

Faculty:



**Judy Adams, RN,
BSN**

Judy Adams is a well known health care consultant and speaker with over 30 years of health care experience and extensive experience in home care and home

health management. Judy holds the Homecare Coding Specialist – Diagnosis certification from the Board of Advanced Medical Coding and the Certificate for OASIS Specialist – Clinical from the OASIS Certification and Competency Board.

How to register

- **ON-LINE** with your credit card at:
www.cahsah.org
- **FAX** your registration to: (916) 641-5881
- **MAIL** your registration to:
CAHSAH
3780 Rosin Court, Suite 190
Sacramento, CA 95834
- **PHONE** in your registration with credit card payment to:
(916) 641-5795 ext. 113

QUESTIONS? Contact (916) 641-5795 ext.113

Introduction to the Coding Manual WEBINAR



**Tuesday September 21, 2010
11:30 a.m. to 1:30 p.m. PST**

**Brought to you by:
California Association for Health Services at Home**



What's it about?

This session is a great beginning to ICD-9-CM coding through an introduction to the ICD-9-CM Coding Manual. The Coding Manual is a coder's best friend and the ultimate resource to guide you through the coding process. This session will highlight the differences and use of the three volumes of the coding manual, common conventions for coding that you must know and a guide to the abbreviations and directions that help you select the correct code. Like all areas of specialization, ICD-9-CM has its own language and rules. So join us for this audio-conference to see why your coding manual will become your best friend. The session will integrate illustrative examples of basic coding skills and answer questions that include, but are not limited to, the following:

- Which volume of the coding manual must you use first?
- What information is located in each of the three volumes?
- How do you determine how many digits are needed for a code?
- What do all the notes mean in the manual?
- How do I even start finding the correct diagnosis code?

Continuing Education Credits

Provider approved for two (2) contact hours of continuing education. Please mail a completed sign-in sheet, listing the individuals at your facility that participated as well as a completed evaluation form from each participant requesting contact hours. Participants must remain on the webinar until it is over. Certificates will be mailed after evaluations are received.

Enjoy the convenience and cost-efficiency of a telephone workshop!

There is **no travel time** involved and **no limit to the number of attendees from your agency** who may participate **at your site through one phone line**. All you need to participate is a speaker telephone, a computer or laptop and a room large enough for your staff. You will be given a toll free number, a verbal passcode and a numerical access code for the web-based portion of the activity.

The Webinar will take place from 11:30 a.m. until 1:30 p.m. PST. Due to the expense of using the teleconference/web hook-up, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference*. The handout will be emailed to you prior to the call to the email address you provide.

Your email confirmation will include:

Details of how to dial in on a toll-free telephone line, the handout, agency roster, and evaluation. Please submit the roster, along with the evaluation in order to receive continuing education credits. Fees will be refunded only if written cancellation is received by CAHSAH two weeks prior to the workshop, and are subject to a handling fee. **No refunds will be given after the dial-in number is sent to your agency.**

***Please note that all phone lines are tracked. Each dial in location will be charged accordingly**

Registration

Introduction to the Coding Manual - September 21

Fee Schedule	Member	Non Member
Deadline is Sept. 16th	\$199	\$299
TOTAL:		\$ _____

Not a CAHSAH Member? Contact CAHSAH at (916) 641-5795 ext.114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name: _____

Contact Name: _____

Company Mailing Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Pre-payment is required

Method of Payment: <input type="checkbox"/> Check (Payable to CAHSAH)		
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Credit Card #	Exp. Date	CSV#
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