

ICD-10-CM Training Webinar

Get Ready... Get Set... Go!

Audio Recordings: 2 Part Series



It's not too late to educate! Full implementation of ICD-10 –CM is scheduled for October 1, 2015. For those agencies that have new coders or have been waiting to start or restart their ICD-10-CM training, this two-part webinar series will provide your agency staff with the basic foundation of ICD-10 CM training to enable staff to move forward into in-depth training and practice with ICD-10-CM codes. Home Health and Hospice coders will benefit from these webinars. Be sure you have your ICD-10-CM Coding Manuals handy!

Part 1: Foundation of ICD-10-CM Coding

To succeed in coding, it is important to have a strong foundation in the fundamentals of coding. This 90 minute program provides a brief review of the major similarities and differences between the ICD-9-CM and the ICD-10-CM data sets. The program also highlights the unique features in ICD-10-CM and guidelines using specific case examples.

Part 2: The Next Step in ICD-10-CM

This 90 minute webinar focuses on a sampling of the most diagnoses used in home care within areas such as endocrine (diabetes), mental/behavioral health, nervous, circulatory, respiratory and musculoskeletal systems.

Webinar Presenter:



Judy Adams, RN, BSN, HCS-D, AHIMA Approved ICD-10-CM Trainer, Adams Home Care Consulting, Inc. is a well-known health care consultant and speaker with over 30 years of healthcare experience and extensive experience in home care and home health management. Judy frequently speaks nationally on home

health coverage; coding; HH COPs; PPS and medical review.

Price (includes shipping and handling):

\$129 per DVD (please select) Part 1 Part 2

State Referral Code: MO2013

Agency Name: _____

Agency Address: _____

Agency City State Zip: _____

Contact Name: _____

E-mail Address _____

(please print)

Phone: _____

☐ Enclosed is my check in the amount of _____
(payable to AHHC - NC Purchasers please add 6.75% sales tax)

☐ Charge _____ to my:



Credit Card Number: _____

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

Name: _____

(as it appears on card)

Address (of cardholder): _____

Signature (required): _____

If paying by check or credit card mail form with total fees to: AHHC, 3101 Industrial Drive, Suite 204, Raleigh, N.C., 27609. If paying by credit card - fax a copy of this order form with the appropriate credit card information and signature to 919.848.2355. Copyright © 2015. All rights reserved.