

# 4-Part ICD-10 Coding Webinar Series

Thursdays, May 2, 9, 16 & 23 - 1:00-2:00 p.m.

## SPEAKER

Joan Usher, B.S.,  
RHIA, HCDS-D, ACE;  
AHIMA Approved ICD  
-10-CDM Trainer;  
President & CEO, JLU  
Health Record Systems

## SESSION DATES

(1:00 p.m. to 2:00 p.m.  
each day)

Session 1: May 2  
Session 2: May 9  
Session 3: May 16  
Session 4: May 23

## AUDIENCE

This series is a  
necessary topic for  
coders, administrators,  
compliance,  
clinical management

## PRICING

Association Members  
\$ 99 - each webinar  
\$ 346 - entire series

Prospective Members  
\$ 129 - each webinar  
\$ 466 - entire series

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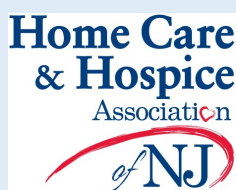
[The Entire Series](#)

[Part 1](#)

[Part 2](#)

[Part 3](#)

[Part 4](#)



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 one 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.) Coders and clinical managers need to begin thinking about how the changes in the PDGM will affect agency operations. Don't wait until 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 12 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 12 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 correctly.

### 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 Aftercard and 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.

## CANCELLATION POLICY

Registration fees will be refunded only if written cancellation is received one week before each webinar is held. Cancellation requests must be emailed to [susan@homecarenj.org](mailto:susan@homecarenj.org). Registrants unable to attend may send an alternate if Home Care & Hospice Association of NJ is notified in advance. In the event of a written cancellation, Home Care & Hospice Association of NJ will retain 30% of the initial fee for administrative costs. There will be a \$25 service charge on all returned checks. For more information or if you require special accommodations please call 732-877-1100 or email [susan@homecarenj.org](mailto:susan@homecarenj.org). The sponsors reserve the right to cancel or modify any workshop listed herein for any reason without advance notice.