

Presents...

“Coding 101 for the Home Care Setting”
Basic ICD-9-CM Code Competencies for the Home Care Practitioner
Workshop

Thursday – March 18, 2010
 9:00 a.m. to 5:00 p.m.

The home health industry’s Prospective Payment System (PPS) has made OASIS and ICD-9-CM coding critical to determine accurate reimbursement and drive quality outcome improvement. This beginner’s program will provide the fundamentals of ICD-9-CM coding for home care settings. Join your peers to learn the basics on how to use the ICD-9-CM manual and apply code convention and rules to common home health scenarios. The workshop will provide specific focus with interactive activities on diagnoses selection, sequencing and code assignment – elements that are critical in the revised PPS system. Code inconsistencies and common diagnoses pitfalls as well as tips to reinforce OASIS-C documentation and substantiate accurate ICD-9-CM codes will be addressed. Clinicians as well as non-clinicians who are involved in the completion of the OASIS assessment, as well as the review and code assignment for the home health provider are encouraged to attend. **Participants must bring a current ICD-9-CM coding manual to class!**

Program Objectives - At the conclusion of this workshop, participants will be able to:

1. Apply the ten (10) steps to accurate ICD-9-CM code selection.
2. Apply mandatory ICD-9-CM Coding Conventions to Home Health specific scenarios.
3. Use PPS and CMS source documents to detail the correct use of primary, secondary and case mix items as well as the application of the clinical dimension.
4. Employ clinical logic to accurately select and sequence diagnoses most common in home health setting.
5. Use ICD-9-CM code manuals to accurately code common home health scenarios.
6. Identify strategies and guides to enhance agency accurate diagnosis selection and code assignment to represent patient clinical complexity.

Faculty: **Patricia W. Tulloch RN, BSN, MSN, HCS-D**, is a seasoned clinician with more than 30 years in health care practice. A Registered Nurse with code credentials from the Board of Medical Specialty Coding, she is a nationally recognized presenter who provides clinical and administrative expertise to clinicians and agencies across the country. A senior consultant with RBC Limited, a national consulting firm, she also collaborates with attorneys in Corporate Compliance, fact finding and regulatory standards. Ms. Tulloch has the following conflict of interest in regard to this program – she’s a provider of consultative services to the home health industry. The nurse planner or designee will monitor this program to ensure conflict does not arise.

Continuing Education Information: This program will provide **contact hours to RNs & LPNs** attending the workshop. Application has been made for **OT, PT, SLP, and Board of Medical Specialty Coding CEUs**. Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. No commercial support has been provided for this program. The program planners have no conflict of interest in regard to this workshop.

The Ohio Council for Home Care and Hospice (OH-157/4-1-13) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

LOCATION

Holiday Inn Columbus-Worthington
 7007 N. High Street
 Worthington, OH 43085
 PH: 614-436-0700

For directions please visit -
www.holidayinn.com/worthingtonoh

AGENDA

8:00 am – 9:00 am	Registration / Continental Breakfast (provided)
9:00 am – 10:00 am	Objective #1 (see above)
10:00 am – 10:30 am	Objective #2
10:30 am – 10:45 am	BREAK
10:45 am – 11:15 am	Objective #3
11:15 am – 12:15 pm	Objective #4
12:15 pm – 1:15 pm	LUNCH (provided)
1:15 pm – 3:00 pm	Objective #5
3:00 pm – 3:15 pm	BREAK
3:15 pm – 4:15 pm	Objective #5 (continued)
4:15 pm – 4:45 pm	Objective #6
4:45 pm – 5:00 pm	Question & Answers /Adjourn

REGISTRATION INSTRUCTIONS:

1. Use a separate form for each registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**
2. **No registration will be accepted without payment in full** by either a credit card or business check (Personal checks will be accepted from OCHCH members only).
3. **Faxed registrations will be accepted only with payment by a credit card (Visa or MasterCard).** Credit card information must be complete and contain the authorized signature. Send completed forms to OCHCH, 1395 E. Dublin-Granville Rd., Ste. 350, Columbus, Ohio 43229, or FAX (614) 885-0413. Mail and/or faxed registrations represent your commitment to attend and OCHCH cancellation policies will apply.
4. **Please note the cancellation policy:** If you cancel your registration before **March 11, 2010**, you will receive a refund less 30% for administrative costs. All cancellations must be made in writing. No refunds for cancellations or exchanges after March 11, 2010. Substitutions in keeping with the registration policy (*instruction #1*) are permitted at any time.
5. Payments to OCHCH are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible under other provisions of the IRS.
6. Any individual requiring special arrangements as stated by the Americans with Disability's Act, please notify OCHCH at least 48 hours prior to the meeting at (614) 885-0434.

**Coding 101 for the Home Care Setting
WORKSHOP REGISTRATION FORM**

Thursday, March 18, 2010

9:00 AM to 5:00 PM

Holiday Inn Columbus-Worthington, 7007 N. High Street

Columbus, OH 43085, Ph: 614-436-0700

(Please copy as needed)

Name: _____ Nickname: _____

Title: _____ Email: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

OCHCH MEMBER

NON-MEMBER

\$159.00 First Person

\$279.00 First Person

\$139.00 Second Person
(same agency)

\$259.00 Second Person
(same agency)

TOTAL AMOUNT DUE \$ _____

Credit Card Info: VISA MasterCard

Name on Card: _____ Card Number: _____

Exp Date: _____ Amount: _____ Date: _____

Signature: _____

Date Rec'd: _____	Amount Rec'd: _____	Check Number: _____
Check Date: _____	Processed by: _____	D.O.D.: _____