Advanced Medical Coding Specialist

curriculum

Advanced Medical Coding and Auditing shows how to code for services such as medical visits, diagnostic testing and interpretation, treatments, surgeries, and anesthesia. Real-world cases (cleared of any patient identifiers) take your coding proficiency a step further by providing hands-on practice with physician documentation. Students will learn to pull the right information from medical documents, select the right codes, determine the correct sequencing of those codes, and properly audit cases.

Units	Modules	Clinical Lab Skills	Takeaways
Unit 1 Pre-requisites	• Basics of Writing • Basic Math • Comprehension Building/Study Skills		• Development of basic writing skills is acquired through practice. Various types of written documents will be created and effective communication concepts and means will be developed. Basic English usage is included. Proper sentence construction is presented. Proofreading and editing skills are the foundation of this course • This course is a mathematics review with an introduction to calculations encountered in Billing and Coding practice • This course helps students to expand reading comprehension and strengthens their practical understanding and vocabulary skills to improve student potential.
Unit 2 Reimbursement	• The Coder's Rule • The Business of Medicine • Health Care Fraud	• Apply managed ca Ethical decisions, medical jurisprudence, and confidentiality • Insurance and diagnostic coding	• Understand the structure of Medicare. • Distinguish between Medicare Part A and Part B. • Interpret rules of Health Insurance Portability and Accountability Act (HIPAA). • Locate information in the Federal Register.
Unit 3 ICD-10-CM	• ICD-10-CM Format • ICD-10-CM Official Instructional Notations • Code Sequencing, I		• Explain the development of the ICD-10-CM. • Review the format of the ICD-10-CM. • Identify the characteristics of the Alphabetic Index. • Identify a first-listed diagnosis. • Define assignment of codes for unconfirmed diagnosis. • Describe code assignment for outpatient surgery. • Describe Z code reporting. • Apply the Official Guidelines for Coding and Reporting. • Demonstrate ability to utilize the Alphabetic Index and Tabular List. • Understand the steps to accurate coding. • Comprehend the organization of the Guidelines. • Use both the Alphabetic Index and Tabular List. • Outline the need for level of specificity in diagnosis coding. • Review certain infectious and parasitic disease codes. • Analyze neoplasm codes. • Assess the blood blood-forming organs and certain disorders involving the immune mechanism codes

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- Code Sequencing, II
- General Outpatient Coding Guidelines, I
- General Outpatient Coding Guidelines, II

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2. Report procedures of the:
- Lips.
- Vestibule of the mouth.
- Tongue and floor of the mouth.
- Dentoalveolar structures.
- Palate and uvula.
- Salivary gland and ducts.
- Pharynx, adenoids, and tonsils.
- Esophagus.
- Stomach.
- Intestines (except rectum).
- Meckel's diverticulum and mesentery.
- Appendix.
- Colon and rectum.
- Anus.
- Liver.
- Biliary tract.
- Pancreas.

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- Examine the endocrine, nutritional, and metabolic diseases codes.
- Understand the mental, behavioral and neurodevelopmental disorder codes.
- Examine the diseases of the nervous system codes.
- Analyze the diseases of the eye and adnexa codes.
- Comprehend the organization and reporting of the ear and mastoid process codes.
- Recognize the diseases of the circulatory system codes.
- Evaluate the diseases of the respiratory system codes.
- Examine the digestive system coding.
- Review coding the skin and subcutaneous tissue diseases.
- Understand diseases of the musculoskeletal system and connective tissue coding.
- Review the pregnancy, childbirth, and puerperium coding.
- Report services of certain conditions originating in the perinatal period.
- Examine the congenital malformations, deformities, and chromosomal abnormalities.
- Identify and explain the three factors of E/M code assignment.
- Analyze the key component in medical decision-making.
- Explain the format of the Anesthesia section and subsections.

- Review the Hemic and Lymphatic Systems subsection format.
- Understand the Hemic and Lymphatic Systems subheadings.
- Understand the format of the Female Genital System subsection.
- Demonstrate the ability to code Endocrine System services.
- Analyze the elements of component coding in the reporting of radiology services.
- Interpret Urinalysis, Molecular Pathology, and Chemistry codes.

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Unit 3
CPT and HCPCS

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- History and Format of CPT
- CPT Conventions
- Using the CPT Index
- Levels of HCPCS
- CPT Modifiers
- Foundation of E/M Code Selection
- Examination and MDM and E/M Coding
- Types of E/M Services, I &II
- CMS Documentation Guidelines
- Types of CPT Anesthesia
- Modifiers in Anesthesia Coding
- Basic Format for CPT Surgery Codes
- Introduction to Integumentary CPT Codes
- Musculoskeletal System
- Respiratory System
- Cardiovascular System
- Hemic, Lymphatic, Mediastinum, and Diaphragm
- Digestive System
- Urinary and Male Genital Systems
- Reproductive, Intersex Surgery, Female Genital System, Maternity Care and Delivery
- Endocrine and Nervous Systems
- Comprehensive Review of Radiology Coding
- Format and Terminology of Pathology/Laboratory
- Immunizations, Psychology, Dialysis and Gastric
- Ophthalmology, Cardiovascular, Pulmonary and Endocrine Services
- Infusions, Physical Medicine, Dermatology and Chiropractic Services

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- CPT coding
- Insurance and procedural coding
- Perform procedural coding
- Assign CPT modifiers
- Modifier application
- Modifier usage
- Modifier differentiation

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- Identify the uses of the CPT manual.
- Name the developers of the CPT manual.
- Identify placement of CPT codes on the CMS-1500 insurance form.
- Know the importance of using the current-year CPT manual.
- Recognize the symbols used in the CPT manual.
- Identify the content of the CPT appendices.
- Locate the major sections found in the CPT manual.
- Interpret the information contained in the section Guidelines and notes.
- Describe the CPT code format.
- List the major features of the Level II National Codes, HCPCS.
- Recognize the code groupings within HCPCS.
- Review Temporary Procedure and Professional Services.
- Describe the HCPCS code format.
- Understand the Table of Drugs.
- Demonstrate the ability to assign HCPCS codes.
- Recognize modifiers.
- Understand the purpose of modifiers.

- List components of dialysis reporting.
- Identify services reported with pulmonary codes
- Code physical medicine and rehabilitation services.
- Report medical services using Medicine section codes.

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Unit 4 **Inpatient Coding**	• Inpatient vs. Outpatient Rules for Coding • POA Indicator Purpose and Rules • Introduction to ICD-10-PCS	• Insurance, procedural, and diagnostic coding • Perform diagnostic coding • Perform procedural coding	• Explain the differences between inpatient and outpatient coding. • Define principal diagnosis and procedure. • Examine the Official Guidelines for Coding and Reporting. • Review the Guidelines for selection of a Principal Diagnosis. • Determine when a condition should be reported as an additional diagnosis. • Explain the purpose of the present on admission indicators.
Unit 5 **Advanced Medical Coding**	• This course focuses on application of coding principles learned in CPT/ICD coding. In this course, the student codes source documents that he or she can expect to encounter on the job. The student will analyze and synthesize source documents and apply ICD-10-CM, CPT, and HCPCS codes based on documentation	• Advanced Medical Coding and Auditing requires the student to apply previously learned coding in CPT, HCPCS, and ICD-10-CM concepts to a wide array of medical reports. • The student is presented with more in-depth coding information on a topic, such as coding pacemaker implantation, and then the student applies the knowledge by assigning CPT, HCPCS, and ICD-10-CM codes to the services and procedures from an original source document • The student uses an audit form and assigns the correct level of E/M services based on documentation	The students will apply CPT, HCPCS, and ICD-10-CM codes to a wide variety of subspecialty areas: • Evaluation and Management Services • Medicine • Radiology • Pathology and Laboratory • Integumentary System • Cardiovascular System • Digestive System, Hemic/Lymphatic System, and Mediastinum/Diaphragm • Musculoskeletal System • Respiratory System • Urinary, Male Genital, and Endocrine Systems • Female Genital System and Maternity Care/Delivery • Nervous System • Eye and Auditory Systems • Anesthesia

Unit 6
Career Development Skills
	• Job Search Process
	
	• Interview Process and Starting a New Job
		• Create a resume and cover letter	• Describe personality traits important to employers.
			• Discuss personality traits, technical skills, and transferable job skills.
			• Describe how to develop a career objective and identify your personal ne
			• Explain job search methods.
			• Complete an online profile and job application.
			• Describe how to create a career portfolio
			
			• Describe how to prepare for a job interview.
			• Discuss the following related to the interview:
			   ➤ Describe tips when interviewing.
			   ➤ Practice interview skills during a mock interview.
			   ➤ List legal and illegal interview questions.
			• Describe ways to improve your job opportunities.
			• Explain common human resource hiring requirements, getting started on maintaining your job, and leaving your job.
			• Explain how to follow up after an interview and create a thank-you note interview.

Unit 7 Coding Exam Review	• With the ever-increasing complexity of medical coding, employers are giving preference to those coders who are well prepared and certified. MTINY Coding Exam Review prepares students for the physician and facility certification examinations and include a review of terminology, anatomy/physiology, reimbursement, compliance, CPT, HCPCS, and ICD-10-CM coding. The material is presented in outline form with multiple Pre/Post Examinations and Final Examination options.	• Auditing Review reports are available for each chapter on Evolve. The reports simulate the type of auditing tool the student will need on the job.	• Advanced Medical Coding and Auditing presents the student with coding practice that simulates the type and complexity of reports the student will encounter on the job
			
			• **Certification Review**
			This course is designed to assist the student in development of an individual plan of preparation for completion of a certification examination—either physician or facility based. The course material reviews anatomy, terminology, reimbursement, CPT, ICD-10-CM, and HCPCS coding. Two practice certification examinations will be complete.
			
			• Students are prep to take:
			   ➢ Certified Billing and Coding Specialist (CBCS) exam from the National Healthcareer Association (NHA)
			   ➢ Certified Professional Coder (CPC®) exam from the American Academy of Professional Coders (AAPC)
			   ➢ Certified Coding Associate (CCA®) exam from the American Health Information Management Association (AHIMA).

Simulated Medical Coding Internship	**SIMULATED MEDICAL CODING INTERNSHIP** Simulated Medical Coding Internship prepares students to code accurately and efficiently in a professional setting. More than 600 cases in 18 medical specialties offer a realistic simulation of the workload in a multi-specialty medical clinic. This simulated coding internship complements and provides application for the concepts learned in Medical Coding Specialist and Advanced Medical Coding Specialist class
Internship	**SUPERVISED INTERNSHIP EXPERIENCE** An externship is an excellent additional educational experience for the student. Externships are designed for students to work in an actual professional environment. The instructor is responsible to monitor the student's progress and record the student's grade at the end of the externship.