



Presents

*“Coding Fundamentals—A Basics Course  
for Home Care Professionals”*

**Beginner Coding Workshop**

Thursday - October 8, 2009 (9:00 a.m. to 5:00 p.m.)

Getting the basics right is the first step in coding accuracy. This course emphasizes the official coding guidelines, Chapter 8 of the OASIS Implementation Manual and other official guidance. The program will provide the “background” of why we have to do what we do. Common coding errors will be identified and rectified--overuse of V codes; sequencing issues; missing 5th digits are just a few. Updated to include any CMS changes regarding ICD-9-CM coding, this full-day workshop is designed for beginner coders who have a basic understanding of home health and OASIS. We will learn how to use the coding manual and learn to apply the conventions and the basics of sequencing. Common home care diagnoses with specific sequencing rules will be discussed and presented. Topics covered will include:

- Basics of the OASIS diagnosis items and the instructions from CMS
- The relationship between OASIS, PPS and diagnosis coding
- Basic principles of using the coding manual
- Sequencing basics such as manifestation codes
- Choosing the primary diagnosis and the co-morbidities
- Sequencing of common home care diagnoses, such as diabetes, CVAs and therapy cases

Beginners will receive a basic understanding of home care coding and intermediate coders will receive a good overview of the basics. **Participants must bring a current ICD-9-CM coding manual to class!**

**Program Objectives** - At the conclusion of this workshop, participants will be able to:

1. Identify the relationship between assessment, coding and the Plan of Care.
2. Apply specific sequencing rules to sequence common home care diagnoses.
3. Identify case mix diagnoses used in the Prospective Payment System.
4. Explain the correct use of V codes for patient encounters.
5. Apply the coding conventions, the OASIS items and particular sequencing rules to common home care diagnoses.
6. Identify special sequencing rules for more complex conditions.

**Speaker:**

**Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C** is a home care veteran with 22 years spent in home health and hospice, both as an RN and as an attorney practicing exclusively in home care. She is the owner of Selman-Holman & Associates, LLC, a full-service home care consulting firm and CoDR, a coding outsource and audit company. Lisa is on the Homecare Coding Specialist-Diagnosis (HCS-D) national advisory board for the Board of Medical Specialty Coding (BMSC), and is a BMSC-approved educator for the HCS-D certification exam. She participated on the Exam Review Task Force for the OASIS Certificate & Competency Board (OCCB). Lisa has the following conflict of interest in regard to this program – she’s a provider of consultative services to the home health industry. The nurse planner or designee will monitor this program to ensure conflict does not arise.



**LOCATION**

Holiday Inn Columbus-Worthington  
7007 N. High Street  
Worthington, OH 43085  
PH: 614-436-0700

For directions please visit -  
[www.holidayinn.com/worthingtonoh](http://www.holidayinn.com/worthingtonoh)

**AGENDA**

8:00 am – 8:55 am	Registration / Continental Breakfast (provided)
8:55 am – 9:00 am	Welcome / Introductions
9:00 am – 10:30 am	Objective #1 (see above)
10:30 am – 10:45 am	BREAK
10:45 am – 11:45 am	Objective #2
11:45 am – 12:45 pm	LUNCH (provided)
12:45 pm – 1:30 pm	Objective #3
1:30 pm – 2:30 pm	Objective #4
2:30 pm – 2:45 pm	BREAK
2:45 pm – 3:55 pm	Objective #5
3:55 pm – 4:40 pm	Objective #6
4:40 pm – 5:00 pm	Question & Answers /Adjourn

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide **6.5 contact hours to RNs, LPNs, PTs, OTs, & SLPs** attending the workshop. No commercial support has been provided for this program. Application has been made for **Board of Medical Specialty Coding CEUs**. The program planners have no conflict of interest in regard to this workshop.

The Ohio Council for Home Care (OH-157/4-1-10) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**REGISTRATION INSTRUCTIONS:**

1. Use a separate form for each registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**
2. **No registration will be accepted without payment in full** by either a credit card or business check (Personal checks will be accepted from OCHC members only).
3. **Faxed registrations will be accepted only with payment by a credit card (Visa or MasterCard).** Credit card information must be complete and contain the authorized signature. Send completed forms to OCHC, 1395 E. Dublin-Granville Rd., Ste.350, Columbus, Ohio 43229, or FAX (614) 885-0413. Mail and/or faxed registrations represent your commitment to attend and OCHC cancellation policies will apply.
4. **Please note the cancellation policy:** If you cancel your registration before **October 1, 2009**, you will receive a refund less 30% for administrative costs. All cancellations must be made in writing. No refunds for cancellations or exchanges after October 1, 2009. Substitutions in keeping with the registration policy (*instruction #1*) are permitted at any time.
5. Payments to OCHC are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible under other provisions of the IRS.
6. Any individual requiring special arrangements as stated by the Americans with Disability's Act, please notify OCHC at least 48 hours prior to the meeting at (614) 885-0434.

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for Home Care Professionals  
WORKSHOP REGISTRATION FORM**

Thursday, October 8, 2009  
9:00 AM to 5:00 PM

Holiday Inn Columbus-Worthington, 7007 N. High Street, Columbus, OH 43085, Ph: 614-436-0700  
(Please copy as needed)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OCHC MEMBER**

**NON-MEMBER**

\$159.00 First Person

\$279.00 First Person

\$139.00 Second Person  
(same agency)

\$259.00 Second Person (same agency)

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Credit Card Info:  VISA  MasterCard

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Rec'd: _____	Amount Rec'd: _____	Check Number: _____
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