

# ICD-9-CM & OASIS Coding: Back to Basics and Beyond

In conjunction with the Board of Medical Specialty Coding (BMSC)

**WORKSHOP: November 8 - EXAM: November 9 - Holiday Inn-Turf, Albany, NY**

*An Interactive Workshop and Homecare Coding Specialist Diagnosis Certification Exam (HCS-D)*

**(Note: HCA's Clinical Conference is November 7-8 at the same location.)**

PPS has made ICD-9-CM coding a key element to determine accurate reimbursement and drive quality outcome improvement. With the advent of the recently proposed PPS changes, experts agree that ongoing and specialized home health training to accurately assign diagnosis codes remains critical to reflect the complexity of home care patients and ensure accurate reimbursement. This code conference will provide the fundamentals necessary to achieve national credential status. Ensure your agency coders are recognized for their expertise and experience. Upon completion of this fast paced, interactive code program, participants will be eligible to take the Homecare Coding Specialist Diagnosis (HCS-D) national certification exam.

This program includes a comprehensive overview of ICD-9-CM coding with specific application to the home health industry. Coding mandates, exceptions and best practices will be reviewed in the home health context. Coding inconsistencies and common diagnosis pitfalls as well as tips to reinforce OASIS documentation to substantiate accurate ICD-9-CM coding will be addressed.

**Who should attend the Training?** - Clinicians as well as non-clinicians involved in the completion of the OASIS assessment, as well as the review and code assignment for the home health provider are encouraged to attend. Participants must have an up-to-date ICD-9-CM Manual as well as a blank Start of Care OASIS document if available. A medical dictionary is helpful too. The exam is based on the 2008 ICD-9-CM Manual.

### **Topics to be covered include:**

1. ICD-9-CM Code Conventions and guidelines, including the ten steps to correct coding and a summary of the 2008 code changes;
2. Critical diagnosis-related billing and coding guidelines, including the correct assignment of primary, secondary and case mix items; and,
3. Diagnostic coding statements and code sequencing for difficult home care cases, including complex wounds, neoplasms, manifestation and combination codes.

Participants must have an updated 2008 ICD-9-CM Code Manual for this program.

**Optional Certification Exam** - In conjunction with the Board of Medical Specialty Coding (BMSC), HCA is offering the Homecare Coding Specialist Diagnosis (HCS-D) certification exam on Friday, November 9, 2007 at 9:30am. This exam is targeted for clinical, QI and billing staff – anyone responsible for the ICD-9-CM assignment or verification for OASIS submission. This new designation will enable home care agencies to make more informed hiring decisions, recognize and reward coding expertise and help ensure complete, accurate reimbursement and clinical outcome measurements. Registration for the HCS-D exam is separate from the workshop and is handled by the BMSC. You must register through BMSC for the Exam by completing the attached Exam Registration Form and FAX it to (301) 287-2914 or MAIL (see Exam Registration Form for address). For questions about the exam, call BMSC at (800) 897-4509. Please note a bonus study session with Patricia Tulloch will be held Thursday evening at the hotel at 6:30pm for participants registered for the exam.

**Recertification Exam** - BMSC will also offer the HCS-D recertification examination to those attendees who certified in 2005 and who register for the exam will be given an extension to take the exam in November. You must call BMSC at (800) 897-4509 to request an extension.

**Presenter** - Patricia W. Tulloch, RN, B.S.N., M.S.N., HCS-D is a senior consultant with RBC Limited and a nationally-recognized speaker providing clinical and administrative expertise in the development and implementation of educational programs to enhance agency and clinical outcomes. Her programs on OASIS Standardization, Outcome Enhancement, Data Based Decision-Making and Care Management have been attended by hundreds of clinicians across the country. Trish has spoken at numerous state and national associations regarding OASIS, ICD-9 coding, and outcome achievement. She is often interviewed and quoted as an authority on PPS and OASIS.

**Approved for 10 HCS-D CEUs by BMSC**

*Special bonus session on Thursday evening (6:30 - 8pm) for participants registered for the HCS-D exam.*

**3 Ways to Register for the WORKSHOP ONLY:**

- 1.) **Online:** <http://www.hcanys.org/programs/codingbmssc>
- 2.) **Fax:** (518) 426-8788
- 3.) **Mail:** Home Care Association of NYS, Inc.  
194 Washington Ave., Suite 400 • Albany, NY 12210

**HCS-D EXAM - FRIDAY, NOVEMBER 9**

Complete the attached Exam Registration Form and FAX it to (301) 287-2914 or MAIL (see Exam Registration Form for address). Please note you must register through BMSC for the Exam. For questions about the exam, call BMSC at (800) 897-4509.

Upon receipt of the completed registration form, you will receive a confirmation email with directions to the hotel. You must provide us with an email address in order for you to receive confirmation. Please note that a continental breakfast and lunch will be provided for the workshop on November 8, 2007. **ONE REGISTRANT PER FORM.**

**Please print clearly or type the information below:**

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ You **must** provide an email address, please **print clearly**.

**Registration Fees:** Please complete the information below:

- HCA Member Rate per person @ **\$200.00**
- Non-member Rate per person @ **\$300.00**

**Payment Information:**

Total Amount Due: \$\_\_\_\_\_. \_\_\_\_\_ Make all checks payable to: Home Care Association of NYS, Inc.  
Please check method of payment:  Check  MasterCard  VISA  AMEX  
Card Number: \_\_\_\_\_ Expiration Date: (month/year) \_\_\_\_ / \_\_\_\_  
Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Cancellation Policy:** Registrants who cancel will be required to pay 25% of the registration fee for administrative costs. No shows will forfeit the registration fee. Cancellations must be received in writing via email at [programs@hcanys.org](mailto:programs@hcanys.org). A \$25.00 service charge will be assessed on all returned checks.

**HOTEL INFORMATION:** Holiday Inn (Turf on Wolf Road) • 205 Wolf Road • Albany, NY 12205 • (518) 458-7264  
To make reservations, call (800) 465-4329 and ask for the Home Care Association of New York State block by October 16, 2007 and receive a room rate of \$121.

**SCHEDULE:**

**Thursday, November 8**

8:00am Registration and Continental Breakfast  
9:00am - Noon Education  
Noon – 1pm Lunch (included with registration)  
1pm – 5:00pm Education

**Friday, November 9**

8:30 – 9:30am Exam check in and book check  
9:30am – 12:00pm HCS-D Exam

6:30 – 8:00pm Optional study/discussion group for registered HCS-D exam takers with Trish Tulloch

**PLEASE NOTE: Participants MUST bring a 2008 ICD-9 Coding Manual to class!**

194 Washington Avenue, Suite 400, Albany, NY 12210  
Phone: (518) 426-8764 • Fax: (518) 426-8788 • [info@hcanys.org](mailto:info@hcanys.org) • [www.hcanys.org](http://www.hcanys.org)





# Home Care Association of New York State (HCANYS) EXAM REGISTRATION FORM

## HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on November 9, 2007.

\_\_\_\_\_ I am an HCANYS member. My registration fee is \$229.00

\_\_\_\_\_ I am not an HCANYS member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on November 9, 2007. **(Only open to those individuals who became HCS-D certified in 2005)**

\_\_\_\_\_ I am an HCANYS member. My registration fee is \$109.00

\_\_\_\_\_ I am not an HCANYS member. The standard registration fee is \$129.00

I want to take the HCS-D exam at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at: [www.medicalspecialtycoding.com](http://www.medicalspecialtycoding.com).*

### CANDIDATE INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION

Credit Card                       VISA       MC       AMEX

Card #: \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature \_\_\_\_\_

Check enclosed                      Payable to Registrar, BMSC (TIN 52-2205881)

**Fax (301) 287-2914 ▪ Call (800) 897-4509 ▪ Mail BMSC, 11300 Rockville Pike, Ste.1100, Rockville, MD 20852-3030**