

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

The Principles of Coding

WEBINAR



**Tuesday March 30, 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?

Principles of Coding is a two hour webinar designed to acquaint the new ICD-9-Cm coder with some of the key principles involved in coding. This session builds on the basic coding education provided in the Introduction to the Coding Manual. The session will provide didactic information interspersed with mini case examples to provide the participants with a basic foundation for ICD-9-CM coding.

Highlights of the session will include:

- General Coding Guidelines
- Multiple coding Guidelines
- Etiology/Manifestation Situation
- Coding Acute and Chronic Conditions
- Use of symptom codes
- Coding Fractures
- Determining the primary and other codes
- Basics to sequencing codes

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 and 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 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

Principles of Coding - March 30

Fee Schedule	Member	Non Member
Deadline is March 26th	\$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#	
Billing Address		City, State, Zip	
Cardholder Name (please print)			
Signature (required)			