



# ICD-10-CM IMPACT ON PDPM

**Monday, June 17, 2019**

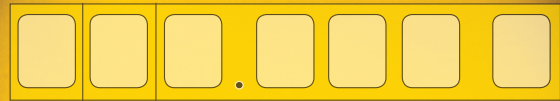
Jonesboro, Hilton Garden Inn,  
2840 S Caraway Rd, Jonesboro, AR 72401

**Tuesday, June 18, 2019**

Little Rock, Crowne Plaza,  
201 S Shackelford Rd, Little Rock, AR 72211

**Wednesday, June 19, 2019**

Rogers, Embassy Suites,  
3303 S Pinnacle Hills Pkwy, Rogers, AR 72758



Registration must be received on or before May 31 to guarantee code book availability if choosing "Registration including 2019 Code Book."

## Presenters:

Mary Ann P. Leonard, RHIA, RAC-CT  
Health Information Professionals

Maria N. Ward, MEd, RHIA, CCS, CCS-P  
AHIMA-Approved ICD-10-CM/PCS Trainer, AHIMA

## Times for All:

Registration at 7:30 a.m.  
Training from 8:00 a.m.- 5:00 p.m.

## Agenda:

7:30-8:00 a.m.	Registration
8:00-10:00 a.m.	PDPM Case Study (2 hours)
10:00-10:15 a.m.	Break
10:15 a.m.-12:15 p.m.	PDPM Case Study (2 hours)
12:15-12:45 p.m.	Lunch
12:45-2:45 p.m.	ICD-10-CM Conventions & Guidelines (2 hours)
2:45-3:00 p.m.	Break
3:00-5:00 p.m.	Examples of Comorbid Conditions & Documentation Integrity (2 hours)

## Continuing Education Units:

- Eight (8.0) Continuing Education Units have been requested from the Office of Long Term Care for Licensed Nursing Home Administrators and Nurses.

## Training Objectives Include:

- Identify sections of the Minimum Data Set (MDS) that affect the Patient Driven Payment Model (PDPM).
- Compare current provider documentation examples to documentation needs for PDPM.
- Classify skilled nursing facility (SNF) residents into appropriate clinical categories as defined in the PDPM.
- Recognize comorbid conditions that affect the clinical category, primarily Speech-Language Pathology (SLP) and Non-Therapy Ancillary (NTA).
- Determine PDPM reimbursement for case studies.
- Understand ICD-10-CM coding conventions.
- Apply ICD-10-CM coding guidelines.

## Cost Per Attendee:

- \$240 including lunch and 2019 Code Book
- \$150 including lunch only (excluding 2019 Code Book)  
Attendees not purchasing a code book should bring the code book they currently use with them to the training.
- \$1,200 per Non-Member attendee including lunch and 2019 code book
- \$750 per Non-Member attendee including lunch only

*Space is limited. Advanced registration is required. Payment is due by day of training. Confirmation and additional information will be sent to the email address provided. Refunds will not be issued under any circumstances. Non-Members can register to attend but preference and confirmation will be given to AHCA members.*

For more information, please contact the Association at 501-374-4422 or [registration@arhealthcare.com](mailto:registration@arhealthcare.com).



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Please Check One:

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\$240 With Code Book  \$150 Without Code Book

**Tuesday, June 18, 2019, Little Rock, AR 72211**

\$240 With Code Book  \$150 Without Code Book

**Wednesday, June 19, 2019, Rogers, AR 72758**

\$240 With Code Book  \$150 Without Code Book

To register, send this completed form to:

**Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com.**

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name \_\_\_\_\_ M. \_\_\_\_\_ Last Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address (Confirmation and class materials will be sent to this address) \_\_\_\_\_

Employer \_\_\_\_\_ Current Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Number (if applicable) \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Attendee's Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT TOTAL: \$ \_\_\_\_\_

Check # \_\_\_\_\_  Visa  Master Card  American Express

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

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

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

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

Email Credit Card Receipt to: \_\_\_\_\_

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.**

**CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT TO THE EMAIL ADDRESS PROVIDED.**

**For more information, please contact the Association at 501-374-4422 or  
registration@arhealthcare.com.**

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Phone 501-374-4422 | Fax 501-374-1077**