

The Home Care Association of Colorado presents
“Wound Coding—Demystifying Wound Types,
Complications and Code Selection”

A Lunch & Learn Audio-Conference

by

Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C
Selman-Holman & Associates, LLC, Denton, Texas

Thursday, July 31st, 2008
11:00 a.m. to 12:30 p.m. Mountain Time

Audio-Conference Description

Assessing clinicians and home care coders have a myriad of criteria to consider when describing and coding wounds. OASIS, the National Pressure Ulcer Advisory Panel and Official Coding Guidelines all have to be considered. New guidelines, pressure ulcer codes and the appropriateness of V codes for post-op patients will be discussed as well as the correct coding of OASIS and diagnosis coding for all types of wounds. Best of all, there will be time at the end for questions to Lisa so get your most difficult wound situations ready for answers!

At the conclusion of this audio-conference, the participant will be able to:

- Explain how to answer OASIS for a variety of wounds commonly seen in wound care.
- Apply coding guidelines for the correct use of V codes for wounds including aftercare, attention to, and fitting and adjustment V codes.
- Describe new codes for pressure ulcers and some complications.

Speaker: Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, is a home care professional with more than 21 years of homecare experience with Medicare certified agencies, private pay and hospice. Lisa has practiced law exclusively in the home care industry, is certified by the Board of Medical Specialty Coding as a Homecare Coding Specialist-Diagnosis, and holds the Certificate OASIS Specialist-Clinical. She is Chair of the Home Care specialty board of the Board of Medical Specialty Coding, and a BMSC approved educator. She is the Technical Editor of the Decision Health Complete Home Health ICD-9-CM Coding Manual. She has participated on the OCCB Exam Review Task Force.

This is how it works...

Complete the Registration Form for your agency and return to HCAC. Registered locations will be sent an email confirmation on Monday, July 28th, with dial-in information, passcode and a web link to download handout materials and/or resources.

On the day of the conference, simply join the call by dialing the toll-free number and giving your agency name and passcode. Gather your staff and listen via speakerphone to the presentation, follow along with the handouts and participate in live, interactive Q&A.

PLEASE NOTE: Registration fees are based on each dial-in connection; multiple call-ins from your agency will be charged. We are unable to accommodate more than one agency per call-in. You must contact us by the session deadline date if you have special needs or require additional assistance or accommodation to participate in this audio conference.

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THREE SIMPLE WAYS TO REGISTER
BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

**REGISTER BY
JULY 24th!**

1. **Register Secure On-line** at: www.hcaonline.org
2. **Fax** this completed form below to (303) 694-4869
3. **Mail** completed form to the HCAC Office, 7400 E. Arapahoe Road #211, Centennial, CO 80112

Please register by Thursday, July 24th, 2008 to ensure that you receive e-mailed confirmation details.

Please type or print legibly all information below.

Agency _____

Contact Person _____

Address _____

City/State/Zip Code _____

Phone () _____

Fax () _____

E-mail (mandatory field) _____

Number of Participants Expected to Attend from your Agency _____

Registration Fees

This fee includes one dial-in connection. Additional fees will be charged if there are multiple dial-ins. Written requests for refunds received on or before July 24th, will receive a 50% refund less a \$50 processing fee. Fees are non-refundable after this date; There are no refunds for no-shows.

HCAC Member Agency – \$149 per call-in

Non-Member Agency – \$249 per call-in

PAYMENT METHOD

Check (payable to HCAC) VISA MasterCard American Express

Please bill us. *We understand that we will be billed \$20 for each invoice if not paid within 30 days.*

Cardholder's name (print) _____

Card Number _____/_____/_____/_____ Exp. Date _____

Signature _____

Another Member Benefit brought to you by the Home Care Association of Colorado

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For HCAC Use Received _____ M / NM DB _____ Paid \$ _____ Ck#/CC _____

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