

# Introduction to ICD-11

## On-Demand Webinar



**Purchase, use a projector, and train multiple staff members at one time**  
Earn 1 AIHC Preapproved Continuing Education Unit

**Sponsored by**



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

431 W. Liberty Street, Medina, Ohio 44256

Toll Free: 866-571-5635 / Cleveland/Akron Area: 330-241-5635

Fax: 330-952-0716 / [Contact Us](#)



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**

## What will I learn from this webinar?

*A detailed study guide and copies of the presentation slides will be provided in a downloadable format.*

- **ICD-11 Background and Development**
  - The Timeline of ICD-11 Development
  - How ICD Became the International Standard for Diagnosis Classification
- **What the Future Holds with ICD-11**
  - Terminology versus Classification
  - The Need for Maintaining Consistency in Disease Definitions
  - Classification Rules
- **SNOMED-CT®**
  - Overview of SNOMED-CT®
  - How SNOMED-CT® Works
  - Who Uses SNOMED-CT®
  - Standardization and Meaningful Use With SNOMED-CT®
  - ICD-11 and the Use of SNOMED-CT®
- **Comparison of ICD-10 versus ICD-11**
  - Rationale for the Changes Seen in ICD-11-MMS
  - General Differences Between ICD-10 and ICD-11
  - Chapter Structure of ICD-11
  - Parenting & Pre and Post Coordination
  - Terminology
  - Stem Codes, Extension Codes, and Cluster Coding

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

**Yes! Earn 1 Continuing Education Unit**



**1 CEU:** This program has been approved for 1 continuing education unit by the American Institute of Healthcare Compliance for AIHC Certified Professionals. This continuing education unit may be applied towards the Core Category CEU Renewal Requirements for the following AIHC credentials: CHA, CMDP, CHBS, CHCM, and [ICDCT-CM](#)

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

## What is included with this webinar?

- The webinar consists of a 60 minute presentation including a Question & Answer Session.
- A comprehensive study guide (transcript) is provided.
- After purchase, your organization may download the transcript, view, and listen to the recorded webinar as many times as you need during the access period of 6 months.
- AIHC Membership for 6 months (*for first time members only*).
- Earn 1 continuing education unit when you submit the CEU tracking number provided after successful completion of the webinar.

## Are there specific computer requirements needed for this course?

**Yes!** You will need high-speed internet access, Email, and a supported web browser. Examples of supported web browsers include Google Chrome, Safari, Firefox, Opera, and Microsoft Edge.

## How long do I have access to this webinar?

After purchase, you have access to this webinar for six (6) months.

## What is the cost? Webinar Full Price: \$59

**Non-Members:** [Click Here](#) to purchase this webinar online

**AIHC Members:** Login to the [AIHC Website](#) and visit the [Professional Articles](#) page to access this webinar!

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

Visit our website to view the [AIHC Refund Policy](#)



# Introduction to ICD-11 On-Demand Webinar

## Enrollment Form

<b>Enrollment Date:</b>  <b>Print Name &amp; Credentials: (one form per person)</b>  <b>Employer Name &amp; Address:</b>  <b>Home Address:</b>  <b>Print Position &amp; Check Highest Level of Education:</b>	<p style="text-align: center;"><b><u>Enrollment (Check Appropriate Box)</u></b></p> <b>Introduction to ICD-11 Webinar:</b> <input type="checkbox"/> Full Price: \$59.00 <input type="checkbox"/> Coupon Code: _____ (if applicable)  <b>AIHC Member?</b> Login to the <a href="#">AIHC Professional Articles</a> page to access this webinar!  <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
<b>Clearly Print Your Email Address(es):</b> (For website administration & confirmation of registration)  Primary:  Alternate:	<b>Work Phone Number:</b>   <b>Alternate Phone / Cell Number:</b>
<div style="display: flex; justify-content: space-around; align-items: center;"> </div> <b>Charge My Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> 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: _____	
<b>Paying by Corporate Check? Amount Due: \$ _____</b> <b>Please make checks payable to: AIHC</b>  <b>Mail to: American Institute of Healthcare Compliance, 431 W. Liberty Street, Medina, OH 44256</b> <b>PHONE: 330-241-5635 / FAX: 330-952-0716</b>  Please visit our website at <a href="http://www.aihc-assn.org">www.aihc-assn.org</a> for more information about our company. Inquiries should be made to <a href="#">Contact Us</a>	
<b>How did you hear about us?</b> <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](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