



**CHICAGO  
MEDICAL  
SOCIETY**

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

# ICD - 10



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

## IMPLEMENT DEADLINE:

- Tuesday, August 4** - Hilton Oak Brook • 10 Drury Lane, Oakbrook Terrace, IL  
*Registration 8:30AM; CME Lecture 9:00-12:30*
- Thursday, August 27** - Chicago Medical Society Building • 33 W. Grand, Chicago IL  
*Registration 8:00AM; CME Lecture 8:30-12:00*



### 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

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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, Course Director, and Haydee Nascimento, Director of Education.*

### REGISTRATION INCLUDES CODING BOOK (CHECK ONE):

- 8/4     8/27

**Fee:**  CMS Mbr: \$109     Non-Mbr: \$209

**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:** [www.cmsdocs.org](http://www.cmsdocs.org)    **Fax:** 312-670-3646

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