

How to Code ICD-10-CM 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 “problem areas” of ICD-10-CM Coding. 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?

- How to Identify Key Words to Reference in the Alphabetical/Applicable Guidelines & Use Coding Exercises and Logic to Determine the Correct Code(s)
- 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

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 Data Management, 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, eBook, 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 must complete the course within two months to avoid extension fees and/or penalties.

What is the cost?

Full Tuition: \$75

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

AIHC Member: Register through the [AIHC Members 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, mail, or fax your payment information to the AIHC main office. 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](#)



How to Code ICD-10-CM Refresher CEU Training Program

Enrollment Form

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

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