PROFESSIONAL MEDICAL CODING AND BILLING WITH ICD-10 LEARNING OBJECTIVES

CareerStep™
ONLINE EDUCATION & TRAINING SOLUTIONS

CURRICULUM LEARNING OBJECTIVES

The Career Step curriculum was developed by AHIMA-Approved ICD-10-CM/PCS Trainers as well as a number of other 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 purpose.
- 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 (48 hours)
- Define commercial, managed care, and federal insurance plans.
- Identify various compliance strategies and reporting.
- Define and list payment methodologies and systems (such as capitation, prospective payment systems, RBRVS, MS-DRGs).
- Describe the billing processes and procedures (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 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 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.
- Apply ethical coding to practice cases.
- Discuss severity of illness systems, including MS-DRGs.
- Describe coding quality monitors.

ICD-10 CODING (90 hours)
- Describe the use of official coding guidelines and reporting requirements.
- Define the background of ICD-10-CM and ICD-10-PCS.
- Define and apply the General ICD-10-CM and ICD-10-PCS conventions and guidelines.
- Define the Uniform Hospital Discharge Data Set (UHDDS).
- Practice basic coding process steps.
- Define and apply the ICD-10-CM chapter-specific coding guidelines to all 21 chapters in ICD-10-CM.
- Define and apply the root operation guidelines in ICD-10-PCS.
- Discuss the Present on Admission Indicator (POA).
- Define the ICD-10-PCS definitions and apply to coding common procedure codes.
- Practice coding ICD-10-CM/PCS codes in many practice exercises.
- Navigate the ICD-10-CM and ICD-10-PCS codebooks.
- Locate and accurately construct diagnosis codes using the Alphabetic Index to Diseases, the Tabular List, the Table of Neoplasms, the Table of Drugs and Chemicals, and the Index to External Causes.
- Locate and accurately construct procedure codes using the Alphabetic Index and Tables in the ICD-10-PCS classification.
- Identify the components of the Code of Ethics and Standards of Ethical Coding.
- Apply ethical coding to practice cases.

CPT/HCPCS CODING – BLOCK 1 (45 hours)
- Navigate the CPT code book and identify the uses of the conventions, index, numeric section, and appendices.
- Recognize modifiers that can be appended to CPT procedure codes, as well as identify when their use is appropriate.
- Calculate and assign CPT Evaluation and Management codes.

CPT/PCPCS CODING – BLOCK 2 (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 code book and assign codes from each section.
- 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, ASCs and E/M services.

ADVANCED ICD-10 CODING (25 hours)
- Assign ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes to a variety of coding scenarios including coding for multiple scenarios.
- Apply official coding guidelines and reporting requirements for coding scenarios.
- When appropriate, sequence coding assignments according to guidelines.
- Practice assigning ICD-10-CM/PCS codes to many case studies using more complex code assignments to gain in proficiency.

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.
- Practice case mix analysis.
- 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.