Coding Training without Leaving the Office

Outreach Training Series

Session Date: Thursday, July 9, 2015
8:00 AM Pacific Time OR 12 Noon Pacific time
(be sure to note correct start time for your time zone)

Ten Minutes Prior to Training Time:

1. Join the meeting using the confirmation email you received after you reserved your seat. The subject line of the email says: “Dr. #10 Pregnancy Webinar”.
2. Join by clicking on the link in #1 that says “Click here to join the webinar”.
3. You will be given the telephone call-in number once you are in the webinar.

If you encounter problems, call Kerri Robbins at Brown Consulting Associates: 208-736-3755

Training presented by Brown Consulting Associates, Inc. in cooperation with:

Community Health Plan of Washington
Idaho Medical Association
Iowa Medical Society
Montana Medical Association
Ohio Association of Community Health Centers
West Virginia Primary Care Association
Indiana Primary Health Care Association
Kansas Primary Care Association
Missouri Primary Care Association
Central Valley Health Network (California)

Brown Consulting Associates, Inc.

Bonnie R. Hoag, RN, CCS-P, is a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, National Association of Community Health Centers and other groups. She continues to present seminars and workshops for the Northwest Regional Primary Care Association, Center for Health Training and other groups. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for the Northwest Regional Primary Care Association. Bonnie is honored to serve as a board of directors' member at the Community Health Center in her community. For eleven years, Bonnie taught a three-semester course for students aspiring to become certified coders at the College of Southern Idaho. During years 2005-2007 Bonnie also served on the AHIMA national Physician Practice Council Group. On occasion Bonnie is called upon to work with health care legal defense attorneys to assist physicians in resolving third-party-payer coding actions.

Sixteen years of clinical experience combined with twenty-one years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie has worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

Shawn R. Hafer, CCS-P, CPC, Senior consultant and co-owner of Brown Consulting with more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting for 16 years, and is uniquely qualified due to her diverse management skills and experience, as well as her coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation. She has been involved in small rural health clinic projects served by visiting providers to large inner-city clinics with more than 100 providers. Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third party payer audits. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association and many other regional and national groups.

For ten years, Shawn served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association, and was a long term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Mitzi A. Snell, BS, CPC, brought 10 years' experience in medical coding, billing, auditing, contracting, compliance and management to the Brown Consulting Associates team upon her 2012 employment. Her multi-specialty background includes urgent care, internal medicine, family practice, spine surgery and mental health. During seven years with Boise's St. Alphonsus Medical Group, she supervised coding and billing for primary care and internal medicine physicians as well as helping develop a preceptor program for new coders and heading a pilot chart auditing project involving clinician coding, compliance and reimbursement training. She also taught a 12-month Health Care Billing and Coding course at Milan Institute (Boise), providing instruction in medical software, medical terminology, anatomy and physiology, ICD-9, CPT, and HCPCS coding, and billing for government and private payers.

Mitzi holds a Bachelor of Science degree in Health Information Management from Boise State University; her professional designation is a Certified Professional Coder (CPC) of the American Academy of Professional Coders (AAPC). She is a member of both AHIMA and AAPC. She devotes her free time to the Allies Linked for the Prevention of HIV and AIDS (ALPHA), a non-profit organization providing free services and testing to teens and adults. She and her husband, a US Air Force Tech Sergeant, live in Boise with their three children.

Meri Harrington, CPC, CEMC, brings with her 12 years of coding and auditing experience with a multispecialty rural health clinic that led the way in the rural residency training program. Meri has audited both inpatient and outpatient clinician records and coded a wide range of surgical encounters. She was responsible for writing the E&M coding policy for the organization, as well as conducting multiple clinician and peer audits and education sessions. Meri assisted in researching denials for accuracy and rebilling when appropriate. More recently, she pioneered the organization's journey towards ICD-10 implementation.

Meri has spent multiple hours working alongside clinicians and peers on projects aimed at improving the user-friendliness of electronic medical records programs. She has also assisted with internal audits to assure Meaningful Use implementation and attestations.

Meri's education includes several years volunteering as an EMT in her local community. Meri attended the Community Colleges of Spokane – Colville IEL. She attended an HRAI Coding Boot Camp in 2002 and CPC Solution's E&M Auditing Clinic in 2006. She maintains a CPC and a CEMC credential. Meri lives in northeastern Washington with her husband, Mike, and their two small children. She enjoys outdoor activities with her family, reading, and gardening. She volunteers at her church and loves to go on field trips with her children.

Ginger Avery, CPC, CPMA, brings almost 20 years of experience in medical coding and billing to the Brown Consulting team. She began her career performing home health billing for a rural county hospital and went on to work for an ASC where she became instrumental in administrative tasks that significantly improved the revenue cycle process. After obtaining her coding certification in 2005, she worked for the medical practice division of a large hospital, and while she specialized in cardiology, she also worked closely with hospitalists and family practice clinicians. She performed internal audits and provider education, and worked closely with projects aimed at improving the use of electronic medical record programs.

Ginger served as a member of the compliance committee and was responsible for writing policies and procedures related to billing, coding and auditing. Ginger obtained her Certified Professional Medical Auditor (CPMA) credential in 2014, while serving as the Vice President of her local American Academy of Professional Coders (AAPC) chapter; Ginger now serves as the chapter's 2015 President.

Our Commitment

Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, Medicare, the Peer Review Organization, private insurance carriers and hospitals. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting Associates offers physician and staff education designed and customized to enhance operations and federal compliance.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association well as other groups, helps to keep us current in the field of coding, documentation and reimbursement. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and live web-based programs designed to educate physicians and their staff regarding coding, documentation and billing issues will continue to be our focus.

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We Will Help You Work Smarter ♦♦♦ Not Harder

Training Goals

1. Assign diagnoses that accurately represent the complexity of the patient you are seeing - every patient, every visit.
2. Allow your Assessment & Plan to represent a digital picture of your concerns for the patient.
3. Make improved diagnosis code choices now, in ICD-9, to ease transition to ICD-10.

BCA Workshop Partners

- Community Health Plan of Washington
- Central Valley Health Network (California)
- Idaho Medical Association
- Indiana Primary Health Care Association
- Iowa Medical Society
- Kansas Primary Care Association
- Missouri Primary Care Association
- Montana Medical Association
- Ohio Association of Community Health Centers
- West Virginia Primary Care Association

Brown Consulting Associates Commentary

July 9, 2015

1. Clinicians are expected to be Coders.
2. Clinicians use same 50 diagnoses 80% of the time.
3. ICD-9 data reveals nonspecific codes 50% of the time.
4. EMR companies assure ease-of-transition indicating previously-used ICD9s will be mapped to ICD10.
5. Clinicians object to the "search" work effort.
6. In some cases, non-clinician data is mapped to the clinician's Assessment & Plan.

Five ICD-10 Lessons Today

Elements of Documentation for ICD-10 Codes

1. Additional specificity (one or more)
   This will be unique to the root diagnosis
2. Status of problem
   acute, chronic & others
3. EOC (episode of care)
   For pregnancy, typically trimester and gestational age
4. Underdosing
   by the patient
5. Tobacco/Nicotine influence
   Involves dependence or active or passive exposure

Basic Clinician Dx Reporting Rules
ICD-9-CM and ICD-10-CM

1. 1st listed dx identifies condition requiring the most work/focus, as determined by the clinician and supported in the medical record.
2. Code all conditions that require/affect care.
3. Code reasons for all studies.
4. Code to the highest level of specificity known.
   - **Placenta previa w/o hemorrhage, 2nd trimester = *O44.02***
   - **Supervision of normal 1st pg., 1st trimester = *Z34.01***
5. No R/O Dx. - assign instead, signs and symptoms.

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Official Guidelines Section I.C.15
Components of Pregnancy Reporting

When seeing a patient during pregnancy for an unrelated problem:

a. General Rules for Obstetric Cases

1) …It is the **provider's responsibility** to state that the condition being treated is not affecting the pregnancy.

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Official Guidelines Section I.C.15
Components of Pregnancy Reporting

3) The majority of codes in Chapter 15 require….
   1. Gestational Age in Weeks
      - Always in your OB record
   2. Trimester
      - Easily determined by gestational age

Trimesters are counted from the first day of the last menstrual period. They are defined as follows:

First trimester:	less than 14 weeks 0 days
Second trimester:	14 weeks 0 days to less than 28 weeks 0 days
Third trimester:	28 weeks 0 days until delivery

Disclaimer!!

The following slides are for use during this diagnosis code assigning lesson. These are to be considered medical record story summaries.

While they have been created from actual clinic notes, they are not assumed to be the full content of todays visit.

#1 Normal First Pregnancy

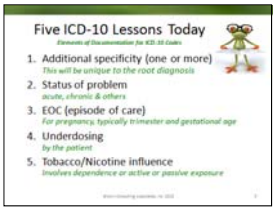
Medical Record Story Summary

ICD-9: 17 yo, 16 weeks here for routine prenatal visit. G1P0. Morning sickness resolved, feels well, no cramping/problems. Discussed US, quad screen, etc.

Assessment: 1st normal pregnancy at 16 weeks V22.0

Plan: Sch. 20 wk US, labs. RTC 4 weeks for routine visit.

ICD-10 Documentation Elements
1. Specificity – 1st pregnancy
3. EOC (episode of care) – 16 weeks



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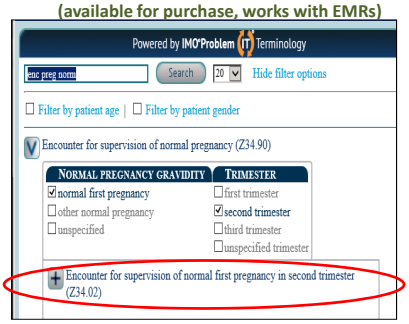
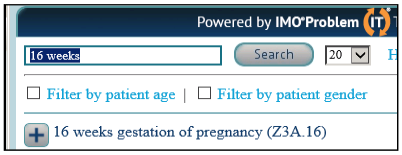
#1 Normal First Pregnancy - Search

A cloud-based Dx coding search tool (available for purchase, works with EMRs)





Your code sheet for this training (BCA will likely change this frequently)

Supervision Normal Pregnancy	ICD10	ICD9
Assign 'Supervision normal pregnancy' if no complications or risk factors exist. Z34 codes cannot be reported with other pregnancy c		
first normal pregnancy; first trimester	Z34.01	
second trimester	Z34.02	V22.0
third trimester	Z34.03	

15 weeks	Z3A.15
16 weeks	Z3A.16
17 weeks	Z3A.17
18 weeks	Z3A.18

ICD-10 Documentation Elements
1. Specificity – 1st pregnancy
3. EOC (episode of care) – 16 weeks

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#1. 1st Normal Pregnancy - *2 Codes*

Medical Record Story Summary

ICD-10: 17 yo, 16 weeks here for routine prenatal visit. G1P0. Morning sickness resolved, feels well, no cramping/problems. Discussed US, quad screen, etc.

Assessment: 1st normal pregnancy at 16 weeks

Plan: Sch. 20 wk US, labs. RTC 4 weeks for routine visit.

ICD-10 Documentation Elements
1. Specificity – 1st pregnancy
3. EOC (episode of care) – 16 weeks

Z34.02 =	Supervision of normal 1st pregnancy, 2nd trimester
Z3A.16 =	16 weeks gestation of pregnancy

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#2 Normal Second Pregnancy

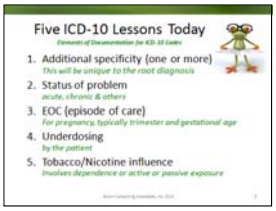
Medical Record Story Summary

ICD-9: 23 yo G2P1 at 29 weeks EGA here for routine prenatal. No signs of preterm labor, UA WNL.

***Assessment* = Normal second pregnancy at 29 wks**

Plan: Cautioned re: signs of labor, importance of exercise and water intake… RTC two weeks for routine prenatal visit

For ICD10 Documentation Elements
Root Dx = Pregnancy
1. Additional DX Specificity = second pregnancy
3. EOC = 29 weeks



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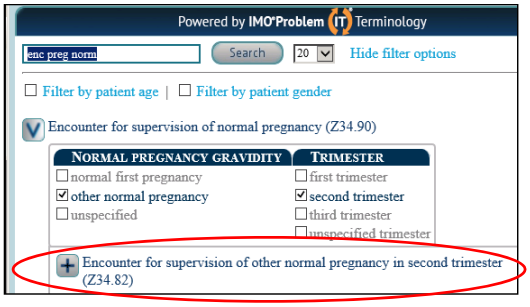
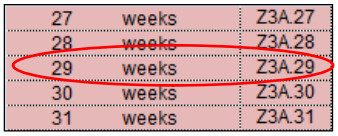
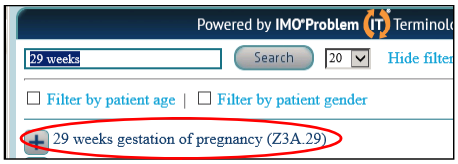
#2 Normal Second Pregnancy- Search







For ICD10 - Documentation Elements Root Dx = Pregnancy
1. Additional DX Specificity = 2nd pregnancy
3. EOC = 29 weeks

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#2 Normal 2nd Pregnancy - 2 Codes

Medical Record Story Summary

ICD-10: 3 yo with well-established chronic otitis, returns today with recurrent ear infections. Child has failed at all previous treatment, myringotomy & tubes scheduled with ENT in three weeks. Today, otoscopic exam reveals otitis media **both ears**...

***Assessment* = Acute suppurative OM, bilateral w/TMs intact**
"TM intact" translates in code talk to "without spontaneous rupture"

For ICD10 - Documentation Elements Root Dx = Pregnancy
1. Additional DX Specificity = 2nd pregnancy
3. EOC = 29 weeks

Z34.83 = Supervision of other normal pregnancy, third trimester

Z3A.29 = 29 weeks gestation of pregnancy

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#3 Threatened Abortion

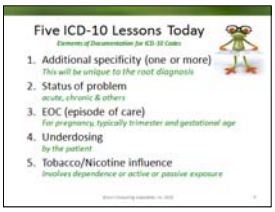
Medical Record Story Summary

ICD-9: 26 yo at 11 weeks EGA here with vaginal bleeding. Lighter than typical period, but more than spotting. Exam reveals closed cervical os.

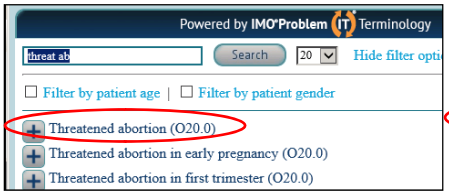
***Assessment* = Threatened abortion at 11 wks**

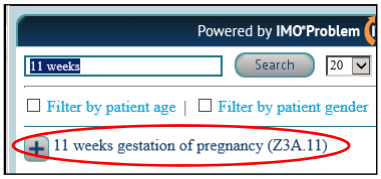
Plan: Obtain serum HCG, OB US for fetal viability. Cautioned re: avoid sex until bleeding stops…

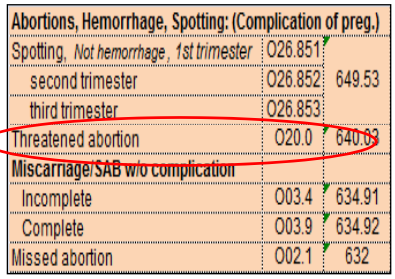
ICD10 - Documentation Elements
Root Dx = AB:
1. Additional DX Specificity = threatened
3. EOC = 11 weeks

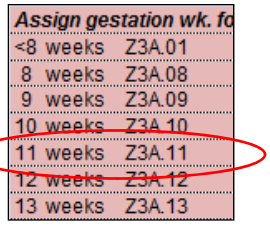


#3 Threatened Abortion - Search









ICD10 - Documentation Elements
Root Dx = AB:
1. Additional DX Specificity = threatened
3. EOC = 11 weeks

#3 Threatened Abortion - 2 Codes

Medical Record Story Summary

ICD-9: 26 yo at 11 weeks EGA here with vaginal bleeding. Lighter than typical period, but more than spotting. Exam reveals closed cervical os.

***Assessment* = Threatened abortion at 11 wks**

Plan: Obtain serum HCG, OB US for fetal viability. Cautioned re: avoid sex until bleeding stops…

ICD10 - Documentation Elements
Root Dx = AB:
1. Additional DX Specificity = threatened
3. EOC = 11 weeks

O20.0 =	Threatened Abortion
Z3A.11 =	11 weeks gestation of pregnancy

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#4 Smoking in Pregnancy

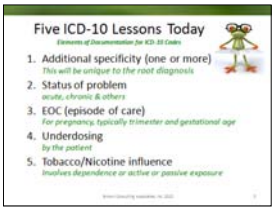
Medical Record Story Summary

ICD-9: 19 yo at 22 weeks EGA. Labs and ultrasound report all WNL. Despite our previous conversations, pt continues to smoke ½ ppd of cigarettes. States she is trying to cut back

***Assessment* = Smoking in pregnancy, 22 wks**

Plan: Again stressed the importance of quitting. Discussed risks to fetus, including premature labor, increased risk of SIDS, placental problems, etc.

For ICD10 - Root Dx = Preg: Documentation Elements
5. Tobacco/Nicotine Influence = cigarettes
3. EOC = 22 weeks



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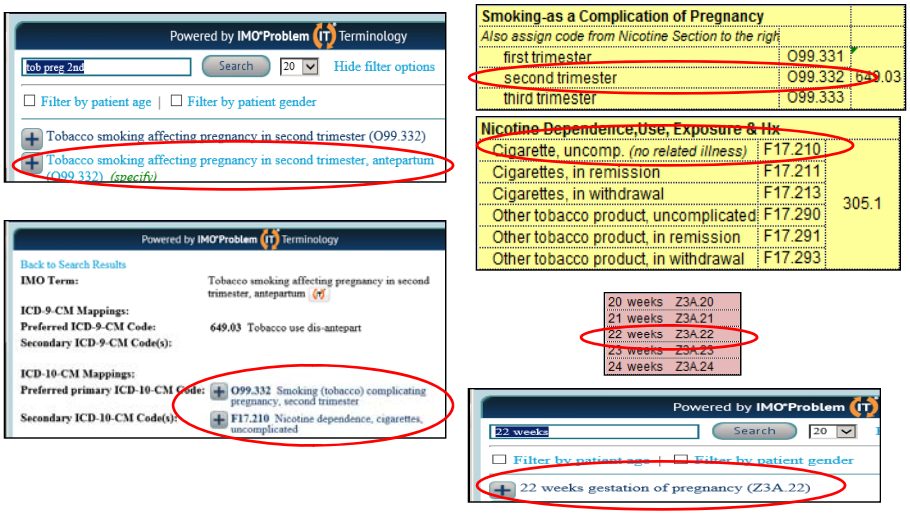
#4 Smoking in Pregnancy Search



#4 Smoking in Pregnancy

Medical Record Story Summary

ICD-9: 19 yo at 22 weeks EGA. Labs and ultrasound report all WNL. Despite our previous conversations, pt continues to smoke ½ ppd of cigarettes. States she is trying to cut back

***Assessment* = Smoking in pregnancy, 22 wks**

Plan: Again stressed the importance of quitting. Discussed risks to fetus, including premature labor, increased risk of SIDS, placental problems, etc.

For ICD10 - Root Dx = Preg: Documentation Elements

5. **Tobacco/Nicotine Influence = cigarettes**
3. **EOC = 22 weeks**

O99.332 =	Smoking complicating pregnancy, second trimester
F17.210 =	Nicotine addiction, **cigarettes, uncomplicated**
Z3A.22 =	**22 weeks** gestation of pregnancy

#5 Gestational Diabetes

Medical Record Story Summary

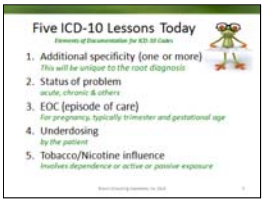
ICD-9: 30 yo gestational diabetic with increasing blood sugars. After discussion, pt admits to infrequent blood glucose monitoring and insulin dosing. She hates needles.

***Assessment* = Gestational DM on insulin with intentional underdosing, 32 wks**

Plan: Reiterated insulin dosing instructions, effects of noncompliance for both mom and baby. Pt voices intention to comply. Bring blood sugar log to appointment in two weeks.

For ICD10 - Root Dx = DM: Documentation Elements

1. Additional DX Specificity = gestational
2. Status of problem = insulin controlled
4. Underdosing = improper insulin use, intentional
3. EOC = 32 weeks



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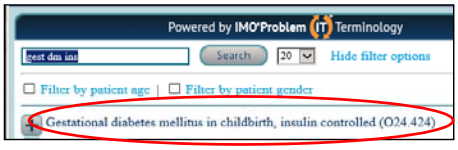
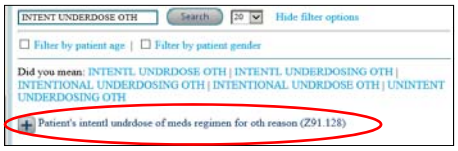
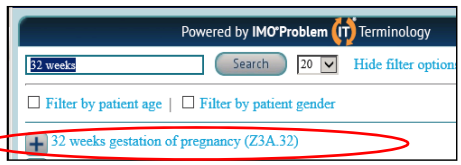
#5 Gestational Diabetes - Search







Gestational Diabetes:		
diet controlled, antepartum	O24.410	648.83
insulin controlled, antepartum	O24.414	

Identify drug from ICD-10 book *(Send to coder)*
When coding underdosing, you must identify the underdosed substance. Examine ICD-10 *Table of Drugs and Chemicals* and choose from T36-T50.

From ICD10 manual

T38.3x4	Poisoning by insulin and oral hypoglycemics
T38.3x5	Adverse effect of insulin and oral hypoglycemics
T38.3x6	Underdosing of insulin and oral hypoglycemics

Underdosing by patient _Coder - Code drug from T36-T50	
intentional NEC	Z91.128
due to financial hardship	Z91.120
unintentional NEC	Z91.138

31	weeks	Z3A.31
32	weeks	Z3A.32
33	weeks	Z3A.33
34	weeks	Z3A.34

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5 Gestational Diabetes

Medical Record Story Summary

ICD-9: 30 yo gestational diabetic with increasing blood sugars. After discussion, pt admits to infrequent blood glucose monitoring and insulin dosing. She hates needles.

***Assessment* = Gestational DM on insulin with intentional underdosing, 32 wks**

Plan: Reiterated insulin dosing instructions, effects of noncompliance for both mom and baby. Pt voices intention to comply. Bring blood sugar log to appointment in two weeks.

For ICD10 - Root Dx = DM: Documentation Elements

1. Additional DX Specificity = gestational
2. Status of problem = insulin controlled
4. Underdosing = improper insulin use, intentional
3. EOC = 32 weeks

O24.414 =	Gestational DM in pregnancy, insulin controlled
T38.3x6 =	Underdosing of insulin and oral hypoglycemic drugs
Z91.128 =	Pt's intentional underdosing for other reason
Z3A.32 =	32 weeks gestation of pregnancy

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#6 High Risk Pregnancy

Medical Record Story Summary

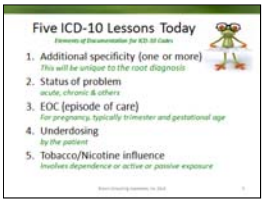
ICD-9: 30 yo G2P1 pt at 26 weeks EGA with a history of preterm labor. Last pregnancy was delivered at 34 wks. So far no signs of premature labor or other complications with progesterone therapy beginning at 16 wks.

***Assessment* = Pregnancy with history of preterm labor, stable at 26 weeks EGA.**

Plan: Discussed possible steroid therapy to strengthen baby's lungs, preterm labor precautions, etc.

For ICD10 - Root Dx = Preg: Documentation Elements

1. Additional DX Specificity = high risk
2. Status of problem = stable
3. EOC = 26 weeks



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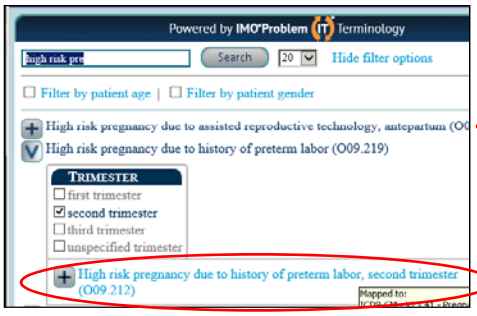
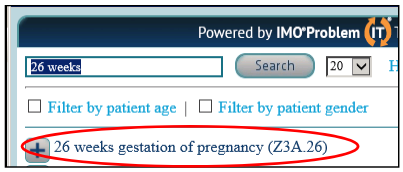
#6 High Risk Pregnancy- Search



High risk d/t hx infertility, first trimester	O09.01	
second trimester	O09.02	V23.0
third trimester	O09.03	
High risk d/t hx pre-term labor, 1st trimester	O09.211	
second trimester	O09.212	V23.41
third trimester	O09.213	
High risk d/t hx ectopic preg., 1st trimester	O09.11	
second trimester	O09.12	V23.42
third trimester	O09.13	

26	weeks	Z3A.26
27	weeks	Z3A.27
28	weeks	Z3A.28
29	weeks	Z3A.29



#6 High Risk Pregnancy

Medical Record Story Summary

ICD-9: 30 yo G2P1 pt at 26 weeks EGA with a history of preterm labor. Last pregnancy was delivered at 34 wks. So far no signs of premature labor or other complications with progesterone therapy beginning at 16 wks.

***Assessment* = Pregnancy with history of preterm labor, stable at 26 weeks EGA.**

Plan: Discussed possible steroid therapy to strengthen baby's lungs, preterm labor precautions, etc.

For ICD10 - Root Dx = Preg: Documentation Elements

1. Additional DX Specificity = high risk
2. Status of problem = stable
3. EOC = 26 weeks

O09.212 = Supervision of pregnancy with hx of pre-term labor, 2nd trimester

Z3A.26 26 weeks gestation of pregnancy

Take Home - What Can You Do Now?

1. **Improve your ICD-9 Coding**, become familiar with details of obstetric coding.
2. Use **paper tools** to improve current Dx coding.
3. Improve your **Assessment/Plan**; - excellent detail, *e.g., stable, improving, worsening. Routinely document "without complications" when that is the case.*
4. Improve the quality of information in your EMR ***Problem List***
5. **"Turn on"** ICD-10 in EMR so that comparative codes can be seen by clinicians as they code in ICD-9.
6. Explore **search functions** in your EMR.
7. Work with **coders.** Determine a "work flow" whereby coders can help with "tricky" coding situations.

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Live Web-training for Clinicians

★ ***13 Web courses for clinicians, 20 Webs for coders/billers***

Clinician Web Sessions

- 45-60 Minute Sessions
- Training by Brown Consulting
- $69.00 "per connection" registration *Several people in same location may join on one connection.*
- If possible, be in front of your EMR, (preferred, but not required)
- Coders/billers welcome

To Sign Up - Contact
Brown Consulting Associates
208-736-3755
kerrirobbins@codinghelp.com

Clinician Topics

1. Diabetes
2. HTN, Heart Disease & CKD
3. Weight Concerns
4. COPD/Asthma
5. Depression/Anxiety
6. Pregnancy
7. GI Diagnoses
8. Prevention
9. Acute Problems
10. Contraception/STIs
11. Injury/Fractures
12. Cardiovascular (beyond HTN)
13. Other Clinician Sessions Coming

Twenty specific coder/biller webinar training sessions available **now!**

Any of Your Coding Questions Any Time!

codingquestions@codinghelp.com

References

- ICD-10-CM Code Book
- ICD-9-CM AHA Coding Clinics
- Coalition for ICD-10 *coalitionforicd10.org*
- American Congress of Obstetricians and Gynecologists (ACOG), Excellent resource!
- CMS/ICD-10-CM
- CDC/ICD-10-CM Section I & Section IV Guidelines
- Intelligent Medical Objects. Inc. Cloud-based search product *e-imo.com*

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General Disclaimer

- The content of this presentation has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current code book.
- This information is considered valid at the time of presentation but changes may occur through the year.
- Information presented is not to be considered legal advice or payment advice.
- Brown Consulting does not provide legal advice or billing advice.
- Third-party payment guidelines vary. Confirm payment guidelines with your payers of interest.

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ICD-10 Coding Selection In the EMR

60 Minute Webinars for Clinicians

Coders/billers are encouraged to attend!

The following disease-focused ICD-10-CM clinician training sessions have proven to be the most valuable for Family Practice, Pediatric and Internal Medicine clinicians. All sessions are presented in a live webinar format. Training material and pertinent coding tools are provided.

Clinicians are encouraged, but not required, to have electronic access to their EMR during training so that **ICD-10** codes can be searched.

All classes are 60 minutes. Start times are listed as **Pacific Time**, adjust for your time zone.

Space is limited for each session. Cost for training is $69.00 per phone/computer line coming into training. The maximum charge, per training, per organization will be no more than $276.00. Each site must pre-register - contact kerrirobbins@codinghelp.com - 208-736-3755.

Class Title - *All 60 Minutes*		June		July		August		September	
Dr1	ICD-10 Fundamentals for Clinicians	Thur 6/4	8 am Noon	Wed 7/15	8 am Noon	Tue 8/4	8 am Noon	*September training schedule will be published based on need*	
Dr2	Acute Illness			Wed 7/22	8 am Noon	Wed 8/5	8 am Noon		
Dr3	Asthma and COPD	Wed 6/24	8 am Noon	Tues 7/14	8 am Noon	Thur 8/6	8 am Noon		
Dr4	Diabetes	Wed 6/10	8 am Noon	Tues 7/7	8 am Noon	Tue 8/11	8 am Noon		
Dr5	Family Planning/STI			Thur 7/23	8 am Noon	Wed 8/12	8 am Noon		
Dr6	HTN/Cardiology			Wed 7/8	8 am Noon	Thur 8/13	8 am Noon		
Dr7	Fractures/Injuries/Burns			Wed 7/29	8 am Noon	Tue 8/18	8 am Noon		
Dr8	Obesity			Wed 7/1	8 am Noon	Wed 8/19	8 am Noon		
Dr9	Pediatrics			Thur 7/2	8 am Noon	Thur 8/20	8 am Noon		
Dr10	Pregnancy			Thur 7/9	8 am Noon	Tue 8/25	8 am Noon		
Dr11	Prevention and Wellness			Thur 7/16	8 am Noon	Wed 8/26	8 am Noon		
Dr12	Psych: Depression & Anxiety	Wed 6/17	8 am Noon	Tues 7/21	8 am Noon	Thur 8/27	8 am Noon		
Dr13	Substance Abuse and Chronic Pain			Thur 7/30	8 am Noon	Fri 8/28	8 am Noon		

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Evaluation Form

After webinar, scan & email to kerrirobbins@codinghelp.com or fax to 208-736-1946

Dr. #10 Pregnancy Webinar Audience: Providers (coders & billers are encouraged to attend)

Program: **Dr. #10 Pregnancy**
Date: **Thursday, July 9, 2015**
Instructor: **Meri Harrington, CPC, CEMC**

Thank you for attending our webinar training today. Please help us to assess today's training by filling out this evaluation form and returning it to us with your comments, thank you.

Program Evaluation

Rate your experience.	Strongly Agree	Agree	Disagree	Strongly Disagree
My coding will improve as a result of this Webinar.				
The course met my expectations.				
The speaker was knowledgeable.				
The course material was helpful.				
Would you recommend this course to other medical professionals?	Yes	No		

Comments?

Contact Information

Please print clearly using black or blue ink.

First name	
Last name	
Credential(s)	MD DO PA-C ARNP RN LPN CCS-P CPC CCS CHCS RHIT Other:
Clinic Name	
Phone	
Email	

My signature verifies my full attendance at this session.

Your signature

Example of Pregnancy Codes - *A Work in Progress*

Assign gestation wk. for all visits				ICD10	ICD9
<8 weeks	Z3A.01	26 weeks		Z3A.26	NA
8 weeks	Z3A.08	27 weeks		Z3A.27	
9 weeks	Z3A.09	28 weeks		Z3A.28	
10 weeks	Z3A.10	29 weeks		Z3A.29	
11 weeks	Z3A.11	30 weeks		Z3A.30	
12 weeks	Z3A.12	31 weeks		Z3A.31	
13 weeks	Z3A.13	32 weeks		Z3A.32	
14 weeks	Z3A.14	33 weeks		Z3A.33	
15 weeks	Z3A.15	34 weeks		Z3A.34	
16 weeks	Z3A.16	35 weeks		Z3A.35	
17 weeks	Z3A.17	36 weeks		Z3A.36	
18 weeks	Z3A.18	37 weeks		Z3A.37	
19 weeks	Z3A.19	38 weeks		Z3A.38	
20 weeks	Z3A.20	39 weeks		Z3A.39	
21 weeks	Z3A.21	40 weeks		Z3A.40	
22 weeks	Z3A.22	41 weeks		Z3A.41	
23 weeks	Z3A.23	42 weeks		Z3A.42	
24 weeks	Z3A.24	> 42 weeks		Z3A.49	
25 weeks	Z3A.25	Unspecified		Z34.00	

Supervision of High Risk Pregnancy		
Assign High Risk codes when:		
(1) *Patient had a problem in previous pregnancy or,*		
(2) *has had a condition that may complicate this pregnancy or,*		
(3) *has other factors that increase risk of in current pregnancy.*		
* *May code high risk w/O00-O08, but not for same condition.*		
***** *Do not code high risk O09.xx codes with Z34.xx codes.*		
High risk d/t social probs; first trimester	O09.71	V23.89
second trimester	O09.72	
third trimester	O09.73	
High risk d/t hx infertility, first trimester	O09.01	V23.0
second trimester	O09.02	
third trimester	O09.03	
High risk d/t hx pre-term labor, 1st trimester	O09.211	V23.41
second trimester	O09.212	
third trimester	O09.213	
High risk d/t hx ectopic preg., 1st trimester	O09.11	V23.42
second trimester	O09.12	
third trimester	O09.13	
HR d/t age> 35 @ del., primigravida, 1st tri.	O09.511	V23.81
primigravida, second trimester	O09.512	
primigravida, third trimester	O09.513	
HR d/t age< 16 @ del., primigravida, 1st tri.	O09.611	V23.83
primigravida, second trimester	O09.612	
primigravida, third trimester	O09.613	
HR d/t age> 35 @ del., multigravida, 1st tri.	O09.521	V23.82
multigravida, second trimester	O09.522	
multigravida, third trimester	O09.523	
HR d/t age< 16 @ del., primigravida, 1st tri.	O09.621	V23.84
multigravida, second trimester	O09.622	
multigravida, third trimester	O09.623	
Smoking-as a Complication of Pregnancy		
Also assign with a code from Nicotine Section found in Nicotine column to the right.		
first trimester	O99.331	649.03
second trimester	O99.332	
third trimester	O99.333	

Supervision Normal Pregnancy	ICD10	ICD9
Assign Supervision normal pregnancy if no complications/risk factors exist. Z34 codes can't be reported w/other pg. codes.		
first normal pregnancy; first trimester	Z34.01	V22.0
second trimester	Z34.02	
third trimester	Z34.03	
subsequent normal preg; first tri.	Z34.81	V22.1
second trimester	Z34.82	
third trimester	Z34.83	
Routine postpartum follow-up visit	Z39.2	V24.2
Gestational Diabetes		
diet controlled, antepartum	O24.410	648.83
insulin controlled, antepartum	O24.414	
diet controlled, childbirth	O24.420	648.81
insulin controlled, childbirth	O24.424	
diet controlled, puerperium	O24.430	648.84
insulin controlled, childbirth	O24.434	
History of Gestational Diabetes	Z86.32	V12.21
Pre-existing Diabetes, *antepartum*	O24.91x	648.03
Type 2, first trimester	O24.111	
Type 2, second trimester	O24.112	
Type 2, third trimester	O24.113	
Type 2, postpartum/puerperium	O24.13	648.04
Type 1, first trimester	O24.011	
Type 1, second trimester	O24.012	
Type 1, third trimester	O24.013	
Type 1, postpartum/puerperium	O24.03	648.04
***For all Type 2 DM on LT insulin, add:**	Z79.4	V58.67
Underdosing by patient *Coder - Assign drug from T36-T50*		
intentional NEC	Z91.128	
due to financial hardship	Z91.120	
unintentional NEC	Z91.138	
Abortions, Hemorrhage, Spotting (complication of preg.)		
Spotting, *Not hemorrhage, 1st trimester*	O26.851	649.53
second trimester	O26.852	
third trimester	O26.853	
Threatened abortion	O20.0	640.03
Miscarriage/SAB w/o complication		
Incomplete	O03.4	634.91
Complete	O03.9	634.92
Missed abortion	O02.1	632
Placenta previa w/o hemorrhage, 1st tri.	O44.01	641.03
w/o hemorrhage, 2nd trimester	O44.02	
w/o hemorrhage, 3rd trimester	O44.03	
Placenta previa with hemorrhage	O44.11	641.13
w/hemorrhage, 2nd trimester	O44.12	
w/hemorrhage, 3rd trimester	O44.13	
Nicotine Dependence, Use, Exposure & History		
Cigarette, uncomp. *(no related illness)*	F17.210	305.1
Cigarettes, in remission	F17.211	
Cigarettes, in withdrawal	F17.213	
Other tobacco product, uncomplicated	F17.290	
Other tobacco product, in remission	F17.291	
Other tobacco product, in withdrawal	F17.293	
Tobacco use, *[not doc. as dependence]*	Z72.0	V69.8
Exposure-environmental tobacco smoke	Z77.22	V15.89
History of tobacco dependence	Z87.891	V15.82