ICD-10 Coding for Hospice Workshop

Overview

What you’ve been waiting for! This one-day training provides a dynamic program for hospice coding training in ICD-10-CM with the latest updates on coding specifically for hospice agencies.

Start with an introduction to the ICD-10-CM code set, coding conventions, sequencing tips and chapter specific guidelines that cover all the chapters applicable to hospice patients. We will have plenty of practice accessing the index and locating codes, identifying tabular list instructions, and then on to coding hospice scenarios with common (and some not-so-common!) hospice diagnoses and conditions. We will also focus on the documentation needed to choose the most specific codes to describe the terminal illness and related diagnoses. Attendees will leave with the ability to identify key points in the plan of care documentation, query the physician as needed for more descriptive information, and find and sequence the diagnosis codes appropriate to hospice patients and their care.

Get a great foundation in ICD-10-CM coding and its implications in hospice practice.

Program Topics:

- Prioritize diagnoses based on clinical assessment and planned interventions and explain hospice specific issues with coding
- Apply specific sequencing rules as required by the conventions and Official Coding Guidelines.
- Explain coding of diagnoses of infections, neoplasms, endocrine disorders such as diabetes, anemias, mental disorders, and the nervous system.
- Explain coding of diagnoses of cardiorespiratory illnesses, cerebrovascular disease and GI & GU disorders.
- Explain coding of diagnoses of the musculoskeletal system, injuries and poisonings, including the optional use of V, W, X codes.
- Use the coding manual to find codes and sequence diagnoses for Hospice scenarios in ICD-10-CM.

Recommended Resource

It is recommended to have the current 2019 ICD-10 Coding Manual at the workshop in order to participate in this workshop.

Purchase a copy through the CAHSAH Bookstore online, or fax this registration form to (916) 641-5881 with the resource added to the payment section on the other side of this form.

Faculty

Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O, HCS-H
Owner, Selman-Holman & Associates, LLC

To Sponsor Contact Rebekah Patterson:
rpatterson@cahsah.org / 916-641-5795, 117
ICD-10 Coding for Hospice Workshop

Ways to Register

ONLINE at www.cahsah.org/educational_events/19ICD10Hospice.php
MAIL registration to: CAHSAH, 3780 Rosin Ct, Suite 190, Sacramento, CA 95834
PHONE in registration to: (916) 641-5795 ext. 113
FAX registration form to: (916) 641-5881

Continuing Education

Provider approved by the California Board of Registered Nursing (Provider # CEP2463) for up to six and one half (6.5) contact hours of continuing education. You must be present for the entire program to earn continuing education credit. No partial credits can be given. Certificates are distributed at the close of the program.

Cancellation Policy

Cancellations are subject to 20% handling fee. There will be no refunds issued for cancellations received within 10 business days prior to program. Cancellations must be in writing. Refunds will not be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

Program Schedule

7:30 AM - 8:30 AM Sign-in & on-site registration
8:30 AM - 12:00 PM Workshop
12:00 PM - 1:00 PM Lunch (provided)
1:00 PM - 4:30 PM Workshop

FILL IN ATTENDEE INFORMATION

ALL FIELDS REQUIRED

SELECT DATE & LOCATION
☐ JUNE 25, 2019 ☐ JUNE 26, 2019
SACRAMENTO, CA ONTARIO, CA

Company Name

Phone Number Fax

Company Mailing Address

City State Zip

Attendee #1 Name / Title

Attendee #1 Email

Attendee #2 Name / Title

Attendee #2 Email

*S Is your organization not a CAHSAH® member? Contact Membership at (916) 641-5795 ext. 114 to find out how you can join and receive discounted registration rates for all CAHSAH education programs.

CALCULATE REGISTRATION FEES

<table>
<thead>
<tr>
<th>Registration Fee &amp; Deadline</th>
<th>CAHSAH Members</th>
<th>*Non Members</th>
<th># of Attendees</th>
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<tr>
<td>Early Bird Register by 5/31/19</td>
<td>$215</td>
<td>$315</td>
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<tr>
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TOTAL DUE $ _____

SPECIAL OFFER: Register two or more people online and receive $10 off each registrant. (Applies to online registrations only.)

FILL IN PAYMENT INFORMATION

PRE-PAYMENT REQUIRED. Registration will not be processed without payment.

PAYMENT TYPE
☐ Check # (Make check payable to CAHSAH)
☐ Charge ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card Number

CC Exp. Date CC Billing Zip