



# ICD-10-CM Webinar Series: *Common Areas of Concern*

## Overview of Series

Now that we have been utilizing ICD-10-CM Diagnosis Coding since 2015, it is time to take a look at issues and common areas of concern. This series will provide training and review for coding and clinical documentation improvement personnel. Each course will review correct coding principles of ICD-10-CM by body system.

## Objectives

- Discuss the ICD-10-CM codes for each chapter/body system
- Discuss coding rules including Official Coding Guidelines for ICD-10-CM and available Coding Clinic guidance
- Describe common issues and potential incorrect coding areas for each chapter/body system

*Each course will review correct ICD-10-CM coding principles by body system*

All sessions are from 1:00 p.m. - 2:30 p.m.

### COURSE DATES

Part I: CM Diagnoses: Infectious and Parasitic Disease and Blood Disorders (*March 29*)

Part II: Neoplasms and Skin Disorders (*April 12*)

Part III: Cardiology and Respiratory (*April 26*)

Part IV: OB/Gyn and Neonatal/Congenital (*May 10*)

Part V: Urinary and Gastrointestinal (*June 1*) *Please Note: Date Change!*

Part VI: Endocrine Disorders (*June 14*)

Part VII: Mental Health Disorders (*July 19*)

Part VIII: Neurology Eye and Ear Disorders (*August 2*) *Please Note: Date Change!*

Part IX: Orthopedic - Musculoskeletal and Fractures (*August 16*)

Part X: Signs and Symptoms, Injuries and Poisoning (*August 30*)

Part XI: External Cause Codes and Z Codes (*September 20*) *Please Note: Date Change!*

\* *Each course may be taken independently from the others, but we STRONGLY urge participants to attend all sessions.*

### *Target Audience*

HIM Professionals, Medical Coders, Clinical Documentation  
Specialists, Billing Managers, Quality Improvement  
Professionals, Clinical Informatics Professionals,  
Physician Practice Managers

## Faculty

**Karen Scott, MEd, RHIA, CCS-P, CPC, FAHIMA** is the sole proprietor of Karen Scott Seminars and Consulting. She has been an educator for many years including teaching in the HIM Programs at the University of Tennessee Health Science Center and Arkansas Tech University. She has worked as a HIM director in an acute care hospital setting, training director for a national transcription company and reimbursement specialist for a regional physician's group. She is past-president of both the Tennessee and Arkansas Health Information Management Associations, past-chair of the AHIMA Council on Certification and previously was elected Commissioner for the Commission for Accreditation of Health Informatics and Information Management.

Karen is an AHIMA Approved ICD-10 Trainer. She has won several awards including the Tennessee Innovator Award and Distinguished Member Award. In recognition of her significant and sustained contributions to the HIM profession, she has been awarded the designation of Fellow of the American Health Information Management Association. Karen teaches seminars throughout the country and has written several chapters in HIM and Coding textbooks. Her latest AHIMA published textbooks include *Coding and Reimbursement for Hospital Inpatient Service, Third Edition* and *Medical Coding For Non-Coders: Understanding Coding and Reimbursement in Today's Healthcare Industry, Second Edition*.

## Registration

**\$125 per session for AHA Members**

**\$1,175 for all sessions for AHA members: a savings of \$200**

*(You must register for all sessions at the same time to take advantage of the savings)*

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions (via the e-mail provided on the registration form) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczyński at [asroczyński@arkhospitals.org](mailto:asroczyński@arkhospitals.org) or (501) 224-7878. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

## Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least five (5) business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

**Arkansas Hospital Association**  
**ICD-10-CM Series: *Common Areas of Concern***  
***Registration Form***

**A \$200 Savings!**

- Complete 11-Part Series – One Connection**

**Individual Sessions – \$125 Per Connection:**

- Part I:** CM Diagnoses: Infectious and Parasitic Disease and Blood Disorders (*March 29*)
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**Registration Fee**     **\$125 per session for AHA members**  
**\$1,175 for all sessions for AHA members: a savings of \$200**  
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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Method of Payment**

Check in the amount of \$\_\_\_\_\_ payable to the **Arkansas Hospital Association** is enclosed.

Credit Card # \_\_\_\_\_  Visa     MasterCard    ***(AmEx and Discover Not Accepted)***

Cardholder's Billing Address (including zip code) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Cardholder's Phone # \_\_\_\_\_

**Mail Form And Payment To**

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205  
**Fax form with credit card information to (501) 224-0519.**