

ICD-10-PCS CEU Package Review for 2023

GOT CEUs?

All CEUS for:

- ICDCT-PCS/CHA/CIFHA/CHBS

The short course below is designed to satisfy all CEUs needed for our members to maintain ICDCT-PCS, CHA, CIFHA, and CHBS (one or all these credentials). Your CEUs automatically populate into your CEU tracker for you. A CEU certificate is available for you to print and apply to other organizations accepting AIHC continuing education credits.

For AIHC Members Only – Price: \$65

What You Will Learn

Lesson 1: PCS in a Nutshell

- PCS Characters in Review [Review of Characters by Section, Body System & Root Operations]

Lesson 2: 3 Guidelines – What's New

- Comparison Between 2022 and 2023 Data
- Review New and Revised Section of the Guidelines
- New COVID-19 Treatment Codes Effective April 1, 2022

Lesson 3: Root Operations Part 1

- Review of Root Operations other than Medical-Surgical Section

Lesson 4: Root Operations Part 2

- Review of the 2023 guidelines
- Coding exercises w/answers

Lesson 5: HIPAA & Ethics for Coders

How to Register

Register Online – Return to the Enrollment Page and Pay via Credit Card!



We accept online registration payment via credit card.

Register Via Mail or Fax:




Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy

View the Refund Policy Posted on the Home Page of our Website www.aihc-assn.org

ICD-10-PCS CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Package \$65</h3> <p>All CEUS for ICDCT-PCS, CHA, CIFHA, CHBS</p> <ul style="list-style-type: none">✓ PCS in a nutshell✓ 2023 Guidelines – What’s New✓ Root Operations Part 1✓ Root Operations Part 2✓ HIPAA COVID-19 & Ethics for Coders
Name & Credentials:	
Home Address:	
Employer Name & Address:	
	Work Phone Number:
	Alternate or Cell Phone Number:
<i>(For website administration and registration confirmation)</i>	
Primary Email Address:	
Alternate Email Address:	
Credit Card Payment Information:	 <input type="checkbox"/> MasterCard
	 <input type="checkbox"/> VISA
	 <input type="checkbox"/> Discover
Amount Approved on this Credit Card: <input type="checkbox"/> \$65 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<p>Paying by corporate check? Pay \$65</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road, Suite 15, Medina, Ohio 44256</p>	