



4-PART ICD-10 CODING

WEBINAR SERIES*

THURSDAYS • 1:00-2:00PM

MAY 2, 9, 16, & 23, 2019

**available individually or as a discounted series*



SPEAKER:

**Joan Usher, BS, RHIA,
HCDS-D, ACE, AHIMA
Approved ICD-10- CM
Trainer, President & CEO,
JLU Health Record Systems**

SESSION DATES:

Session 1: May 2

Session 2: May 9

Session 3: May 16

Session 4: May 23

All sessions are 1:00-2:00PM

AUDIENCE:

This series is a necessary topic for Coders; Administrators; Compliance; Clinical Management

PRICING:

HCA Members:

Indiv. Webinar - \$79/Line

Full Series - \$279/ Series

Non-Members:

Indiv. Webinar - \$129/Line

Full Series - \$499/ Line

SERIES PRESENTED BY:



This coding series will prepare the coder for what to expect under Patient Driven Groupings Model. Discussed will be coding areas where it is essential that diagnostic coding is performed accurately to maximize appropriate reimbursement under the new model. PDGM allows for 1 primary diagnosis and 24 co-morbid conditions. There are a total of 432 possible case-mix adjusted payment groups. (An increase of 279 case mix categories [64% increase] as compared to HHRG) Coder and Clinical Managers need to begin thinking about how the changes in the PDGM will effect agency operations. Don't wait to 2020 to learn the nuances of PDGM coding- begin now with the necessary details. The second half of the series provides the coder with a look at two of the twelve clinical sub-groupings under PDGM: Wounds and Neuro Rehab.

Participants are asked to have an ICD-10-CM manual available during the coding series for reference.

Session 1: PDGM - How Should The Coder Prepare?

Review of the twelve clinical subgroups and how comorbidities are impacting case mix in the PDGM. Discussion on how coders can best prepare for the new model.

Session 2: Are You Accurately Coding Comorbidities?

PDGM includes a comorbidity adjustment category based on the presence of secondary diagnoses. It is important to code all applicable comorbidities as depending on a patient's secondary diagnoses, a 30-day period may receive no comorbidity adjustment, a low comorbidity adjustment, or a high comorbidity adjustment. The comorbidity adjustment is impacted by the number of interacting secondary diagnoses. Coders need to understand that additional coding will be needed to capture all the comorbidities but there is a delicate balance required as clinicians needing to be addressing these diagnoses in the care plan. Using the PDGM Comorbidity Subgroups as a guide, we will review how to code comorbidities accurately.

Session 3: Understanding The Complexities Of Wound Coding

Review of different types of wounds and how to code effectively to be reimbursed appropriately. Discussed will be updates to coding post-operative wound infections. Understanding Wounds-Post-Op Wound Aftercare & Skin/Non-Surgical Skin Wound Care are an essential component of the new PDGM model.

Session 4: Correctly Code For Dementia, Alzheimer's And Other Cognitive Deficits For Home Health & Hospice

Understand how to code different cognitive deficits and follow the corresponding coding guidelines. Dementia diagnoses are included in the Neuro Rehab sub-grouping or as comorbidities.



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