

Presents: ICD-10-CM: Preparing for a Successful Implementation

Presented by: Nelly Leon-Chisen, RHIA, Director, Coding and Classification, American Hospital Association, Chicago, IL

Ms. Leon-Chisen had disclosed that she does not have any relevant financial relationships with commercial interests.

2015 SCHEDULE

Friday, March 13

(8:00 – 11:30 a.m.) Westin Chicago- River North 320 N Dearborn Street Chicago, IL www.westin.com/rivernorth

Wednesday, April 8

(9:00 am-12:30 pm)
The Hyatt Lodge at
McDonald's Campus,
2815 Jorie Blvd., Oak Brook, IL
www.thelodge.hyatt.com

Friday, May 1

(9:00 am-12:30 pm) Chicago Medical Society Building 33 W. Grand, Chicago, IL www.cmsdocs.org

Wednesday, June 3

(9:00 a.m. – 12:30 p.m.) Hilton Chicago-Oak Lawn 9333 So. Cicero Ave. Oak Lawn, IL www.oaklawn.hilton.com

Target Audience: All Physicians, Practice Managers, Physician Executive Staff and Medical Office Staff

Desired Learning Outcomes: At the completion of this learning activity, participants should be able to:

Describe key elements required in a plan for a successful transition to ICD-10-CM.

REGISTRATION: Send your **2015 ICD-10** registrations to:

- Make recommendations for each of the four phases of implementation of ICD-10: Planning, impact analysis, implementation, and post-implementation.
- Discuss the code structure, format and basic conventions of ICD-10-CM diagnosis coding and understands its impact.

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The Chicago Medical Society designates this live activity for a maximum of **3.5** AMA PRA Category 1 Credit (s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The following planning members of the Chicago Medical Society's CME Committee have disclosed that they do not have any relevant financial relationships with commercial interests: Ajay K. Chauhan, MD, Chairman, Howard Axe, MD, Vickie L. Becker, MD, Adrienne L. Fregia, MD, Robert W. Panton, MD, Loren S. Schechter, MD, Kathy M. Tynus, MD, Kenneth Busch, MD, Course Director, and Cecilia Merino, Director of Education.

REGISTRATION FORM FOR (CHECK ONE):	METHOD OF PAYMENT:
□ 3/13/15 □ 4/8/15 □ 5/1/15 □ 6/3/15	☐ Check enclosed in the amount of\$
Fee: ☐ CMS Mbr: \$59 ☐ Non-Mbr: \$159	☐ Charge: \$ ☐ Visa ☐ Master Card ☐ Amex
ATTENDEE NAME:	ACCOUNT #:
MAILING/BILLING ADDRESS:	EXP. DATE:
	SIGNATURE:
EMAIL (REQUIRED):	
PHONE:	

Mail to: Chicago Medical Society - Attn: Education Dept.

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