updates: A Deep Dive Look at the 2009 Coding Changes


Margie Scalley Vaught, CPC, CPC-H, CCS-P, MCS-P, ACS-EM, ACS-OR, Coding Content Specialist, DecisionHealth, Chehalis, Wash.

 You'll have just gone through loading 300+ new ICD-9 codes (and that doesn't count existing codes that got revised), and early word is CPT has one of its biggest updates in store for 2009 (official release will be just before this conference!). Your doctors, coders and billers better understand how to document for and use the new codes, or you could face problems with downcoding or outright rejections. Get a whirlwind tour of the new code sets, with special emphasis on isolating the significant changes from those you can file away with little worry.

TAKE-HOME TOOL: Checklist of key CPT and ICD-9 code changes.

Effective Use of the OIG's Self-Disclosure Offer

Jacqueline Baratian, Esq., Former senior counsel at HHS OIG and now counsel at Alston & Bird in Washington, D.C.

 The stakes have suddenly become much higher when using the OIG's self-disclosure rule. There is a new 3-month deadline for providers to conclude internal investigations into the source and extent of the violations they self-disclose to the OIG. But in exchange, the OIG will lower the penalty and

relax the terms of Corporate Integrity Agreements (CIAs) for cooperative providers. So when and how should you make use of the OIG's self-disclosure rule? Is any violation too small to worry about? And what if you do disclose a minor violation – does this unnecessarily alert the OIG and give it an open-ended look into your operation? Get proven guidance from the former senior counsel at the OIG.

3:00 pm – 4:00 pm

PQRI: The Future of Quality Reporting and P4P

 *Jennie Campbell*
(repeat from Wednesday at 11:00 am)

ICD-9 and CPT Code Updates: A Deep Dive Look at the 2009 Coding Changes

 *Margie Scalley Vaught*
(repeat from Wednesday at 1:30 pm)

Minimizing Compliance Risks in Joint Ventures and Other Arrangements

 *Bill Mathias*
(repeat from Tuesday at 4:30 pm)

4:30 pm – 5:30 pm

Real-World Issues from Provider Audits: The Good, the Bad & the Ugly

Sean Weiss, Margie Scalley Vaught & Larry Gold, DecisionHealth Professional Services

Grill the nation's top billing and compliance experts with your toughest coding, billing and compliance questions collected not just from the conference, but from your own practices. In turn, while they won't name names, they'll reveal the top 10 real-life pitfalls that show up time and time again over the hundreds of provider audits each has performed in the last 18 months.

Fastest Ways to Register

ONLINE registration at
www.decisionhealth.com/PhysicianSummit2008

CALL 866-620-5939 (toll-free)

MAIL completed registration to:
Conference Department, ATTN: C1105
Two Washingtonian Center
9737 Washingtonian Blvd., Ste. 100
Gaithersburg, MD 20878-7364

FAX 301-287-2535

Hotel & Travel Discounts

November 17-19, 2008

Westin Peachtree Plaza
210 Peachtree Street
Atlanta, GA 30303
Reservations: 1-404-659-1400 or
1-800-937-8461

For room reservations, call the hotel directly and mention you are attending the 9th Annual Physician Coding, Billing & Compliance Summit to take advantage of the discounted room rate of \$199 Single/Double. To receive this discount, reservations must be made by October 16, 2008. Thereafter, reservations will be taken on a space-available basis only. Any reservation not guaranteed with a credit card will not be held after 4:00 p.m. on arrival day.

Airline Discount

United Airlines is offering attendees a special discounted rate. To take advantage of savings up to 10% off published domestic fares, call World Travel at 1-888-602-6534 or call United Airlines directly at 800-521-4041 and refer to file #582PV.

Rental Car Discount

Avis Car Rental is offering attendees discounted rates. To take advantage of these rates, please call 1-800-331-1600. Mention AWD # T706699 to receive the discount.

Can't Attend?

If you can't come to the conference but don't want to miss a thing, order the professionally recorded audio CDs from the conference, along with the conference course book. Call 877-602-3835 to order and reference TC1105, or order on the conference Web site.

Cancellation/Substitution Policy

Transfers/substitutions are permitted at any time. However, for administrative purposes, please notify the Conference Registrar at 866-620-5939 as soon as changes are made. Cancellations must be received in writing by November 7, 2008, in order to receive a full refund. Cancellations made after this time are subject to a \$100 administrative charge. Registrants who do not cancel and do not attend are liable for the full registration fee. Phone cancellations are not accepted.

100% Money-Back Guarantee

If this conference doesn't give you all the tools you need to enhance your revenue cycle and run a profitable practice, we'll refund your entire registration fee. You can even keep all the course materials.

YES! Sign me up for the 9th Annual Physician Coding, Billing & Compliance Summit. If I register before September 22, I am eligible to receive the early bird discount!

ONLY AVAILABLE UNTIL 9/22!

	REGULAR PRICE	EARLY BIRD DISCOUNT	SUBTOTAL
9th Annual Physician Coding, Billing & Compliance Summit – Main Conference	\$995	\$895	
Advanced Chart Auditing for All Specialties – Pre-Conference Workshop	\$395	\$395	
Private Payer Contracts: Strategies to Win in Negotiations – Pre-Conference Workshop	\$395	\$395	
BOTH Main Conference and 1 Pre-Conference Workshop (Best Value!) *Please indicate pre-conference choice below: _____	\$1,290	\$1,190	
Can't attend? Complete set of audio CDs and course materials for full program.	\$795	\$795	
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Check enclosed for \$ _____. Make checks payable to: DecisionHealth-C1105 (TIN: 52-2205881)

Charge \$ _____ to my:   

Card #: _____ *Charges will appear as UCG conference.

Valid Date: _____ Exp. Date: _____ Signature: _____

Bill my organization (must pay prior to the conference).

CEUs and CMEs



This program is pre-approved by the Board of Medical Specialty Coding (BMSC) for 13 CEUs for the main conference and 4 CEUs for the pre-conference. CEUs can be applied toward maintaining your ACS or SCP credential.



This program is pre-approved for 13 CEUs for the main conference and 4 CEUs for the pre-conference from the American Academy of Professional Coders (AAPC).



Application for CE and CME (Nursing & Physician) credit has been filed with the American Board of Quality Assurance & Utilization Review Physicians (ABQAURP). Determination of credits is pending.

Sponsor

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9th Annual

Physician Coding, Billing & Compliance Summit

November 17–19, 2008 | Westin Peachtree Plaza | Atlanta, GA

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Physician Coding, Billing & Compliance Summit

EXPERT SOLUTIONS TO KEEP YOUR PRACTICE'S REVENUE CYCLE ON TRACK

Atlanta
Why attend the 9th Annual
Physician Coding, Billing & Compliance Summit?

Here are 59 reasons!

- 5 **Comprehensive general sessions** on the key issues facing medical practices today and in 2009.
- 21 **Interactive and fun break-out sessions** focused on three "tracks": Practice Management, Coding & Billing, and Compliance.
- The chance to earn up to **17 CEUs**.
- 14 of the **most qualified, accurate speakers** in the country who are not only considered national experts, but also handle the day-to-day challenges practices face.
- 2 **Networking Lunches**: Build a network of peers, physicians, managers and staff who face your same issues and offer real-life solutions.

Whether you are new to the healthcare industry or an experienced professional, the Physician Summit will clear up any confusion surrounding Practice Management, Coding/Billing and Compliance now and in 2009.

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