



CHICAGO
MEDICAL
SOCIETY

ICD - 10



Presents: **Introduction to the Basics of ICD-10-CM
Diagnosis Coding for Physician Practices**

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

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

2015 SCHEDULE

All Courses are from 9:00AM-12:30pm

- Wednesday, August 19-** Westlake Hospital Brewster Hall 601 N. 14th Ave. Melrose Park, IL *starts at 10AM*
- Thursday, August 27-** Chicago Medical Society Building • 33 W. Grand, Chicago IL *starts at 8:30AM*
- Wednesday, September 9-** Ingalls Hospital • 1 Ingalls Dr, Harvey, IL
- Thursday, September 17-** Hilton Oak Lawn • 9333 S. Cicero Ave, Oak Lawn, IL
- Tuesday, October 13** – TBD
- Tuesday, October 27-** TBD

IMPLEMENT DEADLINE:



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:

- Learn the steps to correctly select ICD-10-CM diagnosis codes
- Understand the conventions and rules related to the ICD-10-CM Alphabetic Index and Tabular List
- Apply the basic general coding guidelines and selected chapter-specific guidelines of ICD-10-CM
- Review clinical examples applying ICD-10-CM codes

The Chicago Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Chicago Medical Society designates each live activity for a maximum of **3.5 AMA PRA Category 1 Credit (s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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REGISTRATION FORM FOR (CHECK ONE):

8/19 8/27 9/9 9/17 10/13 10/27

Fee: CMS Mbr: \$149 Non-Mbr: \$249

ATTENDEE NAME: _____

MAILING/BILLING ADDRESS: _____

EMAIL (REQUIRED): _____

PHONE: _____

METHOD OF PAYMENT:

Check enclosed in the amount of \$ _____

Charge: \$ _____ Visa Master Card Amex

ACCOUNT #: _____

EXP. DATE: _____

SIGNATURE: _____

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

Mail to: Chicago Medical Society - Attn: Education Dept.
515 N. Dearborn St., Chicago, IL 60654

Register Online: <http://www.cmsdocs.org/events/ICD-10-CM-Events>

Fax: 312-670-3646