

ICD-10-PCS Root Operations Refresher

A CEU Training Program



Earn 8 AHIMA and AIHC Preapproved Continuing Education Units

Sponsored by



American Institute of Healthcare Compliance, Inc.

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Visit our web site at www.aihc-assn.org

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

Who should take this course?

This course is designed for individuals who need a basic overview of the “root operations” of ICD-10-PCS. It is recommended for beginner to intermediate level medical coders.

What is eLearn training?

eLearn training courses are online instructor assisted programs. There are no scheduled classes to attend. You may work at your own pace and will have the ability to login to your information 24 hours per day. Your instructor will be available to communicate by phone and e-mail to assist you throughout your training program. Instructors provide online access, technical support, and course instruction as needed to help in your educational efforts.

What will I learn from this course?

PCS Character Review

- Reviewing 2018 characters available to create ICD-10-PCS Inpatient procedure codes
- Medical and Surgical-Related Section
- Ancillary Section

Hospital Acquired Conditions (HACs) & Present On Admission (POA)

- The POA Indicator Requirement and HAC Payment Provision
- FY 2018 Medicare Hospital IPPS and LTCH Prospective Payment Propose Rule
- HACs and POA in ICD-10-PCS

Review of Root Operations

- Taking out Some/All of a Body Part
- Taking out Solids/Fluids/Gases from a Body Part
- Cutting and Separation Only
- Put In/Put Out or Move Some/All of a Body Part
- Altering the Diameter/Route of a Tubular Body Part
- Defining other Repairs
- Involving a Device
- Defining Objectives

Reviewing Addendums and New 2018 Codes

Can I earn Continuing Education Units (CEUs)?

Yes! Earn 8 Continuing Education Units



8.0 CEUs: This program has been approved for 8 Continuing Education Units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.



8.0 CEUs: This program has been approved for 8 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.

Core Content Hours Approved: Clinical Foundations, 8 Hours

[Click Here](#) to access the online CEU renewal chart.

What is included in this course?

- Online Course Manager assigned to each professional enrolling in the program to provide professional guidance, technical web site support, and assist in the learning experience.
- Training materials and access to the online course page are provided.
- Online quizzes are accessed through your online course page.
- Downloadable information that can be used for future reference.
- AIHC Membership for two months (*for first time members only*).
- A Certificate of Completion is awarded for passing the online quizzes with a minimum score of 80%

Are there specific computer requirements needed for this course?

Yes! You will need high-speed internet access, email, Microsoft Word, Excel, and Adobe Reader.

Is there a time limit to complete this course?

Yes! You have access to the online course page for two months. You must complete the course within that time.

What is the cost? Full Tuition: \$75

Visit the [AIHC Promotions](#) page to see if there are current discounts available for your registration!

Non-Members: [Click Here](#) to register online

AIHC Members: Register through the [AIHC Member Store](#) and pay only \$35!

OR scroll down for a hard copy registration form

Do you offer multiple student discounts?

Yes! Please [Contact Us](#) for more information!

What are my payment options?






We accept registration payment via credit card or corporate check. You are able to submit your payment information online, by mail, or via fax. See the Enrollment Form below for more details. Visit our website for more information about our [Available Payment Options](#) or to view the [AIHC Refund Policy](#)



ICD-10-PCS Root Operations Refresher CEU Training Program

Enrollment Form

| | |
|---|--|
| Enrollment Date: | <u>Tuition (Check Appropriate Box)</u> |
| Print Name & Credentials: (one form per person) | ICD-10-PCS Root Operations Training Program: <input type="checkbox"/> Full Tuition: \$75.00 <input type="checkbox"/> Coupon Code: _____ (if applicable) |
| Employer Name & Address: | AIHC Member? <input type="checkbox"/> AIHC Member Tuition: \$35.00 <input type="checkbox"/> Coupon Code: _____ (if applicable) |
| Home Address: | |
| Print Position & Check Highest Level of Education: <div style="float: right; text-align: right;"> <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> | |
| Clearly Print Your Email Address(es): (For website administration & confirmation of registration) Primary: _____ Alternate: _____ | Work Phone Number: _____ Alternate Phone / Cell Number: _____ |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <input type="checkbox"/> MasterCard </div> <div style="text-align: center;">  <input type="checkbox"/> VISA </div> <div style="text-align: center;">  <input type="checkbox"/> Discover </div> </div> <p>Charge My Credit Card: [] MasterCard [] VISA [] Discover</p> <p>Amount Approved on Credit Card: \$ _____</p> <p>Card #: _____ Sec. Code _____ Exp. Date _____</p> <p>Billing Address for Credit Card: _____</p> <p>Name As It Appears on the Card: _____</p> <p>Authorized Signature & Date: _____</p> <p style="text-align: center;">Paying by Corporate Check? Amount Due: \$ _____ Please make checks payable to: AIHC</p> <p style="text-align: center;">Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256 PHONE: 330-241-5635 / FAX: 330-952-0716</p> <p style="text-align: center;">Please visit our website at www.aihc-assn.org for more information about our company. Inquiries should be made to Contact Us</p> <p style="text-align: center;">How did you hear about us?</p> <p><input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIA web site <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____</p> | |

American Institute of Healthcare Compliance, Inc.

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

(Membership is included in the price of tuition for *new members only*)

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"/> Registered Pharmacist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other: (specify) |
| <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) 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 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