

# How to Code ICD-10-CM Refresher

Web-Based Training for those problem coding areas



**2 Month Online Training Program - Beginners to Intermediate Level**

Sponsored by



**American Institute of Healthcare Compliance, Inc.**

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Visit our web site at [www.aihc-assn.org](http://www.aihc-assn.org)

An Internationally Recognized Compliance Training & Certification Leader in Health Care  
501(c)(3) Non-Profit Organization

## Who should take the How to Code ICD-10-CM Refresher program?

This program is designed for individuals who need a basic overview of the “problem areas” of ICD-10 Coding.

- Recommended for beginners to intermediate level

## What will I learn from this training program?

### ICD-10-CM “How To” Basics

- Learn how to identify key words to reference in the alphabetical, applicable guidelines and coding exercises
- Provide a step-by-step code location algorithm
- Coding For Diabetes
- Coding For Fractures and Fracture Extensions
- Coding from Table of Drugs and Chemicals
- Coding Neoplasms
- Coding Pain and Pain Management
- Locating and Reporting External Causes
- Coding for Psychiatric Conditions

## Are there specific requirements needed for this course?

**Yes! You will need the following to successfully complete this program:**

- High-speed Internet access,
- Email
- Adobe Flash Player ([free software link available](#))
- Adobe Reader ([free software link available](#))
- 2017 ICD-10-CM Code Set Book

**Need a current Code Set Book? AIHC has special pricing just for you!**

[Click Here](#) for Hard Copy Order Form and select from the following order options:

**Fax order to:** 770-709-3690

**Email order to:** [jennifer.staples@ingaugehsi.com](mailto:jennifer.staples@ingaugehsi.com)

**Call order to:** 1-800-253-4945 Ext. 5467

## What is the cost? What is included?

**Tuition: \$75.00**

*AIHC Members pay only **\$35.00** – No coupon required!*

- ✚ Course Access & Temporary Membership (non-members) granted for two (2) months
- ✚ Online access to seven (7) “How To” training modules
- ✚ Lessons are formatted to download to your computer
- ✚ Certificate of Completion awarded for passing competency exam with minimum score of 80%

[Click Here](#) to register online for this 2 Month Course

AIHC Member: [Click Here](#), locate Course in the **AIHC Members Store**



Locate this course & click “**Register Now**”  
Login; Registration form auto-populates

**OR** scroll down for hard copy registration form

## Do you have a Refund Policy?

Yes! [Click Here](#) to view our Refund and Transfer Policy.

## Can I earn Continuing Education Units (CEUs)?

**Yes! EARN 6 CONTINUING EDUCATION UNITS**



**6.0 CEUs:** This program has been approved for 6 continuing education units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.



**6.0 CEUs:** This program has been approved for 6 continuing education units(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

A breakdown of the core content hours approved:

- Clinical Foundations: 6 Hours

Already hold a Credential with AIHC ~ [Click Here](#) to view the AIHC CEU renewal chart.



## How to Code ICD-10-CM Refresher Enrollment Form

**Office Use Only**

Date Received:  
Online Manager:  
Web site Access:

<b>Enrollment Date:</b> _____	<b><u>Tuition (CHECK APPROPRIATE BOX)</u></b>	
<b>Print Name &amp; Credentials:</b>	<input type="checkbox"/> Tuition: \$75.00  <b>AIHC Member?</b> <input type="checkbox"/> Tuition: \$35.00 <input type="checkbox"/> AIHC Member ID#: _____	
<b>Employer Name, Position &amp; Check Highest Level of Education:</b>		
<div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <input type="checkbox"/> High School  <input type="checkbox"/> Associate Degree  <input type="checkbox"/> Diploma Program  <input type="checkbox"/> Bachelor Degree  <input type="checkbox"/> Masters or Higher         </div>		
<b>Employer Address:</b> <i>Is Employer paying for this course?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Home Address:</b>	
Clearly <b><u>PRINT YOUR EMAIL ADDRESS(ES)</u></b> for website administration & confirmation of registration:  Primary Email:  Alternate Email:	<b>Work Phone (Ext.):</b>	<b>Alternate Phone / Cell:</b>
<b>Charge My Credit Card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <span style="float: right;"><b>Fax to: 330-952-0716</b></span>		
Card #: _____ Sec Code _____ Exp. Date _____		
Billing address for credit card: _____		
Name as it appears on the card: _____		
Authorized Signature & Date: _____		
<p><b>Paying by Corporate Check? Amount Due:</b> _____</p> <p>Please make checks payable to: <b>AIHC</b></p> <p><b>Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256</b></p> <p><b>PHONE: 330-241-5635 / FAX: 330-952-0716</b></p> <p>Please visit our website at <a href="http://www.aihc-assn.org">www.aihc-assn.org</a> for more information about our company.</p> <p>Inquiries should be made to <a href="#">ContactUs</a></p> <p><b>How did you hear about us?</b></p> <p><input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____</p>		

# American Institute of Healthcare Compliance, Inc.

## Membership Application Required for non-members enrolling in this program

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- |   |   |
|---|---|
| <input type="checkbox"/> MD/DO                        | <input type="checkbox"/> Physician Assistant        |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse           |
| <input type="checkbox"/> Physical Therapist           | <input type="checkbox"/> Licensed Practical Nurse   |
| <input type="checkbox"/> Occupational Therapist       | <input type="checkbox"/> Medical Assistant          |
| <input type="checkbox"/> Speech-Language Pathologist  | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Kinesiotherapist             |   |

### OIG Exclusion

Have you ever been:

- 1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?
- 2) Have you ever been on the OIG exclusion list?

### Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at <http://exclusions.oig.hhs.gov/> )

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

*“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date