

"ICD-10-CM Coding Extravaganza!"

A Hands-On Approach!



Robin Linker, CHCA, CHCAS, CPC-I, CCS-P, COC, CPC-P, MCS-P, CHC
Certified and Approved ICD-10 Instructor,
Co-Author and Presenter of AMA ICD-10-CM Workshops

June 5, 2015

**Springhill Suites Denver at
Anschutz Medical Campus
13400 E. Colfax Ave.
Aurora, CO 80011**



8:00am Registration / Check-In

8:30-10am Moving forward to ICD-10-CM Transition

- Regulatory Update and what you should be doing now!
- Coding Structure of ICD-10
- Conventions and Differences

10-10:10 - Break - Door Prizes!

10:10-12:00 Tools for readiness and conversion

- GEMS and Mappings
- On-line ICD-10 Resources / CMS, CDC, WHO

12:00-12:30 - Lunch Provided!

12:30-2:30 ICD-10-CM Conventions Review and General Guidelines

- Walking through ICD-10-CM Chapter Specific Guidelines with hands-on practice for practical application

2:30-2:40 - Break - Door Prizes!

2:40-3:40pm Continue walking through ICD-10-CM Chapter Specific Guidelines


- Review of various chapters with examples and hands-on practice for practical application

3:40-4:30pm Communication and Documentation Improvement!

BONUS! A mock ICD-10-CM exam will be given to each attendee along with answers and rationales to take back and practice at their leisure!

Robin Linker & Associates, Inc.
is a proud part of the



 **Attendees will need to bring their ICD-10-CM books or may purchase these at a 40% discount!**
This workshop is heavy hands-on for practical application and will assist in preparation for the required on-line AAPC exam for credential holders!

"ICD-10-CM ICD-10-CM Extravaganza Workshop!"

Saturday, June 5, 2015

Springhill Suites Denver at Anschutz Medical Campus

13400 E. Colfax . Aurora, CO 80011



Attendee 1: _____ E-Mail address: _____

Attendee 2: _____ E-Mail address: _____

Attendee 3: _____ E-Mail address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work: _____ Home /Work Phone: _____

CELL PHONE: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Who referred you or how did you find out about this course? _____

*Are you interested in other workshopss or Auditing Training / Certification? _____ \ _____

*Are you a current member of (please circle all that apply): AAPC AHIMA AHCAE HCCA MGMA

PAYMENT INFORMATION

*Please register me for this event.
A receipt will be emailed as soon
as my registration and payment is
processed.*

ICD-10 Workshop Registration-Only (\$125.00) x _____ \$ _____

-plus 2015 ICD-10-CM Manual (\$ 65.00) x _____ \$ _____

Total Amount: _____

Please invoice my employer at the above work address ☐

Check Enclosed \$ _____

Credit Cards:



Card Number: _____

Expiration Date: _____

Cardholders Name: _____

Please Print

X _____

Signature

Please list the address exactly as it appears on your credit card statement, including zip code .

Please mail and / or make payment payable to:



Robin Linker & Associates, Inc.

22629 E. Ida Circle

Aurora, CO 80015

Or you may securely fax your registration and payment to: **(800) 945-4119**

For any questions or additional information, please call us at: (303) 905-2357

*This program has the prior approval of AAPC for 7.5 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsors.