

Ready. Set. Code!

ICD-10-CM by Specialty:

2015 Webinar Workshop Series

ICD-10 Diagnosis Coding Education and Instruction for Physician Office Practices



c|h|a
Colorado Hospital
Association



- ✓ The compliance date for implementation of ICD-10 is October 1, 2015. Will you be ready?
- ✓ These coding workshops will help you master ICD-10-CM and the documentation requirements associated with coding for your specialty-specific practice
- ✓ Participants will gain an understanding of the code format and structure of ICD-10 and complete the workshop with the ability to successfully assign diagnosis codes using ICD-10
- ✓ ICD-10 Coding for Your Specialty – Choose the Workshop(s) that best describes your practice
- ✓ Each webinar workshop is being offered on two separate dates for your convenience
- ✓ All workshops led by AHIMA Certified ICD-10 Trainers
- ✓ Approved for 2 AAPC CEU's - certificates will be issued to registered participants only.

WORKSHOP 1: CARDIOLOGY / VASCULAR / RESPIRATORY

Topics covered include:

- Hypertension
- Heart Disease
- Cardiovascular Disease
- Myocardial Infarction
- Respiratory Failure
- Bronchitis
- Asthma
- COPD

DATE/TIME:

- ☐ July 8
- ☐ August 19

11:00 a.m. – 1:00 p.m. MDT

WORKSHOP 2: ORTHOPEDIC / PODIATRY / SPINE

Topics covered include:

- Rheumatoid Arthritis
- Osteoarthritis
- Herniated Disk
- Pain
- Joint Disorders
- Fractures
- Dislocations
- Pressure Ulcers

DATE/TIME:

- ☐ July 15
- ☐ August 26

11:00 a.m. – 1:00 p.m. MDT

WORKSHOP 3: OB-GYN / PEDIATRICS / UROLOGY

Topics covered include:

- Supervision of Pregnancy
- Trimester Assignment / Weeks of Gestation
- Missed and Spontaneous Abortion
- Conditions Originating in the Perinatal Period
- Jaundice
- Encounters with the Pediatrician
- Asthma – Bronchitis
- Influenza
- Genitourinary Diseases
- Kidney Disease
- Incontinence – Urology

DATE/TIME:

- ☐ July 22
- ☐ September 9

11:00 a.m. – 1:00 p.m. MDT

To register on-line and pay via credit card, go to:
www.njha.com/rsccha

WORKSHOP 4: INTERNAL MEDICINE / FAMILY PRACTICE

Topics covered include:

- | | | |
|-------------------------------------|----------------------------------|------------------------------------|
| ■ Infectious and Parasitic Diseases | ■ HIV | ■ Encounters with the Pediatrician |
| ■ Mononucleosis | ■ Blood and Blood Forming Organs | ■ Injuries |
| ■ Rhinitis | ■ Anemia | ■ Accidents |
| ■ Acute Bronchitis | ■ Sickle Cell | |
| ■ Sepsis | ■ Diabetes | |

DATE/TIME:

☐ July 29

☐ September 16

11:00 a.m. – 1:00 p.m. MDT

WORKSHOP 5: GENERAL SURGERY / GASTRO / ENT / PLASTIC RECONSTRUCTIVE / COLON

Topics covered include:

- | | | |
|------------------------------------|-----------------------------|--|
| ■ Diseases of the Digestive System | ■ Colitis | ■ Neoplasms |
| ■ Inflammatory Polyps of the Colon | ■ Hemorrhoids | ■ Diseases of the Ear |
| | ■ Gastrostomy Complications | ■ Infections and Disorders of the Skin |

DATE/TIME:

☐ August 5

☐ September 23

11:00 a.m. – 1:00 p.m. MDT

WORKSHOP 6: MENTAL HEALTH / NEUROLOGY / NEURO SURGERY/ OPHTHALMOLOGY

Topics covered include:

- | | | |
|---|--|----------------------------|
| ■ Mental and Behavioral Disorders | ■ Symptoms and Signs involving Emotional State | ■ TIAs |
| ■ Drug and Alcohol Abuse and Dependence | ■ Diseases of the Nervous System | ■ Pain and Pain Management |

DATE/TIME:

☐ August 12

☐ September 30

11:00 a.m. – 1:00 p.m. MDT

To register on-line and pay via credit card, go to:
www.njha.com/rsccha

REGISTRATION

PRINT CLEARLY

NAME

TITLE

FACILITY

EMAIL ADDRESS

TELEPHONE

PAYMENT

*If paying by check, mail registration form and payment to:

NJHA-HBS
P.O. Box 828709
Philadelphia, PA 19182

NOTE: Payment must be received one week prior to the date of the webinar
Once your registration form and payment have been received, you will receive a confirmation e-mail with webinar log-in instructions, as well as the workshop handouts.

Additional questions? Please call 609.936.2200

PAYMENT INFORMATION

SPECIAL PRICING FOR COLORADO HOSPITAL ASSOCIATION MEMBERS - \$150.00/per person/per workshop

☐ Please check the workshop(s) you will be attending above

METHOD OF PAYMENT

☐ Check* ☐ VISA ☐ MasterCard ☐ American Express

Payment Amount: \$ _____

CREDIT CARD

CARDHOLDER'S NAME (AS IT APPEARS ON CARD) AND BILLING ADDRESS

NAME

ADDRESS

CITY

STATE

ZIP

CARD #

EXP DATE

SIGNATURE