

**ICD-10-CM for LONG TERM CARE
WORKSHOP
October 3, 2018**



ABOUT THE EVENT

This workshop is designed to enhance the registrant’s ICD-10-CM coding skills for all levels. It will take a detailed look at the coding principals which are essential for proper billing and code assignment. Guidelines will be emphasized with hands on coding exercises and cases studies specific to long term care.

WHO SHOULD ATTEND

Administrators, MDS Coordinators, Health Information Coordinators, Reimbursement Managers and anyone responsible for coding will benefit from attending this workshop.

LOCATION

LeadingAge Indiana
6280 West 96th Street
Indianapolis, IN 46278
(For questions regarding this workshop, call Med-Rec Systems at 317-852-9733.)

ABOUT THE SPEAKER

NANCY BENSEN, RHIA, CHPS, RAC-CT

Nancy Bensen, an owner of Med-Rec Systems, has provided consulting services to long term care facilities since 1996. She is a member of AHIMA and an approved ICD-10-CM trainer since 2010.

AGENDA

- **REGISTRATION & REFRESHMENTS**
8:30 - 9:00 AM Eastern Time
- **ICD-10-CM EDUCATION**
9:00 AM – 4:00 PM
 - ❖ Official guidelines for coding and reporting
 - ❖ General & chapter coding guidelines
 - ❖ Common coding issues and challenges in LTC
 - Seventh character extension
 - Fracture codes
 - HTN, DM, Depression, Alzheimer’s
 - ❖ Sequencing codes for billing and MDS
 - ❖ Coding case studies and exercises
- **LUNCH (on your own)**
12:00 – 1:00 PM

MATERIALS

- **PROVIDED**
 - ❖ Workbook with instruction and coding exercises
 - ❖ Answer key for coding exercises
- **BRING**
 - ❖ **MUST** bring ICD-10-CM code book!

EDUCATION CREDITS

- Health Facility Administrators CE Sponsor Permit #98000040A; 6 CEU’s
- AAPC approved for 6 CEUs



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REGISTRATION OPTIONS: Register online at med-recsystems.com or complete and mail the form below

FEE PER PARTICIPANT: \$125 (This is a Med-Rec System sponsored workshop.)

REFUND POLICY: Refunds given only if cancellation is received 72 hours before the event. **No shows will be billed.**

FACILITY		ADDRESS	
PHONE		CITY/ STATE/ZIP	

NAME		NAME	
TITLE		TITLE	
EMAIL		EMAIL	

MAKE CHECK PAYABLE TO: MED-REC SYSTEMS
(No Personal Checks Accepted)

MAIL TO: PO BOX 40471, Indianapolis, IN 46240
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