

ICD-10-CM Coding for Home Health, Beginner Level

Virtual Workshop

4/27 | 9:00 am – 5:00pm

Registration Fee

Please see rates below.

Continuing Education

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide **contact hours to RNs, LPNs for 6.5 CEUs**

There is no conflict of interest with the presenter in regards to this workshop.

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

Overview

ICD-10-CM Coding for Home Health, Beginner Level

Learning Outcomes:

1. Identify one coding conventions and guidelines
2. State one chapter-specific guideline for coding Infections, Neoplasms, Diabetes, Circulatory and Respiratory conditions
3. State one chapter-specific guideline for coding injuries and complications
4. Describe how to identify the primary diagnosis for home health coding

Description:

This one day program or webinar series introduction to home health diagnosis coding provides an overview of the ICD-10-CM Coding Conventions and Guidelines to lay the foundation for the beginning coder. Next, Lisa discusses the selection of primary and other secondary diagnoses for home health, including the impact of the Conditions of Participation, OASIS rules and PDGM. The chapter-specific guidelines are presented for common home health conditions, including infections, neoplasms, diabetes, circulatory, neurological and respiratory diagnoses, as well as common injuries and complications. As Lisa explains the guidance, she presents examples and practice scenarios to ensure understanding.

You MUST have a Current 2020 or 2021 ICD-10-CM Coding Manual for this Virtual Workshop

The most current version of ICD-10-CM coding manual is available through Selman-Holman at <https://selmanholmanassociateswebstore.mybigcommerce.com/2020-complete-home-health-icd-10-cm-diagnosis-coding-manual/> (follow the links to the bookstore; discount provided in cart) or by calling 214-550-1477 ext. 7 to ensure you receive the 2021 version.

This class is designed with intermediate coders in mind. We recommend a review of the ICD-10-CM Official Guidelines for Coding and Reporting for 2020, pages 1 -20 of the document found at: <https://ahcc.decisionhealth.com/media/1241/icd-10-cm-guidelines-ahcc-2020.pdf> prior to the workshop. These pages describe and define the Coding Conventions (Section I.A) & General Coding Guidelines (Section I.B). It is expected that intermediate coders already possess this foundational knowledge as it will not be the focus of this class. Your pre-class efforts will greatly enhance your learning experience.

About the Presenter



Presenter: Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O, HCS-H, has more than 30 years in home care as a RN and Attorney practicing exclusively in home care. She is the Owner of Selman-Holman & Associates, LLC & CoDR- Coding Done Right. Additionally, Lisa sits on the Home Care Coding Specialist-Diagnosis (HCS-D) national advisory board for the Board of Medical Specialty Coding and Compliance (BMSCC) Board HCS-O for OASIS Competency.



**OHIO COUNCIL
FOR HOME CARE & HOSPICE**

**www.ochch.org
614.885.0434**

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Registration Instructions

Use a separate registration form for each attendee registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**

Registrations will not be accepted without payment in full. Fees must be paid in full in order to participate.

Cancellation Policy: If you cancel your registration prior to five business days before the program, you will receive a refund less a 25% administrative fee. All cancellations must be made in writing. No refunds for cancellations or exchanges within four business days from the date of the program. If due to unforeseen circumstances OCHCH must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OCHCH at least 48 hours prior to the program.

The presenters and planners have declared no conflict of interest for this program and will present fairly and without bias. No commercial support has been provided for this program.

Registration Form

Please complete the following information and mail or fax it to OCHCH with payment.

Name: _____ Title: _____

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Make Your Selections:

OCHCH Member - \$149
(Each Person)

Non-Member - \$249
(Each Person)

Total Amount Due \$ _____

Payment Information

Visa MasterCard American Express Discover Check

Name on Card: _____

Card Number: _____ Amount: _____

Exp. Date: _____ Security Code: _____ Date: _____

Signature: _____



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Fax completed form with payment to (614) 899-0192 or

Mail to OCHCH, 1105 Schrock Rd., Suite 120, Columbus, OH 43229.