



Inpatient Rehabilitation Facility (IRF) Coding Update

Webinar T2728

Tuesday, January 31, 2012
12:00 noon – 1:00 p.m. (CST)

Overview

For an inpatient rehabilitation facility, there are major challenges for coding and documentation. This Webinar will address the complex billing and coding issues for the IRF staff, and the need for supporting documentation of patient resources. Attendees will learn strategies from an expert to ensure compliance. Additionally, current Recovery Audit Contractor (RAC), Medicaid Integrity Contractor (MIC), and private commercial audit findings and focuses will be reviewed.

Target Audience

CEO, COO, CFO, CNO, CMO, PAI coordinators, inpatient rehabilitation program directors, acute care managers responsible for inpatient rehabilitation units, planning and strategy staff responsible for further development of inpatient rehabilitation programs, and key rehab managers or staff

Program Topics

- IRF federal rates: patient case mix; comorbidities
- Classification criterion: 60% rule; patient characteristics
- Reasonable and necessary criteria: decision to admit, retain or discharge
- Resources: regulatory, official and specialized
- Defending your documentation in an aggressive reimbursement audit environment
 - Documentation to support coding/billing and medical necessity
 - Significant practical improvement
 - Realistic goals
 - Impairment, diagnosis and functional status and redundancy in supporting coding and documentation

Objectives

At the completion of this program, the participants will be able to:

1. Discuss coding challenges for conditions reported by the IRF
2. Describe ways to ensure correct documentation

Faculty

Jean Ann Hartzell-Minzey, RHIA, CPC, CHA is President/CEO of Healthcare Education Strategies, Inc. in Prairieville, Louisiana. She has over 35 years of professional experience in the areas of documentation, education, chargemaster review, coding and billing, and compliance. She was a director of several medical record departments for hospitals in Louisiana and Mississippi. Jean Ann has experience in physician practices, acute care hospitals, ambulatory surgery centers, home health and nursing homes. She has presented over 3,000 workshops nationwide for healthcare audiences.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$190 for AHA members

Registration includes **one** Internet connection and **one** telephone connection at **one** location and an unlimited number of participants from your organization in **one** listening room.

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 three business days prior to the event, please contact Anna Sroczyński at 501-224-7878, or via e-mail to asroczyński@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

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.

Substitution, Transfer and Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Substitutions, however, are permitted. Fax refund requests to Anna Sroczyński at 501-224-0519.

REGISTRATION FORM
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Registration Fee **\$190 for AHA members**

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

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ Name on card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Anna Sroczyński, Registrar, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; 501-224-7878; or fax form with credit card information to 501-224-0519.