Ready. Set. Code!

ICD-10-CM by Specialty:

MSNJ MEDICAL SOCIETY OF NEW JERSEY *Est. 1766*

NJHA HEALTHCARE BUSINESS SOLUTIONS

2015 Webinar Workshop Series

ICD-10 Diagnosis Coding Education and Instruction for Physician Office Practices
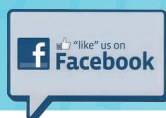
✓ The compliance date for implementation of ICD-10 is October 1, 2015. Will you be ready?

✓ These coding workshops will help you master ICD-10-CM and the documentation requirements associated with coding for your specialty-specific practice

✓ Participants will gain an understanding of the code format and structure of ICD-10 and complete the workshop with the ability to successfully assign diagnosis codes using ICD-10

✓ ICD-10 Coding for Your Specialty – Choose the Workshop(s) that best describes your practice

✓ Each webinar workshop is being offered on four separate dates for your convenience

✓ All workshops led by AHIMA Certified ICD-10 Trainers

✓ Approved for 2 AAPC CEU's

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WORKSHOP 1: CARDIOLOGY / VASCULAR / RESPIRATORY

Topics covered include:

- Hypertension
- Heart Disease
- Cardiovascular Disease
- Myocardial Infarction
- Respiratory Failure
- Bronchitis
- Asthma
- COPD

DATE/TIME:

❒ **February 10**
❒ **May 12**
❒ **July 8**
❒ **August 19**

1:00-3:00 p.m. EST

WORKSHOP 2: ORTHOPEDIC / PODIATRY / SPINE

Topics covered include:

- Rheumatoid Arthritis
- Osteoarthritis
- Herniated Disk
- Pain
- Joint Disorders
- Fractures
- Dislocations
- Pressure Ulcers

DATE/TIME:

❒ **February 12**
❒ **May 14**
❒ **July 15**
❒ **August 26**

1:00-3:00 p.m. EST

WORKSHOP 3: OB-GYN / PEDIATRICS / UROLOGY

Topics covered include:

- Supervision of Pregnancy
- Trimester Assignment / Weeks of Gestation
- Missed and Spontaneous Abortion
- Conditions Originating in the Perinatal Period
- Jaundice
- Encounters with the Pediatrician
- Asthma – Bronchitis
- Influenza
- Genitourinary Diseases
- Kidney Disease
- Incontinence – Urology

DATE/TIME:

❒ **February 24**
❒ **June 2**
❒ **July 22**
❒ **September 9**

1:00-3:00 p.m. EST

WORKSHOP 4: INTERNAL MEDICINE / FAMILY PRACTICE

Topics covered include:

- Infectious and Parasitic Diseases
- Mononucleosis
- Rhinitis
- Acute Bronchitis
- Sepsis
- HIV
- Blood and Blood Forming Organs
- Anemia
- Sickle Cell
- Diabetes
- Encounters with the Pediatrician
- Injuries
- Accidents

DATE/TIME:

- ❐ **February 26**
- ❐ **June 4**
- ❐ **July 29**
- ❐ **September 16**

1:00-3:00 p.m. EST

WORKSHOP 5:
GENERAL SURGERY / GASTRO / ENT / PLASTIC RECONSTRUCTIVE / COLON

Topics covered include:

- Diseases of the Digestive System
- Inflammatory Polyps of the Colon
- Colitis
- Hemorrhoids
- Gastrostomy Complications
- Neoplasms
- Diseases of the Ear
- Infections and Disorders of the Skin

DATE/TIME:

- ❐ **March 10**
- ❐ **June 9**
- ❐ **August 5**
- ❐ **September 23**

1:00-3:00 p.m. EST

WORKSHOP 6: MENTAL HEALTH / NEUROLOGY / NEURO SURGERY

Topics covered include:

- Mental and Behavioral Disorders
- Drug and Alcohol Abuse and Dependence
- Symptoms and Signs involving Emotional State
- Diseases of the Nervous System
- TIAs
- Pain and Pain Management

DATE/TIME:

- ❐ **March 12**
- ❐ **June 11**
- ❐ **August 12**
- ❐ **September 30**

1:00-3:00 p.m. EST

REGISTRATION

PRINT CLEARLY

NAME

TITLE

FACILITY

EMAIL ADDRESS

TELEPHONE

PAYMENT

*If paying by check, mail registration form and payment to:
   NJHA-HBS
   P.O. Box 828709
   Philadelphia, PA 19182

NOTE: Payment must be received one week prior to the date of the webinar

Once your registration form and payment have been received, you will receive a confirmation e-mail with webinar log-in instructions, as well as the workshop handouts.

To register on-line and pay via credit card, go to:
http://www.njha.com/education/education-calendar/
Select the month of the webinar you are interested in and you will be presented with the program registration.
Additional questions? Please call 609.936.2200

PAYMENT INFORMATION

SPECIAL PRICING FOR MSNJ MEMBERS
$100/per person/per workshop

❐ Please check the workshop(s) you will be attending above

METHOD OF PAYMENT

❐ Check*   ❐ VISA   ❐ MasterCard   ❐ American Express

Payment Amount: $ _____

CREDIT CARD

CARDHOLDER'S NAME (AS IT APPEARS ON CARD) AND BILLING ADDRESS

NAME

ADDRESS

CITY   STATE   ZIP

CARD #   EXP DATE

SIGNATURE