PROFESSIONAL MEDICAL CODING AND BILLING WITH ICD-9 LEARNING OBJECTIVES

CURRICULUM LEARNING OBJECTIVES

The Career Step curriculum was developed by a number of experts with decades of experience working in and teaching medical coding. This ensures you gain the skills you need to earn industry credentials and start working right after graduation. With Career Step’s affordable tuition prices, you get a quality online education with one-on-one support by phone, email and chat every step of the way. The learning objectives outlined below provide a map for what you will be able to do as you complete each module.

PROGRAM ORIENTATION (1 hour)
- Identify the elements, expectations, and requirements of the program.
- Navigate the program using the pages, menus, and buttons provided.
- Use the program tools, including the study planner, gradebook, and completion report as well as be able to contact Career Step using various communication tools, including phone, email, forums, chat rooms, and social media.
- Identify program-specific resources, including the 3M Encoder, as well as be able to order their coding books with an understanding of the yearly coding update schedule.

COMPUTER FUNDAMENTALS (5 hours)
- Identify basic computer hardware and interpret system requirements.
- Navigate a Windows operating system environment as well as install and operate basic software utilities.
- Use a web browser to navigate between websites in multiple tabs or windows, send and receive email, and access search engines to find information and troubleshoot basic computer problems.
- Recognize basic technologies related to an office environment.

HEALTH INFORMATION MANAGEMENT (45 hours)
- Identify data sources by describing types of medical records and the information found in each record.
- Describe the role medical records take in coding and billing.
- Describe the structure and use of health information.
- Identify record data collection tools.
- Discuss healthcare data sets.
- Discuss appropriate health record documentation.
- Describe data quality and integrity.
- Discuss health information systems, including specialty coding systems.
- Describe the archival, retrieval, and imaging systems used in health information.
- Identify data retrieval, maintenance, security, and integrity processes.
- Discuss the evolution of the electronic health record (EHR) and the personal health record (PHR).

HEALTHCARE DELIVERY SYSTEMS (13 hours)
- Explain the main structure and organization of healthcare services in the United States.
- Differentiate between the various healthcare settings.
- Differentiate between healthcare providers.
- Identify the structure of hospitals in the United States.
- Explain the purpose of healthcare licensure, certification, and accreditation in healthcare facilities.
- Differentiate between healthcare registries and their purposes.
- Identify the various stakeholders throughout the healthcare delivery systems.
- Describe current trends in healthcare delivery.

LEGAL AND COMPLIANCE (5 hours)
- Explain the legislative and regulatory processes in the United States.
- Describe the laws and regulations pertaining to health information.
- Define Health Insurance Portability and Accountability Act (HIPAA).
- Adhere to privacy and security policies.
- Identify the components of the Code of Ethics and Standards of Ethical Coding.

REIMBURSEMENT METHODOLOGIES (45 hours)
- Define commercial, managed care, and federal insurance plans.
- Identify various compliance strategies and reporting.
- Define and list payment methodologies and systems (such as claims, EOB, ABN, electronic data interchange).
- Explain chargemaster maintenance.
- Describe regulatory guidelines.
- Discuss reimbursement monitoring and reporting.

MEDICAL TERMINOLOGY (50 hours)
- Spell, define, and pronounce medical terms.
- Engage in supplemental online and/or CD tools to enhance learning.
- Discuss concepts of building medical words using root/suffix/prefix.
- Define common medical terms of major disease processes.
- Identify common diagnostic procedures.
- Discuss common laboratory tests.
- Define common abbreviations.
- Discuss common drugs and treatment modalities in body systems.
PATHOPHYSIOLOGY (50 hours)
- Identify common disease processes by human body system.
- Discuss common disease causes.
- Define common disease diagnoses, symptoms, and treatments for disease processes.
- Identify common symptoms of disease processes important for coders.

ANATOMY AND PHYSIOLOGY (45 hours)
- Identify and describe the basic structure, organization, and functions of human body systems.
- Identify anatomical structures of the body using anatomical orientation tools such as labels and assessment.
- Discuss different online lookup tools such as Adam.
- Utilize anatomical plate work to enhance the learning experience.

PHARMACOLOGY (30 hours)
- Define drug actions (absorption, distribution, metabolism, and excretion).
- Identify various drug classifications.
- Discuss the most commonly prescribed drugs.
- Review drug formulary.
- Match drugs to common conditions and laboratory findings.

INTRODUCTION TO CODING (15 hours)
- Discuss the use of official coding guidelines.
- Define the difference between the inpatient and outpatient coding guidelines.
- Discuss coding compliance strategies including the physician query process.
- Identify auditing methods.
- Identify the principles and application of coding systems (International Classification of Diseases ICD-9-CM and ICD-10-CM).
- Discuss automated coding software systems (CAC, encoders).
- Describe natural language processing.
- Compare classifications, nomenclatures, terminologies, and clinical vocabularies (SNOMED-CT, ICD-O, CPT, DSM-IV).
- Describe the relationship between the Systematized Nomenclature of Medicine (SNOMED) and the electronic health record (EHR).
- Apply ethical coding to practice cases.
- Discuss severity of illness systems, including MS-DRGs.
- Describe coding quality monitors.

DIAGNOSTIC CODING WITH ICD-9-CM – BLOCK 1 (40 hours)
- Navigate the ICD-9-CM code book and find official and additional coding conventions.
- Find and accurately construct diagnosis codes using the Alphabetic Index to Disease, the Tabular List, the Table of Drugs and Chemicals, and the Alphabetic Index of External Causes.
- Accurately assign POA indicators to ICD-9-CM diagnosis codes reported in the inpatient setting.
- Accurately construct and assign procedure codes by using the Alphabetic Index of Procedures and the Tabular List of Procedures.

CPT/HCPCS CODING – BLOCK 1 (45 hours)
- Identify the meaning and purposes of procedural code audits and how to apply them.
- Apply the guidelines for the six main sections of the CPT.
- Assign codes for each of the six main sections of the CPT.
- Identify the uses of CPT Category II and Category III codes.
- Navigate the HCPCS Level II code book and apply its contents, including the conventions, index, tabular list, levels of use, Table of Drugs and Biologicals, and appendices.
- Describe the use of coding guidelines and reporting requirements.
- Practice case studies and more complex code assignments using CPT and HCPCS Level II codes.
- Review examples of RBRVS, APCs, and E/M services.

CODING PRACTICUM (125 hours)
- Apply knowledge of coding to a variety of authentic coding scenarios to build speed and accuracy.
- Demonstrate hands-on encoder use.
- Assign diagnostic groupings.
- Practice the use of official coding guidelines and reporting requirements.
- Apply codes to many types of records including inpatient, outpatient, physician, emergency room, long-term care, and home health.

FINAL EXAM PREPARATION (1 hour)
- Identify the steps they need to take to be eligible for and effectively prepare for and access their final exam.
- Identify the format, restrictions, and policies of final exams, including scoring, retakes, allowed resources, and time limits.