

Your coding and billing problems solved

2019 AAOMS Coding and Billing Courses



Basic Coding for OMS



Beyond the Basics Coding Workshop

ICD-10-CM for OMS

Medicare 101 for OMS



OMS Billing

Medical Terminology and Oral Facial Anatomy 101

Join an elite group of
coding professionals!
Now offering the AAOMS



coding
certificate
program



Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®

AAOMS Coding Certificate Program

This program offers a coding instruction series for oral and maxillofacial surgeons and their staff to help **measurably reduce the time between claim submission and reimbursement**, significantly **increase the number of “clean” claims submissions** and greatly **reduce the possibility of a fraud and abuse allegation**.



Program consists of three courses:

Basic Coding Online

This online, introductory course is designed for those with no formal training in procedural and diagnostic coding.

Beyond the Basics Coding Workshop

Practice real-life coding challenges in this in-person, intermediate-level course.

OMS Billing

Focus on documentation guidelines, predetermination tips, claims filing, appeal tips, avoiding fraud and abuse, and more in this online course.

For more information, visit AAOMS.org/CCP.



This tote bag is given to all registered attendees of a Beyond the Basics Coding Workshop.

Join an ELITE GROUP of CODING PROFESSIONALS

Once you complete all three courses, you can claim expertise in OMS coding by having successfully finished this unrivaled, specialty-specific certificate program. Your achievement is recognized with a certificate of completion and special lapel pin we encourage you to wear at all AAOMS events – visible proof of your extensive knowledge of coding principles.



Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®



Course Overview

This online course is designed especially for OMSs and OMS staff who have never attended a coding workshop and have had little or no formal training in procedural and diagnostic coding. It also is designed for the more seasoned professional looking for a comprehensive refresher of the basics.

The course will teach the very basic elements of coding and provide an effective understanding of the CDT, CPT and ICD-10-CM coding manuals and systems. Participants will have the opportunity to test and reinforce their knowledge through basic case studies and exercises. The course proceeds at a slow, comfortable pace – dedicating sufficient time to each topic.

Continuing Education Provider Approval

The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The American Association of Oral and Maxillofacial Surgeons designates this activity for 7 continuing education credits.

AGD - Accepted Program Provider

FAGD/MAGD Credit

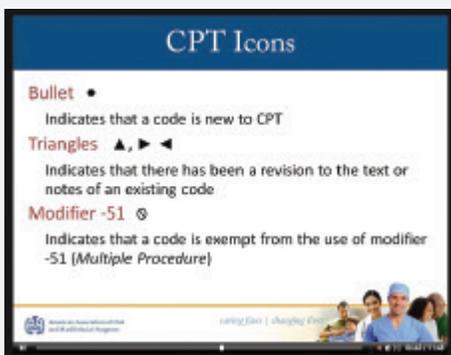
5/1/18-6/30/22

Provider ID# 214680

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For AAPC credit, please contact the AAOMS Coding and Reimbursement Staff at 800-822-6637.



Basic Coding Topics

Background Information of ICD-10-CM

- What is Coding?
- History of ICD-10-CM
- Purposes of ICD-10-CM
- Cooperating Parties
- Updating ICD-10-CM

Format and Structure of ICD-10-CM

- Format
- Volume I – Tabular List
 - Structure
 - Valid Codes
 - 7th Characters
 - Placeholders
- Volume II – Alphabetic Index
 - Structure
 - Default Codes
 - Additional Major Portions
 - » Table of Neoplasms
 - » Table of Drugs and Chemicals
 - » Alphabetic Index to External Cause Codes
- Five Easy Steps to Locating ICD-10-CM Codes

ICD-10-CM Conventions

- Nonessential Modifiers
- Abbreviations
- Punctuation Marks

ICD-10-CM Conventions (continued)

- Use of Terms “With” and “And”
- Cross References
- Instructions Found in the Tabular List

Principles of ICD-10-CM

- Signs and Symptoms
- Suspected Conditions
- Acute and Chronic Conditions
- Nonspecific Conditions
- Laterality

Background of CDT

- Overview
 - History of CDT
 - Code Maintenance Committee
 - Survey of CDT
 - Updating CDT

Structure and Use of CDT Code on Dental Procedures and Nomenclature

- Alphabetic Index
- Finding CDT Codes

Understanding HCPCS

- Organization
- Guidelines for Proper Use of HCPCS

Background Information of CPT

- History of CPT
- Purposes of CPT

Background Information of CPT (continued)

- Cooperating Parties
- Updating CPT

Format of CPT

- Sections of the Numeric List
- Use of the Semicolon
- Guidelines
- CPT Icons
- Resequencing Initiative
- Alphabetic Index
- Using the Alphabetic Index

Miscellaneous Components of CPT

- Unlisted Services
- Modifiers
- CPT Categories

Claims Submission

- Data Needed for Claims Submission
- Coordination of Benefits
- Parameters of Coverage
- Predetermination and Preauthorization
- Encounter Forms and Superbills
- Electronic Claims Submission
- Health Insurance Portability and Accountability Act

Appendix A – Oral and Maxillofacial Anatomy

“The knowledge we obtained in this conference is so helpful to us. Knowing now what we didn’t as far as what more we’re able to charge was a ‘wow’ factor for us.”

– Previous course participant



There is an audio component to this online course; a computer with speakers is needed.



Current ICD-10-CM, CPT and CDT coding manuals are required for all coding courses, except the online ICD-10-CM course in which only the ICD-10-CM coding manual is required. AAOMS does not provide them.



Course Overview

This two-day AAOMS Beyond the Basics Coding Workshop concentrates on different topics each day. Both days are necessary to achieve the maximum benefits this course has to offer. AAOMS encourages oral and maxillofacial surgeons to attend with their coding and billing staff.

Note: Participants must have a basic understanding of CDT, CPT and ICD-10-CM. Basic coding knowledge or completion of the AAOMS Basic Coding online course and AAOMS ICD-10-CM online course is suggested before participating in this intermediate-level, two-day coding workshop. Information regarding these online courses can be found at AAOMS.org/CodingBilling.

Attendees must bring their CPT, CDT and ICD-10-CM coding books. This is a hands-on workshop, and books are not sold onsite.

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The American Association of Oral and Maxillofacial Surgeons designates this activity for 13 continuing education credits.

AGD - Accepted Program Provider
FAGD/MAGD Credit
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The American Association of Oral and Maxillofacial Surgeons designates this live activity for a maximum of 13 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been approved for 13.0 continuing education unit(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

For AAPC credit, please contact AAOMS Coding and Reimbursement Staff at 800-822-6637.

Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Explain key healthcare reimbursement issues, the Correct Coding Initiative (CCI), the Health Insurance Portability and Accountability Act (HIPAA), an overview of health reform, fraud and abuse.
2. Achieve compliance through appropriate documentation for services provided (e.g., use of E/M guidelines).
3. Follow guidelines for coding anesthesia, applying associated modifiers and other coding trends.
4. Analyze clinical case studies to code OMS-specific procedures, such as fractures and biopsies.
5. Describe the relationship of coding to third-party reimbursement.
6. Understand managed care contracting and how to conduct/respond to a health plan audit.
7. Gain an understanding of state insurance laws, such as prompt payment and degree of provider.
8. Understand insurance exchange products, embedded dental plans and quality improvement programs.

Beyond the Basics Coding Workshop Schedule (Days one and two)

7:30 – 8 a.m. Registration and Continental Breakfast	Noon – 1 p.m. Lunch provided by AAOMS
8 a.m. – 4 p.m. ... Beyond the Basics Coding Workshop	2 p.m. Question & Answer Session
10 a.m. Break	2:15 p.m. Break
	4 p.m. Adjourn

In addition to OMS-specific procedural coding, new content covers healthcare reform initiatives stemming from the Affordable Care Act, state insurance laws, reimbursement issues, audit tips, medical records documentation, managed care contracts tips, fraud and abuse, and more.



"I truly enjoyed the Beyond the Basics Coding Workshop presentation. I can better understand billing and coding in a medical and dental office setting. The instructor was thorough and gave great examples on how to help your practice succeed and help patients with insurance reimbursements."

– Previous workshop participant

Beyond the Basics Coding Workshop Topics

Introduction: CPT and CDT

Code Development

- CPT Editorial Panel
- How are Suggestions for Change Reviewed?
- What's Required for a New Code?
- What is the RUC?
- What is the CMC?

Medical Record Documentation

- Medical Record Documentation Standards
- ICD-10-CM: The Need for Better Documentation

ICD-10-CM Coding Principles

- Sequelae
- Neoplasm
- Injuries
- Open Wounds
- Traumatic Fractures
- Pathological Fractures
- Medication-related Osteonecrosis of the Jaws (MRONJ)
- Embedded and Impacted Teeth
- Z-Codes
- Locating Z-Codes
- Status Post Z-Codes
- Sequencing of Codes
- Canceled Surgery
- Follow-Up Examinations
- Preoperative Evaluations
- Observation and Evaluations
- ICD-10-CM Changes
- General Equivalence Mappings (GEMs)
- Edentulism

Radiology Services

- Technical and Professional Components
- Supervision and Interpretation
- Cone Beam CT Scans
- National Electrical Manufacturers Association (NEMA) Compliance

Anesthesia Services

- State Law and Regulations
- Moderate Conscious Sedation
- General Anesthesia/Deep Sedation
- Anesthesia by Surgeon Modifier
- CPT Anesthesia Codes
- Dental Anesthesia Codes
- Medicare Anesthesia Policy
- Surgical Services
- Surgical Package
- Operative Supplies
- Separate Procedures
- Surgical Modifiers

Coding OMS Procedures

- Dental Extractions
- Coding for Aborted Extractions
- Coronectomy/Partial Odontectomy
- Orthodontic Anchorage
- Lesions
- Wound Repairs
- Dental Implants
- Fracture/Dislocation Repairs
- Surgical Splints
- Bone Grafting
- Orthognathic Surgery
- Rapid Palatal Expansion
- Distraction Osteogenesis
- TMJ
- Alveoloplasties

Coding Vignettes

Evaluation and Management Services

- Selection of E/M Codes
- Office or Other Outpatient Services
- Hospital Inpatient Services
- Consultations
- Emergency Department Services
- E/M Modifiers

Health Reform

- The Affordable Care Act
- Health Insurance Marketplaces
- Affordable Care Act (ACA) Checklist

Health Reform (continued)

- Medicare Quality Payment Program
- Private Payer Initiative Program
- Episodes of Care
- Accountable Care Organizations (ACOs)

Fraud and Abuse

- Impact of HIPAA
- Qui Tam Cases
- Penalties
- Affordable Care Act Provisions Relative to Fraud and Abuse
- Affordable Care Act Mandatory Compliance Programs

Healthcare Reimbursement Issues

- ADA Claim Form
- Diagnosis Coding
- Place of Service Codes
- ADA's Tooth Numbering System
- CMS 1500 Form
- Administrative Simplification Compliance Act (ASCA)
- Tooth Numbers on the CMS-1500 Claim Form
- Correct Coding Initiative
- Medically Unlikely Edits (MUEs)
- Coordination of Benefits
- AAOMS's Definition of Medical Necessity
- State Insurance Laws
- Non-Covered Service Laws

Auditing

- Types of Audits
- Impact of the Affordable Care Act
- Steps in Conducting Internal Audits

Managed Care Contracts

- Common Considerations
- Administrative Concerns
- Silent PPOs
- Appendix
- Answers

Beyond the Basics Coding Workshop Locations

May 4 – 5, 2019

Loews Chicago O'Hare Hotel

5300 N. River Road
Rosemont, IL 60018
Reservations: 877-868-9134
General inquiries: 847-544-5300

Room Rate:

\$179 single/double
\$189 triple
\$199 quad

AAOMS special room rate ends April 12, 2019.

Hotel Parking Cost:

Valet Parking: \$38 per day
Self-parking garage: \$28 per day
Subject to change.

Sept. 18 – 19, 2019

Boston, Mass.

See the AAOMS Annual Meeting Advance Program for housing details, or visit AAOMS.org/Events.





Course Overview

This dynamic training program – offered online – teaches OMS coding professionals to become proficient in the ICD-10-CM coding system. In this course, participants will learn about the history, structure and format of ICD-10-CM. You will see how ICD-10-CM compares to ICD-9-CM. In addition, participants will learn how to apply the new coding conventions and guidelines to OMS diagnostic code assignment.

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Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Identify the similarities and differences between ICD-9-CM and ICD-10-CM.
2. Follow ICD-10-CM coding conventions.
3. Apply definitions and guidelines to determine the correct code for a diagnosis.
4. Assign accurate ICD-10-CM codes to OMS-related diagnoses.

ICD-10-CM Topics

Introduction

- International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM)
- ICD-10-CM Changes

Section 1: ICD-10-CM and OMS-Related Codes

- Re-Assignment to the Musculoskeletal Chapter
- Laterality

Section 2: Introduction to ICD-10-CM

- ICD-10-CM Conventions
 - Alphabetic Index Content
 - Tabular List of Diseases
 - Placeholder Characters
 - 7th Characters
 - Excludes Notes
- General Coding Guidelines
 - Locating ICD-10-CM Codes
 - Combination Codes
 - Laterality

Section 3: Miscellaneous Diagnosis Guidelines

- Neoplasms
 - Review of Neoplasm Table
 - Locating Neoplasm Codes

Section 3: Miscellaneous Diagnosis Guidelines (continued)

- Injuries
 - Open Wounds
 - Fractures
- Sequelae
 - Definition
 - Sequencing Sequelae Codes
 - Embedded and Impacted Teeth
 - Edentulism

Section 4: Coding Scenarios

Section 5: Miscellaneous Topics

- General Equivalence Mapping
- Reimbursement Mapping
- Improving Clinical Documentation

Answers

Appendix: Edentulous/Partially Edentulous Coding

- ICD-10 Triage Scheme
- Chart of Edentulous/Partially Edentulous ICD-10 Codes
- Chart of Restorative Difficulty

It is vital all staff members take advantage of available training to make claim submission as painless as possible.





Course Overview

This course provides education on Medicare programs and policies that impact oral and maxillofacial surgeons and their staff. This self-paced program includes discussions of Medicare components (Part A, Part B, Part C and Part D), Medicare fraud and abuse, payment policies, appeal processes, and miscellaneous other Medicare-related topics. There is a saying in healthcare – “as Medicare goes, so do the other carriers.” If you take the time to thoroughly learn the Medicare program, you will better understand your commercial payers, too.

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For AAPC credit, please contact the AAOMS Coding and Reimbursement Staff at 800-822-6637.



Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Differentiate between Medicare Part A, Part B, Part C and Part D.
2. Identify actions prohibited by the False Claims Act (FCA), the Anti-Kickback Statute and the Physician Self-Referral Law (Stark Law).
3. Explain Medicare's enrollment options, including "opting out" of Medicare.
4. State the definition of fraud and abuse.
5. Identify situations in which Medicare fraud and abuse laws may be violated.
6. Identify provisions and penalties associated with Medicare fraud and abuse.
7. Recognize how federal law, regulations and Medicare policies impact oral and maxillofacial surgery practices.
8. Discuss the general steps of the Medicare billing procedures and appeals process.
9. Recognize future alternate payment models.

Medicare 101 for OMS Topics

Section 1: Basic Overview

- Brief Difference Between Part A, Part B, Part C and Part D
- CMS Website
- Medicare Carriers vs. Contractors

Section 2: Provider Enrollment

- Options for OMS: Differences Between Non-participating, Participating and Opting Out
 - Accepting Assignment, Limiting Charges, Private Contracts, etc.
 - Limiting Charges for Non-participating Providers
 - Provider Classification
- Enrollment Forms, Requirements, Electronic Funds Transfer, and Process
- Provider Enrollment, Chain and Ownership System (PECOS)
 - Mandate for All Physicians Who Order, Render or Refer to be in PECOS
 - Revalidation

Section 3: Claims Submission

- Mandatory Claim Submission Act
- CMS 1500 Form vs. Electronic Claim Submission (HIPAA)
- Claim Submission Timeframes
- Advanced Imaging Accreditation
- Notice of Alternate Imaging Providers

Section 4: Medicare Coverage and Dental Policy Exclusion

- Medicare Coverage Database (LMRP vs. NMRP)
- CCI Edits and Medically Unlikely Edits (MUEs)
- General Anesthesia, Biopsies, etc.
- Inpatient vs. Outpatient Dental Services

Section 5: Advanced Beneficiary Notice

- Medically Necessary vs. Non-covered

Section 6: Fee Schedule

- Fee Schedule Look-Up
- RBRVS Explanation and Formula
- Annual Review/Federal Register
- Sustainable Growth Rate Issues

Section 7: MACRA

- MIPS
- Advanced Payment Models (AMPs)
- Episodes of Care
- Accountable Care Organizations (ACOs)

Section 8: Medicare Appeals (Five Levels of Appeal)

Section 9: Medicare Fraud and Abuse Efforts

- Predictive Modeling
- Overpayments
- PECOS/Revalidation
- Recovery Audit Contractors (RACs)





Course Overview

The OMS Billing course is the capstone to the Coding Certificate Program. It focuses on documentation guidelines, predetermination tips, claims filing, appeal tips and fraud and abuse. Accurate coding and billing services must be a priority for every OMS and his or her staff due to increased fraud and abuse investigations stemming from strict billing guidelines and inaccurate coding.

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AGD - Accepted Program Provider
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For AAPC credit, please contact the AAOMS Coding and Reimbursement Staff at 800-822-6637.

Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Understand healthcare fraud and abuse issues addressed by federal and state laws and their impact on offering discounts.
2. Follow standards for appropriate coding and implement compliance plans that include conducting compliance audits.
3. Explain various methods for setting office fees, including annual percentage increases, cost-based fees, national percentiles and percentage increases over Medicare.
4. Describe types of managed care organizations – including HMO, PPO and POS plans – and basic elements of MCO contracts.
5. Describe basic elements of commercial and government-sponsored health insurance plans, including different reimbursement methodologies.
6. Apply and/or understand Medicare-related policies, such as the National Provider Identifier, provider enrollment, accepting assignment, participation vs. nonparticipation vs. opting out, mandatory claims submission, timeframes for claims filing, Medicare notices (ABN) and more.
7. Apply pre-, intra- and post-claims processing submission procedures, such as predetermination, preauthorization, coordination of benefits, clean claim filing, electronic submission, contractual adjustments, write-offs, overpayments and more.
8. Describe the appeals process, starting with reading and understanding the EOB, writing appeal letters, internal and external commercial insurance reviews, and the Medicare process.
9. Describe future healthcare reimbursement topics, including pay for performance, healthcare transparency and computer-assisted coding.

This capstone course to the Coding Certificate Program focuses on all aspects of the coding and billing process.

Usual, Customary, and Reasonable

Examples of UCR Payment:

1. Today's Charge on the Claim: **\$1,000.00**
 Average for the Doctor: **\$850.00**
 Average for Other Doctors in Same Geographic Area: **\$850.00**
2. Dr. X charges \$1,000.00 for a certain service and the insurance company has determined that its UCR for that service is \$1,000.00. If the cost saving arrangement is 80/20, the following would occur:

Insurance Company Payment	\$800 (80% of UCR)
Patient's Contribution	\$200 (20% of UCR)
Patient's Additional Obligation	\$200 (amount exceeding the UCR)

American Association of Oral and Maxillofacial Surgeons



OMS Billing Topics

Section 1: Healthcare Fraud and Abuse

- Introduction
 - Definitions of Fraud and Abuse
 - Healthcare Fraud and Abuse Control Program
 - Commercial Fraud and Abuse Reduction Efforts
- Federal Statutes
 - Federal Anti-kickback Law
 - Federal Physician Self-referral Law
 - Federal False Claims Act
 - Additional Laws
 - » Healthcare Fraud
 - » Concealment of False Statements
 - » Wire and Mail Fraud
- State Fraud and Abuse Statutes

Section 2: Discounting Fees

- Professional Courtesy Arrangements
- Waiver of Coinsurance/Copayments
- No-charge Arrangements
- Same-day Payment Discounts
- Examples of Fraud and Abuse Cases

Section 3: Clinical Coding & Compliance

- Coding Ethics
- Inappropriate Coding Practices
- Responding to Fraudulent Practices
- Writing a Compliance Plan
- Conducting Audits
- Establishing Medical Record Documentation Standards

Section 4: Establishing a Fee Schedule

- Methods of Setting Fees
 - Annual Percentage Increase
 - Cost-based Fees
 - National Percentile
 - Percentage Increase Above Medicare
 - Creating an Excel Spreadsheet to Automate

Section 5: Understanding Managed Care Organizations (MCOs)

- History of Managed Care Common MCO Cost-Control Techniques
- Types of MCOs
- Contract Provisions
- Description of Parties
- Description of Covered Services
- Medical Record Requirements
- Payment Withholding
- Payment Arrangements
- Termination of Contracts

Section 6: Understanding Healthcare Reimbursement Systems

- Commercial Health Insurance Plans
- Private Health Insurance
- Employer-based Self-insurance
- Consumer-directed Health Plans (CDHP)
- Government-sponsored Health Plans
 - Medicare
 - Medicaid
 - Tricare

Section 7: Reimbursement Methodologies

- Fee-for-service Reimbursement
 - Self-pay
 - UCR
 - RBRVS
- Episode of Care Reimbursement
 - Capitation
 - Global Surgical Payment
 - Prospective Payment Systems

Section 8: Medicare-related Issues

- National Provider Identifier
- Provider Enrollment
- Accepting Assignment
- Provider Enrollment Classifications
- Changing Participation Status
- Revalidation of Provider Profile
- Private Contracting

Section 8: Medicare-related Issues (continued)

- Mandatory Claims Submission Regulation
- Fragmenting Claims
- Timeframe for Filing a Claim
- Elective Surgery
- Advanced Beneficiary Notice (ABN)
- Request for Medicare Denial
- Medicare Policy on Dental Services

Section 9: Claims Processing and Payment

- Pre-submission Issues
 - Predetermination vs. Preauthorization
 - Coordination of Benefits
- Intra-submission Issues
 - Filing Clean Claims
 - Electronic Claims Submission
 - HIPAA Electronic Transmission Standards
 - HIPAA Electronic Attachment Standards
- Post-submission Issues
 - Prompt Payment Legislation
 - Multiple Procedure Reduction
 - Down-coding
 - Contractual Adjustment
 - Write-offs
 - Overpayment of Funds
- Accounts Receivable (AR) Management
 - Days in AR
 - Dollars in AR

Section 10: Appeals Process

- Deciding to Appeal
 - Reading and Understanding an Explanation of Benefits Form (EOB)
 - Impact of Medical Necessity
- Writing Appeal Letters
- Commercial Insurance Appeals Process
- Medicare Part B Appeals Process

Section 11: Current Events in Healthcare Reimbursement

- Pay for Performance
- MACRA
- Data Quality Codes
- Performance Measure Modifiers
- Recovery Audit Contractors (RACs)
- Healthcare Transparency Efforts
- Health Information Technology for Economic and Clinical Health (HITECH) Act
- Accountable Care Organizations (ACOs)
- Computer-Assisted Coding (CAC)

OMS Billing will help you:

- Lower accounts receivable and ensure prompt payment.
- Answer questions about documentation, claim filing, payment issues and appeals.
- Address concerns about compliance issues and future healthcare reimbursement.



Course Overview

Through the study of medical terminology, participants will be introduced to the language of medicine. Basic word elements – as well as the rules of building and analyzing medical terms – will be explained. The online course emphasizes spelling, definition, usage and pronunciation. In addition, participants will gain an understanding of the anatomical structures of the oral cavity, face and skull, along with common oral and maxillofacial diagnoses and treatments.

This course is designed for AAOMS fellows and members and their:

- Anesthesia and surgical assistants
- Practice managers
- Coders and billers
- Administrative staff who work with patients and/or vendors and would benefit from being well-versed in oral and maxillofacial surgery terminology as they represent the practice

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Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Identify the root, combining forms, prefixes and suffixes of medical terms.
2. Use roots, combining forms, prefixes and suffixes to analyze and determine the meaning of medical terms.
3. Recognize, spell and pronounce medical terms accurately to assure effective communication.
4. Identify the key anatomical structures of the oral cavity, face and skull.
5. Apply correct medical terms to the anatomy of the body, with an emphasis on oral and maxillofacial structures.
6. Describe common oral and maxillofacial conditions and their associated treatments.

Medical Terminology and Oral Facial Anatomy 101 Topics

Unit 1: Introduction to Word Structure

- The Language of Medicine
- Learning Methods
- Word Components
- Medical Word Analysis

Unit 2: Combining Forms and Suffixes

- Suffixes Meaning "Pertaining to"
- Suffixes Meaning "Condition or Process"
- Illustrative Overview of the Human Body
- Combining Forms Relating to Anatomical Sites
- Suffixes Relating to the Study of Specialties
- Combining Forms Relating to Specialties
- Plural Endings

Unit 3: Common Prefixes

- Directional Prefixes
- Miscellaneous Prefixes

Unit 4: Diagnosis and Treatment Terms

- Suffixes Relating to Treatment
- Miscellaneous Combining Forms
- Suffixes Relating to Diseases and Conditions

Unit 5: Oral and Maxillofacial Terms

- Illustrative Overview of the Cranial Cavity
- Combining Forms Relating to Orofacial Areas
- Alphabetic Index to Word Components

Unit 6: Oral Facial Anatomy



This fast-paced course explains basic OMS anatomy, physiology and terminology.



Registration Form 2019 AAOMS Coding and Billing Courses



In-person coding courses are open only to AAOMS members, their staff and AAOMS allied staff member dental professionals. Registration also is available at AAOMS.org/CodingBilling.

Registrant

Please print clearly. Complete both sides (pages 11 and 12) before mailing or faxing to AAOMS. **Note:** Submit one form per person. If registering more than one person via fax or mail, please photocopy the form for individual use.

Registrant First Name Middle Initial Last Name Degree(s)

AAOMS Allied Staff Member ID Number (if applicable) Nickname

AAOMS Member Name AAOMS Member ID Number

Practice Name

Practice Address City State ZIP

Practice Phone Fax

Email (*A unique email address is required for each registrant.*)

Cancellation Policy

Registration for the online courses is final. No refunds will be granted for online courses. AAOMS will allow only one 30-day extension of a registrant's access to an online coding course upon written request up to 10 days prior to expiration of the registrant's access. Requests for extension within 10 days of expiration or thereafter will require a \$100 reactivation fee. Once an extension is granted, the username and password will expire upon completion of the online course OR at the end of the 30-day extension period. This re-registration fee applies only to registrations made within the last year.

A \$75 cancellation fee will be applied if a written cancellation is received more than 14 days prior to a scheduled Beyond the Basics in-person workshop. However, the entire registration fee will be forfeited if a written cancellation is received less than 14 days in advance.

Please do not make hotel or travel reservations until you have received the email confirmation of your course registration from AAOMS.

Payment Information

Due to limited seating, registration for Beyond the Basics courses is on a first-come, first-served basis. A check or credit card information must accompany this form in order for your registration to be processed. Registration also is available at AAOMS.org/CodingBilling.

Amount Due \$ _____ Check made payable to AAOMS enclosed

Credit Card: American Express Discover MasterCard Visa

Credit Card Number Security Code Expiration Date

Name of Cardholder Cardholder Signature

Credit Card Billing Address City State ZIP

Coding Certificate Program

Complete the AAOMS Basic Online, Beyond the Basics and OMS Billing Online within 18 months and join the elite group of OMS coding professionals. At the conclusion of this series, participants can claim expertise in OMS coding and billing having successfully completed an unrivaled, specialty-specific certificate of completion program.



Allied Staff Membership



All allied staff of AAOMS members practicing in the United States are eligible for AAOMS allied staff membership.

Benefits include discounted educational offerings, access to AAOMS resources, Career Line and newsletters.

For information on becoming an AAOMS allied staff member, visit AAOMS.org/AlliedStaff.

AAOMS Allied Staff Member Registration

To register online or receive the allied staff member discounted rate, an active allied staff member application must be on file. If interested in receiving the allied staff member rate, please wait to register until your membership has been approved. For questions related to your membership status, please call the AAOMS Membership Department at 800-822-6637.

Other Dental Professionals

When sponsored by an AAOMS member, dental professionals can register for our exclusive and convenient online coding courses! A separate registration form is needed. Contact yarmour@aaoms.org for more information.

Visit AAOMS.org/CodingBilling to see CE on Demand courses.

OMS Residents can enjoy complimentary registration for Basic Coding for OMS and ICD-10-CM for OMS.

Mail to: American Association of Oral and Maxillofacial Surgeons
Attn: Registration
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

OR Fax to: 847-678-6279

Registration Form 2019 AAOMS Coding and Billing Courses



In-person coding courses are open only to AAOMS members, their staff and AAOMS allied staff member dental professionals. Registration also is available at AAOMS.org/CodingBilling.

Please Note

- Allied staff member pricing is available only to AAOMS fellows and members' staff who have applied and been approved for AAOMS membership. Registration rates are based on the registrant's membership status. Memberships are individual.
- Registration fees for the online and in-person courses are per person.** Online courses cannot be taken as a group. A registration form must be submitted for each person taking the course. Usernames and passwords for the online courses may not be shared.
- If sponsoring another dental professional who is not an AAOMS member, please download and submit a separate registration form. Contact yarmour@aaoms.org for more information.
- Please allow 10 business days for confirmation of your online course registration. Your user ID and password will be emailed to you. Once this is received, you will have 60 days to complete the online course.
- Please allow 1 – 2 weeks for an email confirmation of your in-person course registration.
- Badges and registration materials for in-person courses will be sent about one month prior to the course date. If you register less than one month before the course, you will need to pick up your badge and registration materials onsite.
- * If you are employed by an AAOMS member and have not joined the AAOMS allied staff membership, you must select the "Non-member Staff of an AAOMS member" pricing.

In-person Courses

Beyond the Basics Coding Workshop – Two Days of OMS Coding

Completion of the Basic Coding for OMS and the ICD-10-CM for OMS course is recommended prior to taking Beyond the Basics Coding Workshop.

Select location:

- May 4 – 5, 2019
Rosemont, Ill.
- Sept. 18 – 19, 2019
Boston, Mass.

AAOMS Fellow/Member ID# _____	\$650 _____
AAOMS Allied Staff Member ID# _____	\$650 _____
AAOMS Resident ID# _____	\$175 _____
Non-member Staff of an AAOMS Member*	\$725 _____

Online Courses

Please provide email address: _____

Important Note: You must provide a separate unique email address for each registrant. Multiple people cannot register using the same email address.

Medicare 101 for OMS

AAOMS Fellow/Member ID# _____	\$175 _____
AAOMS Allied Staff Member ID# _____	\$175 _____
AAOMS Resident ID# _____	\$50 _____
Non-member Staff of an AAOMS Member*	\$250 _____

OMS Billing

AAOMS Fellow/Member ID# _____	\$175 _____
AAOMS Allied Staff Member ID# _____	\$175 _____
AAOMS Resident ID# _____	\$50 _____
Non-member Staff of an AAOMS Member*	\$250 _____

Medical Terminology and Oral Facial Anatomy 101

AAOMS Fellow/Member ID# _____	\$175 _____
AAOMS Allied Staff Member ID# _____	\$175 _____
AAOMS Resident ID# _____	\$50 _____
Non-member Staff of an AAOMS Member*	\$250 _____

ICD-10-CM for OMS

Completion of Medical Terminology and Oral Facial Anatomy 101 is recommended prior to registering for this ICD-10-CM course.

AAOMS Fellow/Member ID# _____	\$175 _____
AAOMS Allied Staff Member ID# _____	\$175 _____
AAOMS Resident ID# _____	\$0 _____
Non-member Staff of an AAOMS Member*	\$250 _____

Basic Coding for OMS

AAOMS Fellow/Member ID# _____	\$300 _____
AAOMS Allied Staff Member ID# _____	\$300 _____
AAOMS Resident ID# _____	\$0 _____
Non-member Staff of an AAOMS Member*	\$375 _____



There is an audio component to this online course; a computer with speakers is needed.



There is an audio component to online courses; a computer with speakers is needed.



Current ICD-10-CM, CPT and CDT coding manuals are required for all coding courses, except the online ICD-10-CM course in which only the ICD-10-CM coding manual is required. AAOMS does not provide them.

Instructor Dawn Jackson, DrPH, RHIA, CCS-P, FAHIMA, is a professor and program director for the undergraduate Health Services Administration Program at Eastern Kentucky University in Richmond, Ky.

She holds a bachelor's degree in Health Information Management, a master's degree in Allied Health Education and a doctoral degree in Health Services Management, and most recently attained fellowship status with the American Health Information Management Association (AHIMA). Dr. Jackson's areas of expertise include healthcare reimbursement systems, coding and billing processes, medical law and healthcare management. She is a certified coding specialist and has been presenting coding courses for AAOMS for nearly 20 years.

Disclosure: The speaker has nothing to disclose.

In-person Workshop Materials

The coding and billing syllabi closely follow the instructors' oral presentations and serve as handy references for the OMS practice and future training of new staff members. Audiovisual materials also reinforce the oral and written information. The custom coding workbook includes cases of various surgical coding problems faced by oral and maxillofacial surgeons and provides an opportunity to review the principles learned in the instructional portion of the course.

Please note: The coding workshops are hands-on workshops – be sure to bring your coding books, including current copies of ICD-10-CM, CPT and CDT with you to the Beyond the Basics Coding Workshop. Coding manuals also are required for participation in the online Basic and ICD-10-CM coding courses. The Basic course requires, CPT, CDT and ICD-10-CM coding manuals. The ICD-10-CM course requires only the ICD-10-CM coding manual.

Online Course Evaluations

AAOMS has instituted a new electronic course evaluation process. To obtain continuing education credits for these sessions, you must complete an online evaluation. Through the new online system, you can evaluate sessions and speakers, earn continuing education credits and instantly print your transcript. Additional information is provided inside your course packets.

In-person Workshop Hours

Check-in time for each day is from 7:30 to 8 a.m. Workshop hours are 8 a.m. to 4 p.m. Meeting rooms are often cooler than normal – please dress accordingly.

Housing Arrangements

Once open, housing arrangements for coding workshops held in conjunction with the AAOMS Annual Meeting can be completed online at AAOMS.org/AMhousing according to the directions in the Annual Meeting Advance Program or at AAOMS.org.

For all other AAOMS coding courses, blocks of rooms have been reserved by AAOMS at the host hotels. Telephone numbers for these hotels are listed in this brochure. Registrants must make housing reservations directly with the hotel and specify they are with the AAOMS coding workshops to receive the special room rate. Unless otherwise noted, overnight and/or day parking at host hotels is not included and/or validated in the room rate.

Note: Reservations for hotel and travel should not be made until after you have received an email registration confirmation from AAOMS.

If you will be charging your hotel expenses to a credit card other than your personal card (i.e., your practice credit card) and that cardholder will not be present at check-in, you must contact the hotel at least two weeks prior to your scheduled check-in date to arrange billing authorization.

Cancellation Policy

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Other Dental Professionals

The in-person Beyond the Basics Coding Workshop is limited to AAOMS members and their staff. However, when sponsored by an AAOMS member, dental professionals that are not affiliated with AAOMS may now register for any of our exclusive and convenient online coding courses! Contact AAOMS at 800-822-6637 or email yarmour@aaoms.org for more information.

AAOMS Allied Staff Member Registration

An allied staff member application must be on file at AAOMS in order to receive the allied staff member rate. If interested in receiving the allied staff member rate, please wait to register until your member application has been approved. For questions related to your membership status, please call the AAOMS Membership Department at 800-822-6637.

For information on becoming an AAOMS allied staff member, visit AAOMS.org/AlliedStaff.

TOP 10 REASONS to visit Coding and Reimbursement Resources on the AAOMS website at AAOMS.org/Practice-Resources

Are you aware of the many coding and reimbursement resources available to AAOMS members and their staff? While the latest in coding and reimbursement is taught via the in-person and online AAOMS Coding and Billing courses, many resources also are available at AAOMS.org/Practice-Resources.

1. AAOMS Coding and Billing Papers

This set of 16 papers provides guidance on coding and billing of various OMS procedures. Topics include anesthesia, pathology, coordination of benefits, coding and billing checklist, and more.

2. Common Coding and Reimbursement FAQs

For instance, how do you code a sinus lift?

3. Access to AAOMS Coding and Reimbursement Staff

Need assistance with an unusual coding or reimbursement situation? Seek guidance from AAOMS coding and reimbursement staff.

4. AAOMS Coding and Billing Course Information

Both the OMS and his/her staff can access a variety of resources.

5. Information on Medicare Enrollment and Opting Out

This information explains provider enrollment options, instructions for opting out, and sample Private Contracts, Advance Beneficiary Notices and more.

6. AAOMS Clinical Condition Statements

This set of papers summarizes the procedures to be followed in the management of patients presenting for care by oral and maxillofacial surgeons. Topics include the Control of Pain and Anxiety, the Management of Impacted Third Molar Teeth, Reconstructive Oral and Maxillofacial Surgery.

7. AAOMS Today Coding Corner Articles

Current and archived issues of the *AAOMS Today* bimonthly newsletter include the recurring "Coding Corner" column.

8. AAOMS Criteria for Orthognathic Surgery

This information summarizes clinical indications for orthognathic surgery.

9. AAOMS Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region

These guidelines assist with evaluating measurement of impairment of the oral and maxillofacial region.

10. Coding and Reimbursement Resources on the AAOMS e-Store

Visit the e-store to learn more about and/or purchase The AAOMS Insurance Manual: Comprehensive Billing and Reimbursement Guide for the OMS.

**FREE resources for
AAOMS members!**

 Follow AAOMS OMS Professional Staff on Facebook!

