Your path to value-based success starts here.

The world around you is changing. Value-based payments are a growing source of reimbursements, and the new merit-based incentive program will start next year. But this shift to quality-based care doesn't have to equal cuts to your revenue.

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SPEAKERS

View speaker bios on: decisionhealth.com/specialtycoding

Judith Blaszczyk, RN, CPC, ACS-PM
Medical Compliance Auditor, Auditing for Compliance and Education, Inc.

Doris Branker, CPC, CPC-I, CEMC, CIRCC
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Medical Coding Advisor, PRN Advisors

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Physician, Anesthesia Medical Group of Santa Maria

Pam Upadya, MD
Physician, North American Partners in Anesthesia

Ruby O’Brochta-Woodward BSN, CPC, CPMA, COSC, CSFAC, CPB
Clinical Technical Editor, DecisionHealth

AGENDA

Select from four specialty-specific tracks and take a deep dive into your specialty. You may register for different preconference and main conference specialty tracks.

- Anesthesia ........................................... p. 3
- Orthopedics ........................................ p. 4
- Pain Management ............................... p. 5
- Primary Care/ Internal Medicine .......... p. 6

KEYNOTE SESSION
TUESDAY, SEPTEMBER 13
Main Conference Day 1
8:00 a.m. – 9:00 a.m.

2017 ICD-10 Code and Guideline Changes Revealed
DORIS BRANKER

The ICD Coordination and Maintenance Committee has proposed 1,943 new, 422 revised, and 305 deleted ICD-10-CM codes. Plus, there are 3,500 proposed ICD-10-PCS changes. This session will reveal 2017 changes, analyze the most critical updates, and answer your most pressing problems since implementation. We’ll also give you the hierarchical condition categories (HCC) information you need to reach ICD-10 success when safe harbor ends in October 2016.
Monday, September 12

Preconference

8:00 a.m. – 9:00 a.m.
Registration, Continental Breakfast

9:00 a.m. – 10:15 a.m.
Prepare Your Anesthesia Practice for Quality and Protect It From Reporting Pay Cuts

Don’t let quality reporting cut 4% from your payments. Earn a value-based bonus instead. Learn to create a quality plan and prepare for next year’s new quality program.

10:15 a.m. – 10:30 a.m.
Morning Break

10:30 a.m. – 12:00 p.m.
Prepare Your Anesthesia Practice for Quality… — continued

12:00 p.m. – 1:00 p.m.
Networking Lunch

1:00 p.m. – 2:15 p.m.
ICD-10 is Here, Where Are You? Make Sure Your Anesthesia Diagnosis Coding is Up to Par and Ready for Oct. 1, 2016

Review the ICD-10-CM changes that challenged your practice in 2015. Examine new and revised codes that impact anesthesia and get top-notch guidance for incorporating new diagnosis codes into your workflow so you can keep on coding.

2:15 p.m. – 3:30 p.m.
Use Teamwork to Tame Your Anesthesia Practice’s Contracts

Successfully negotiating payer contracts doesn’t have to take a lot of time and effort. With the know-how you’ll gain from this session you’ll get the best deals possible and avoid costly contract pitfalls.

3:30 p.m. – 4:35 p.m.
Afternoon Break

4:35 p.m. – 5:00 p.m.
Quality Report Cards for Anesthesia and Pain Practices — Access, Analyze and Act on the Quality Resource & Use Report

Learn how to translate the Quality Resource and Use Report into an action plan for your practice and clients. Learn the nuts and bolts of the Medicare data and leverage this information to change your clinical workflow and services to play the value-based game.

Tuesday, September 13

Main Conference Day 1

7:00 a.m. – 8:00 a.m.
Registration, Continental Breakfast

8:00 a.m. – 9:00 a.m.
KEYNOTE SESSION (See page 2)

9:00 a.m. – 9:15 a.m.
Early Morning Break

9:15 a.m. – 10:30 a.m.
Step Inside the OR to Translate Anesthesia Charts and Improve Your Coding Confidence

Boost your coding know-how by learning how to decipher an anesthesia chart from an expert. Learn the connection between what happens in the OR and what’s in the anesthesia note, how to quickly spot missing information, and the meaning of all those mysterious signs and symbols on the chart.

10:30 a.m. – 10:45 a.m.
Midmorning Break

10:45 a.m. – 12:00 p.m.
Expert Solutions to Eliminate Your Anesthesia Practice’s Top 5 Billing Errors

You’ve heard it a million times — if it isn’t documented, it isn’t done. But if it isn’t billed, it isn’t paid. Learn how to shield your practice from the top five billing mistakes that are slowly, silently and surely costing you money.

12:00 p.m. – 1:00 p.m.
Networking Lunch

1:00 p.m. – 2:15 p.m.
Take on the Elite 8, Part I — Upper and Lower GI Endoscopy and Surgery

Eight services account for more than $911 million in anesthesia revenue each year. The first half of this session will take you beyond the core knowledge for abdominal services and help you digest the coding and billing requirements for upper and lower endoscopy services and upper and lower abdominal surgery.

2:15 p.m. – 3:30 p.m.
Take on the Elite 8, Part II — Lens, Spine, Hip and Knee

This eye-opening session will round out the Elite 8 by taking you beyond the basics and showing you the tips and tricks that experts use to make sure their clients don’t lose a dime they’re due for the final four of the top-earning anesthesia cases: Lens, spinal cord, hips, and knees.

3:30 p.m. – 4:35 p.m.
Afternoon Break

3:45 p.m. – 5:00 p.m.
Anesthesia Investigations — Protect Your Practice with a 3-sided View

Three panelists — a healthcare attorney, a revenue cycle management consultant, and a doctor will use a case study to show you how your practice should be thinking about compliance and the roles administrative and clinical staff play in protecting the practice from million dollar mistakes.

Wednesday, September 14

Main Conference Day 2

7:00 a.m. – 8:00 a.m.
Registration, Continental Breakfast

8:00 a.m. – 9:15 a.m.
Go Beyond the Usual — Master the “Other Modifiers”

You can reel off the rules for anesthesia modifiers in your sleep. But there are others that you need to keep your coding and revenue on target. Learn about the rules for distinct procedures (59), bilateral (50, LT, RT), technical component (26), and multiple procedures (51).

9:15 a.m. – 10:30 a.m.
Post-op Block Challenge — Code the Unnamed Blocks

Can’t find a code that matches your provider’s documentation for a post-op block? Learn to find the clues that guide you to the correct code and when to use the unlisted code for a block. Discover the research tools every anesthesia coder and biller should use to learn about the latest post-op blocks.

10:30 a.m. – 10:45 a.m.
Morning Break

10:45 a.m. – 12:00 p.m.
What Happened and What’s Ahead for Your Practice?

You’re almost through another hectic year. This session will make sense of 2016 and show you what’s ahead for 2017.

12:00 p.m. – 12:30 p.m.
Ask the Expert!

We’ll be collecting your questions through out the conference for our experts to answer during this roundtable. Get your last questions answered!

12:30 p.m.
Conference Concludes
**MONDAY, SEPTEMBER 12**

8:00 a.m. - 9:00 a.m.
Registration, Continental Breakfast

**2017 ICD-10-CM Code Update for Orthopedics**

Find out which new and revised codes will have the greatest impact on your orthopedic practice and get a heads up on key changes to the official coding guidelines. Ensure you are fully prepared to successfully protect your practice's cash flow.

10:15 a.m. - 10:30 a.m.
Morning Break

10:30 a.m. - 12:00 p.m.
Conquer Lingering ICD-10-CM Coding Issues

If you are still struggling one year after implementation with seventh characters, Z codes and when to report a complication instead of a sequel, you’re not alone! Learn how to manage these issues, payer policy problems, and other ICD-10-CM coding questions to boost your coding productivity and cut denials.

12:00 p.m. - 1:00 p.m.
Networking Lunch

1:00 p.m. - 2:15 p.m.
Demystify Durable Medical Equipment

Don't get intimidated by DME coding and billing – gain the competency you need to select the most appropriate supply code. Determine how to tell off-the-shelf orthotics from custom fabricated and learn the important distinctions between reimbursable versus non-covered items.

2:15 p.m. - 3:30 p.m.
Medicare Mining

Mine Medicare’s physician fee schedule relative value file for key billing policy indicators including: whether a code may be billed bilaterally, has place of service limits, will be reduced in value when billed with other imaging or surgical procedures, and whether physician supervision rules apply.

3:30 p.m. - 3:45 p.m.
Afternoon Break

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**TUESDAY, SEPTEMBER 13**

**Main Conference Day 1**

3:45 p.m. - 5:00 p.m.
Hands-on Orthopedic E/M Chart Auditing

Work through typical orthopedic office notes to learn strategies on how to handle frequent issues such as demonstrating medical necessity, ensuring that documentation supports more specific ICD-10-CM requirements and how to guard against the pitfalls of cloned notes.

**Main Conference Day 2**

2:15 p.m. - 3:30 p.m.
Hand and Finger Surgery Coding

Learn your way around the carpal bones, finger tendon repairs, trigger finger, gamekeeper’s thumb and Dupuytrens contracture, among other procedures. Gain tips on ICD-10-CM coding along with coding cheat sheets.

3:30 p.m. - 3:45 p.m.
Afternoon Break

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3:45 p.m. - 5:00 p.m.
Pelvis, Hip and Knee Surgery Coding

Ensure you are supporting medical necessity for your hip and knee replacements, arthroscopic femoral acetabular impingement repairs and knee arthroscopies. You’ll also cover coding for fractures of the pelvic ring, hip and femur. Gain an understanding of CCI bundling rules compared with AAOS and private payer policies.

**WEDNESDAY, SEPTEMBER 14**

**Main Conference Day 2**

7:00 a.m. - 8:00 a.m.
Registration, Continental Breakfast

8:00 a.m. - 9:45 a.m.
Foot and Ankle Coding

Ensure you are properly coding bunionectomies, osteotomies, neuroma surgery, Achilles and other tendon repairs, and more.

9:50 a.m. - 10:30 a.m.
Coping of Spine Procedures

Nail down correct coding of fusions, hardware placement and removal, corpectomy, osteotomy, laminectomy and laminotomy. Get tips on what ICD-10-CM codes should apply and an understanding of new payer policies regarding limiting of fusions and appropriate diagnosis reporting.

10:30 a.m. - 10:45 a.m.
Morning Break

10:45 a.m. - 12:00 p.m.
Coping of Spine Procedures — continued

This second half will cover upper arm and elbow coding. Learn about the treatment for Hill-Sachs lesions, the difference between biceps tenodesis and tenotomy, code tennis elbow, nursemaid’s elbow, and Tommy John surgery. Determine the difference between arthroscopic, percutaneous and open procedures.

12:00 p.m. - 1:00 p.m.
Networking Lunch

1:00 p.m. - 2:15 p.m.
Coping of Forearm and Wrist Surgeries

Find out how to code nerve decompression and repair, open and arthroscopic surgeries and step by step coding of intra-articular and shaft fractures of the radius and ulna. You’ll examine tendon and muscle repair coding in the forearm and wrist for both clarity and documentation issues to support CPT® and ICD-10-CM coding.

12:30 p.m.
Conference Concludes
TUESDAY, SEPTEMBER 13
Main Conference Day 1

7:00 a.m. - 8:00 a.m.  
Registration, Continental Breakfast

8:00 a.m. - 9:00 a.m.  
KEYNOTE SESSION (See page 2)

9:00 a.m. - 9:15 a.m.  
Early Morning Break

9:15 a.m. - 10:30 a.m.  
What the Doctor Sees — Improve Your Bottom Line with a Clinician’s View of Pain Procedures

Go beyond the chart and into the procedure room with videos and images of common procedures. Learn what a complete chart should contain and how to talk to your doctors when their documentation doesn’t hit the mark.

10:15 a.m. - 10:30 a.m.  
Morning Break

10:30 a.m. - 12:00 p.m.  
Quality for Pain Management — Stop Revenue Cuts With Successful Participation

PQRS, meaningful use, and the value-based modifier don’t have to equal cuts to you revenue. Learn how to streamline the incentive program process and prepare for 2017.

12:00 p.m. - 1:00 p.m.  
Networking Lunch

1:00 p.m. - 2:15 p.m.  
ICD-10 is Here, Where are You? Make Sure Your Pain Management Diagnosis Coding is Up to Par and Ready for Oct. 1, 2016

You survived the ICD-10 transition, now it is time to take your practice’s diagnosis coding from so-so to super. Review the ICD-10-CM changes that challenged your practice in 2015. Review new and revised codes that impact pain management and get top-notch guidance for incorporating new diagnosis codes into your workflow so you can keep on coding.

2:15 p.m. - 3:30 p.m.  
Maximize Your Pain Management Revenue with Smart Contract Negotiations

A business management expert who has helped countless pain management practices through the contract forging process will give you the knowledge you need to level the playing field when it’s time to hammer out agreements with your payers.

3:30 p.m. - 3:45 p.m.  
Afternoon Break

3:45 p.m. - 5:00 p.m.  
Quality Report Cards for Anesthesia and Pain Practices — Access, Analyze and Act on the Quality Resource & Use Report

Learn to translate the Quality Resource and Use Report into an action plan for your practice. Learn the nuts and bolts of the Medicare data and leverage this information to change your clinical workflow to play the value-based game.

3:45 p.m. - 5:00 p.m.  
CCI/MUE Challenge — Make Sense of Edits to Improve Your Pain Management Coding

Bundling edits can be an unpleasant surprise and can result in a denial or pay cut. It’s just as bad when CCI loosens an edit and you miss out on a revenue opportunity. The same goes for medically unlikely edits and their adjudication indicators. Learn how experts stay on top of the CCI/MUE game so those edit-driven denials become a thing of the past.

WEDNESDAY, SEPTEMBER 14
Main Conference Day 2

7:00 a.m. - 8:00 a.m.  
Registration, Continental Breakfast

8:00 a.m. - 9:15 a.m.  
Drug Screen Sanity Check — Clear up the Confusion, Receive the Revenue You’re Due

Medicare has completely changed the rules for drug screen coding, again. Then it ramped up the confusion with a three-month hold on drug screen claims. This session will put your practice and drug screen revenue on target with a complete review of the seven new drug screen codes and guidance to help you avoid common coding and billing pitfalls.

9:15 a.m. - 10:30 a.m.  
Pain Management Investigations — Protect Your Practice with a 3-sided View

Three panelists — a healthcare attorney, a revenue cycle management consultant, and a doctor will use a case study to show you how your practice should be thinking about compliance and the roles administrative and clinical staff play in protecting the practice from million dollar mistakes.

10:15 a.m. - 10:30 a.m.  
Morning Break

10:30 a.m. - 12:00 p.m.  
Advanced Appeals for Pain Management Pros

To appeal like a pro, you’ll need to roll up your sleeves. Work your way through an actual pain management denial. You’ll also learn how to create a denial response that can be used for all of your appeals.

12:00 p.m. - 1:00 p.m.  
Networking Lunch

1:00 p.m. - 2:15 p.m.  
Advanced Coding for Tough New Issues

Carriers are cracking down on medical necessity of facet joint injections, denervations and transforaminal and transfemoral epidurals. Learn how to ensure documentation, coding and billing for these vital services will survive in a hostile environment.

2:15 p.m. - 3:30 p.m.  
Stay on Point — Extend Your S/I and Knee Joint Knowledge

Payments for sacroiliac and knee joint injections are high and on the rise. Find out how to keep your S/I and knee joint injection revenue moving with a comprehensive look at the latest medical necessity and imaging requirements to ensure your claim is backed by solid documentation.

3:30 p.m. - 3:45 p.m.  
Afternoon Break

3:45 p.m. - 5:00 p.m.  
What Happened and What’s Ahead for Your Practice?

You’re almost through another hectic year. This session will make sense of 2016 and show you what’s ahead for 2017.

12:00 p.m. - 12:30 p.m.  
Ask the Expert!

We’ll be collecting your questions throughout the conference for our experts to answer during this roundtable. Get your last questions answered!

12:30 p.m.  
Conference Concludes
MONDAY, SEPTEMBER 12
Preconference

8:00 a.m. – 9:00 a.m.
Registration, Continental Breakfast

9:00 a.m. – 10:15 a.m.
Preventive Services in Perspective: Boost Your Coding and Billing Efforts
Discover the correct codes and billing guidelines for the most incorrectly billed and underpaid preventive services that Medicare covers. Get tips to avoid potential trouble spots.

10:15 a.m. – 10:30 a.m.
Morning Break

10:30 a.m. – 12:00 p.m.
Overcome Billing and Coding Pitfalls for Common Preventive Services
Don’t let common errors slow down your billing. Get the coding tips you need to report annual wellness visits, the “Welcome to Medicare” screening, and other services successfully.

12:00 p.m. – 1:00 p.m.
Networking Lunch

1:00 p.m. – 2:15 p.m.
Solve Same-Day Service Conflicts: Know How to Bill Other Services and Gain Modifier Know-How
Understand how to report preventive care with other services and why modifiers can be your best friend.

2:15 p.m. – 3:30 p.m.
Scenarios and Tools: Hands-on Tips and Materials for Your Practice
In this session, you’ll see real-life examples of common preventive service coding and find a range of documents and actionable strategies you can take home to set your office up for success.

3:30 p.m. – 4:35 p.m.
Afternoon Break

3:45 p.m. – 5:00 p.m.
Schedule for Success: Learn Tips to Get Patients in the Door for Regular Services
Get patients in the door for eligible preventive services with outreach efforts you can implement at your practice. Learn tactics and tips on how to properly market to your patient base while staying HIPAA-compliant in your marketing efforts.

TUESDAY, SEPTEMBER 13
Main Conference Day 1

7:00 a.m. – 8:00 a.m.
Registration, Continental Breakfast

8:00 a.m. – 9:00 a.m.
KEYNOTE SESSION (See page 2)

9:00 a.m. – 9:15 a.m.
Early Morning Break

9:15 a.m. – 10:30 a.m.
E/M Coding Essentials: Calculate the Correct Level of Service for New, Established Patients
It’s imperative that you code to standard, avoid upcoding or downcoding and secure appropriate documentation. Boost your coding compliance with practice-ready tips and get insider strategies to successfully code core services.

10:30 a.m. – 10:45 a.m.
Midmorning Break

10:45 a.m. – 12:00 p.m.
E/M Auditing: Learn How to Set Up an Effective Auditing Program to Ensure Compliance
Keep your office functioning at a high level and improve your coding accuracy and billing prowess with a self-auditing program you can implement with just a few short steps.

12:00 p.m. – 1:00 p.m.
Networking Lunch

1:00 p.m. – 1:50 p.m.
CCI Essentials: A guide to Correct Coding Initiative Interpretation and Implementation
Get an inside look at CCI edits, how to interpret bundled codes, what modifiers signify in CCI language, how medically unlikely edits (MUEs) have a significant impact on your reporting, and much more.

1:50 p.m. – 2:40 p.m.
LCD Logic: Unlock the Guiding Power of Local Coverage Determinations (LCDs)
Local coverage determinations (LCDs) vary by region and can profoundly impact correct coding protocol. Get tips on finding the LCDs that apply to your practice and how to interpret the coding guidelines they contain.

2:40 p.m. – 3:30 p.m.
Place of Service and Date of Service: File Elements on Your Claim Without Fear
Find out what the new place of service (POS) requirement is, including what to do if your patient visits the hospital first. Understand CMS’ complicated date of service (DOS) requirements for diagnostic and lab tests.

3:30 p.m. – 4:35 p.m.
Afternoon Break

3:45 p.m. – 5:00 p.m.
Clear the Modifier Maze: Uncover Modifier Tips to Boost Your Coding Compliance
Learn to correctly use primary care modifiers, such as significant and separately identifiable service, distinct procedural service, and unrelated E/M service after surgery. Understand global surgical periods and how they affect coding.

WEDNESDAY, SEPTEMBER 14
Main Conference Day 2

7:00 a.m. – 8:00 a.m.
Registration, Continental Breakfast

8:00 a.m. – 8:50 a.m.
Navigate New E/M services: Transitional Care, Chronic Care, Advance Care Planning
Understand CPT® codes that have recently debuted in the E/M code section, including transitional and chronic care management services, as well as new-in-2016 advance care planning codes and prolonged services.

8:50 a.m. – 9:40 a.m.
PQRS and VBM in Perspective: Gain Quality-Reporting Tips for Primary Care Practices
Avoid painful penalties as high as 6%. Get insider filing tips and clear advice on choosing the best data to report to prevent stiff penalties from PQRS and the related value-based modifier (VBM) program.

9:40 a.m. – 10:30 a.m.
Chronic Care and Co-Morbidities: The Co-Morbidity Coding and Documentation You Need to Know
Practices can lose out on revenue if they don’t accurately capture the history and complexity of diseases their patients are facing. Learn to code for patients with multiple co-morbidities and ensure you’re in coding compliance.

10:30 a.m. – 10:45 a.m.
Morning Break

10:45 a.m. – 12:00 p.m.
How to Integrate, Triage and Report Behavioral Health Services
Primary care offices are increasingly addressing patients’ behavioral health issues but many don’t have a plan to deal with these services. Learn to code for behavioral health and how to implement it at your practice.

12:00 p.m. – 12:30 p.m.
Ask the Expert!
We’ll be collecting your questions throughout the conference for our experts to answer during this roundtable. Get your last questions answered!

12:30 p.m.
Conference Concludes
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As to Disney properties/artwork: ©Disney

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*Early bird price expires on July 15, 2016

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**HOW TO REGISTER:**

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**MULTIPLE ATTENDEE DISCOUNT**
For multiple attendee discounts, contact Megan Ireland at 1-301-287-2301 or mireland@decisionhealth.com

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